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

**State/Territory North Dakota**

**FFY 2022 – 24**

**Version: Amendment 4**

**Plan Status: Approved as of 2023-12-14 14:57:19 GMT**

This Plan describes the Child Care and Development Fund program to be administered by the state or territory for the period from 10/1/2021 to 9/30/2024, as provided for in the applicable statutes and regulations. The Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

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

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## Introduction and How to Approach Plan Development

The Child Care and Development Fund (CCDF) program provides resources to state, territory, and tribal grantees that enable low-income parents to work or pursue education and training so that they can better support their families while at the same time promoting the learning and development of their children. The CCDF program also provides funding to enhance the quality of child care for all children.

The CCDF Plan is how states and territories apply for CCDF funding (658E (a)) and is the primary mechanism that the Administration for Children and Families (ACF) uses to determine state and territory compliance with the requirements of the law and rule (98.16). ACF acknowledges that in the FY 2022 – 2024 Plan, states and territories may still be operating under approved waivers related to the COVID-19 pandemic and where appropriate plan responses should reflect the approved waivers. The CCDF Plan allows states and territories to describe their implementation of the CCDF program and it is organized into the following sections:

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

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

### *Citations*

ACF recognizes that Lead Agencies use different mechanisms to establish policies, such as state statute, regulations, administrative rules, or policy manuals or policy issuances. When asked to provide a citation in the CCDF Plan, Lead Agencies should list the citation(s) for the policy that clearly identifies and establishes the requirement and that allows the Lead Agency to enforce the requirement. Lead Agencies may list multiple sources as needed to cover all types of providers receiving CCDF (e.g., policies for licensed providers may be established in licensing regulations, and policies for license-exempt providers may be in subsidy rules). These citations are intended to provide documentation to support the requested information but not replace requested responses or descriptions. Complete answers must include citations, responses, and descriptions.

### *CCDF Plan Submission*

States and territories will submit their Plans electronically through the ACF-118 electronic submission site. The ACF-118 site will include all language and questions included in the final CCDF Plan Preprint template approved by the Office of Management and Budget. Please note that the format of the questions on the ACF-118 site could be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities.

(See <http://www.section508.gov/> for more information.)

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

## 1 Define Leadership and Coordination with Relevant Systems and Funding Sources

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

### 1.1 CCDF Leadership

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

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

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

##### a. Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: **North Dakota Department of Health and Human Services**

Street Address: **600 East Boulevard Avenue, Dept. 325**

City: **Bismarck**

State: **North Dakota**

ZIP Code: **58502-0250**

Web Address for Lead Agency: <https://www.hhs.nd.gov>

b. Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: **Sara**

Lead Agency Official Last Name: **Stolt**

Title: **Interim Health and Human Services Commissioner**

Phone Number: **701-328-1891**

Email Address: **sarastolt@nd.gov**

1.1.2 Who is the CCDF Administrator?

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

a. CCDF Administrator Contact Information:

CCDF Administrator First Name: **Carmen**

CCDF Administrator Last Name: **Traeholt**

Title of the CCDF Administrator: **Early Childhood Licensing Administrator**

Phone Number: **701-328-4010**

Email Address: **ctraeholt@nd.gov**

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

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

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

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

Phone Number: **701-328-2337**

Email Address: **ekerns@nd.gov**

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

1.2.1 CCDF program rules and policies are set or established at:

Which of the following CCDF program rules and policies are administered (i.e., set or established) at the state or territory level or local level? Identify whether CCDF program rules and policies are established by the state or territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as counties or workforce boards (98.16(d)(1)). Check one.

☒ a. All program rules and policies are set or established at the state or territory level. If checked, skip to question 1.2.2.

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

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

☐ A. State or territory. Identify the entity.

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

☐ C. Other. Describe:

ii. Sliding-fee scale is set by the:

☐ A. State or territory. Identify the entity.

☐ B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the sliding fee scale policies the local entity(ies) can set.

☐ C. Other. Describe:

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

☐ A. State or territory. Identify the entity.

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

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

☐ C. Other. Describe:

iv. Licensing standards and processes are set by the:

☐ A. State or territory. Identify the entity.

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

☐ C. Other. Describe.

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

☐ A. State or territory. Identify the entity.

☐ B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of standards and monitoring processes for license-exempt providers the local entity(ies) can set.

☐ C. Other. Describe:

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

☐ A. State or territory. Identify the entity.

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

☐ C. Other. Describe:

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

#### 1.2.2 Implementation responsibility

The Lead Agency has broad authority to operate (i.e., implement activities) through other agencies, as long as it retains overall responsibility. Complete the table below to identify

which entity(ies) implements or performs CCDF services.

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

CCDF Activity	CCDF Lead agency	TANF agency	Local government agencies	CCR&R	Community-based organizations
Who conducts eligibility determinations?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Who issues payments?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who monitors licensed providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who monitors license-exempt providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who operates the quality improvement activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

### 1.2.3 Processes to oversee and monitor CCDF administration and implementation

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

- Written agreements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include at a minimum the elements below (98.11(a)(3)).
  - Tasks to be performed
  - Schedule for completing tasks
  - Budget which itemizes categorical expenditures in accordance with CCDF requirements
  - Monitoring and auditing procedures
  - Indicators or measures to assess performance of those agencies
- Any other processes to oversee and monitor other agencies.

**The Lead Agency utilizes local county social service offices to carry out the eligibility determination process for the Child Care Assistance Program (CCAP). The responsibilities and duties of the county social service boards are defined in North Dakota Century Code 50- 01.2.**

Child Care Aware of ND (Consumer Education and Referrals), Bright and Early ND [Quality Rating Improvement System (QRIS)] and ND Growing Futures (EC Workforce Registry) report to the Lead Agency independently and is monitored per ND contract regulations, to include monthly monitoring of expenditures, scope of work activities, and addressing concerns regarding execution of contracted expectations.

Bright & Early ND (QRIS) reports to Lead Agency on a monthly basis the number of Coaching Visits; including time and content. Bright & Early ND reports on a quarterly basis the number of programs participating in QRIS - at each Step of the QRIS; program location according to designated regions; number of children (divided out by age group) being impacted by QRIS; number of children receiving subsidy and number of children diagnosed with a special need. Report also lists current program movement within the system

Child Care Aware of North Dakota provides quarterly reports to the Lead Agency. These reports include referral statistics (# of phone and online referrals as well as unduplicated clients); provider activities that trigger database entries(# of completed business profile forms, change of address/phone, change of licensing status, entries related to licensing correction orders, new licenses/renewals and outgoing contacts to update provider files); professional learning services (count of web based and face to face courses by level, hours offered by type, completions by type, count of events by core competency, unique attendees, count of completions by attendee county, training completions by course and training type, and scholarships awarded); and child care technical assistance and coaching (# of consultation requests by service type, community inquiries, technical assistance and coaching onsite visits, and compliance referrals). Whenever possible mission moments are included that capture results or benefits of services.

Lead Agency meets with managers of Child Care Aware of ND, Bright & Early ND and ND Growing Futures monthly for program updates and ongoing communication efforts along with progress updates on the CCDF Work Plan.

#### 1.2.4 Information systems availability to public agencies

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

available to public agencies in other states.

The Lead Agency uses a combined program eligibility system to administer the Child Care Assistance Program (CCAP). Upon request, coding or software will be made available to public agencies and other states.

The Growing Futures Early Childhood Workforce Registry operates under the direction of the Lead Agency, using a software product that is also used by ten other states to carry out registry services. The software is developed and owned by New World Now, a private company with which the Lead Agency contracts for hosting and support of the Growing Futures Registry data system as well as for an integrated add-on data management modules for QRIS and continuous quality initiatives. The Growing Futures Registry participates in a Consortium of states using the New World Now system to share and continually update our systems. The Registry is also a member of the National Workforce Registry Alliance and participates in national data reporting and other data sharing. Child Care Aware® of North Dakota's referral service operates under the direction of the Lead Agency, using a software product that is operated by several states to carry out referral services to families looking for child care. The software is developed and owned by WorkLife Systems, a private company with which the Lead Agency has a service license agreement for hosting and support of Child Care Aware® of America's NDS 2.0 data system. Staff from Child Care Aware participate in a Consortium of states using the WorkLife Systems product to learn about new features and continually update the system. Upon request, coding or software will be made available to public agencies and other states.

#### 1.2.5 Confidential and personal identifiable information policies

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

The Lead Agency maintains policies on confidentiality regarding families receiving CCDF through an Administrative Procedures for Economic Assistance and Health Care Coverage Programs combined policy manual. The policy prohibits the disclosure of any information about persons applying for or receiving assistance under any program administered by the department if the information is not for purposes directly connected with the administration of an Economic Assistance program, Medicaid, or CHIP. If a CCDF family would like their information to be accessible to any person, child care provider, or program administered outside of Economic Assistance or Medicaid, the household must sign an authorization of disclosure before the information can be shared. The Lead Agency maintains policies on confidentiality regarding providers receiving CCDF through the Early Childhood Services Policies and Procedures policy manual. The policy dictates the information that may not be disclosed to the public, the information that may be used in determining corrective action, and the public nature of licensing records. A provider's licensing record is generally an open record under North Dakota law. However, there is likely information contained in the records that is considered confidential and must be redacted if an open records request is made

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

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

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

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

### 1.3.1 Consultation efforts

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

#### a. Consultation with general purpose local governments.

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

**As of March 2020 the Lead Agency Early Childhood Services Team consists of an Early Childhood Services Licensing Administrator, four Early Childhood Services Supervisors and 21 Early Childhood Services Licensing Specialists. Prior to March of 2020 all of these positions worked out of different local government agencies. The goal of this transition was to create consistent communication and operations for staff and providers in North Dakota. The Early Childhood Services Statewide Team works together to review program areas as proposed policy/rule/law changes, training requirements and needs, increasing efficiencies in the licensing process, and growing high-quality child care options in the state. Additionally, partners in the statewide delivery of early childhood services are included in these consultations. A reoccurring meeting with Human Service Zone supervisor staff occurs monthly to discuss policy changes and ask for feedback. CCDF staff attend when needed to discuss these changes before they are finalized so all comments can be taken into consideration.**

b. Consultation with state advisory council or similar coordinating body.

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

**The lead agency met with and discussed its CCDF-related strategies and initiatives with several state-level coordinating councils, including the Early Childhood Education Council, Interagency Coordinating Council, K-12 Education Coordinating Council and the Children's Cabinet. 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 with various stakeholder groups during the course of plan implementation.**

c. Consultation with Indian tribes or tribal organizations within the State.

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

**The Lead Agency did not attend a State and Tribes Enhancing Partnership Strategy Meeting (STEPS) due to the pandemic. The Lead Agency would typically meet with representatives from the four federally recognized ND tribes and one Indian Service Area during the quarterly State and Tribes Enhancing Partnership Strategies (STEPS) meeting. These tribal organizations are: Mandan, Hidatsa, & Arikara Nation (Three Affiliated Tribes), Spirit Lake Nation, Standing Rock Sioux Tribe, Turtle Mountain Band of Chippewa Indians, and Trenton Indian Service Area. Recent changes to Early Childhood Services Century Code includes additional tribal representation to the ND Early Childhood Council. The council will meet twice a year and discussions will include the state plan. The lead agency did meet with the Standing Rock Tribal Nation Interdisciplinary Team.**

d. Consultation with other entities, agencies or organizations.

Describe any other entities, agencies, or organizations consulted on the development of the CCDF Plan.

**Weekly meetings took place to discuss and contribute to the CCDF plan. The**

meetings consisted of both Co-CCDF administrators, and representatives from Child Care Aware® of North Dakota, Growing Futures, Bright and Early, Head Start, and Department of Public Instruction Early Learning. The lead agency met with and discussed its CCDF-related strategies and initiatives with the Greater ND Chamber of Commerce.

1.3.2 Statewide or territory-wide public hearing process

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

a. Date of the public hearing.

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

**06/23/2021**

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

**06/03/2021**

c. How was the public notified about the public hearing? Please include specific website links if used to provide notice.

**On June 3, 2021, a public notice was posted to the Lead Agency's website at (<http://www.nd.gov/dhs/info/publicnotice/index.html.%20On%20June%2016>) <http://www.nd.gov/dhs/info/publicnotice/index.html>. On June 16, 2021 a press release was issued, in addition to postings on the Department's Facebook and Twitter page.**

d. Hearing site or method, including how geographic regions of the state or territory were addressed.

**A hearing site was booked in most populous city in each of the state's identified regions. Each location was connected via a video conferencing system, with the hearing originating from Bismarck. Participants also had the option to join the conference from their home.**

e. How the content of the Plan was made available to the public in advance of the public hearing. (e.g., the Plan was made available in other languages, in multiple formats, etc.)

**A copy of the draft plan was posted to the Lead Agency's website.**

f. How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan?

**?A summary of public comments received will be posted to the Lead Agency's website. Public comments were 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.**

### 1.3.3 Public availability of plan, amendments and waivers

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

#### a. Website link for plan, amendments and waivers

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

(<https://www.hhs.nd.gov/ccap>) <https://www.hhs.nd.gov/ccap>

(<https://www.hhs.nd.gov/cfs/early-childhood-services/child-care-development-fund>) <https://www.hhs.nd.gov/cfs/early-childhood-services/child-care-development-fund>

#### b. Other strategies for plan, amendments and waivers availability

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

☐ Working with advisory committees. Describe:

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

**Child Care Aware® of North Dakota shared information about the public hearing on their Facebook page.**

☐ Providing translation in other languages. Describe:

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

**Information about the public hearing was shared on the Department of Human Services Facebook and Twitter page.**

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

**Early Childhood Services staff sent emails to all child care providers to inform them of the public hearing date and time.**

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

☐ Other. Describe:

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

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

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

#### 1.4.1 Accessibility and continuity of care

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

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

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

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

##### a. Lead Agency coordination with required agencies

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

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

**As of March 2020 the Lead Agency Early Childhood Services Team consists of an Early Childhood Services Licensing Administrator, four Early Childhood Services Supervisors and 21 Early Childhood Services Licensing Specialists. Prior to March of 2020 all of these positions worked out of different local government agencies. The goal of this transition was to create consistent communication and operations for staff and providers in North Dakota. A reoccurring meeting with Human Service Zone supervisor staff occurs monthly to discuss policy changes and ask for feedback. CCDF staff attend when needed to discuss these changes before they are finalized so all comments can be taken into consideration.**

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

**The Early Childhood Services Advisory Board meets twice annually and works diligently to enhance and grow early childhood services in North Dakota. The ECS Advisory Board'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 this state; and Providing a biennial report regarding its findings and recommendations to the governor and the legislative assembly. The ECS Advisory Board 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 ECS Advisory Board meetings are published in advance and are open to the public.

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

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

The Lead Agency did not attend a State and Tribes Enhancing Partnership Strategy Meeting (STEPS) due to the pandemic. The Lead Agency would typically meet with representatives from the four federally recognized ND tribes and one Indian Service Area during the quarterly State and Tribes Enhancing Partnership Strategies (STEPS) meeting. These tribal organizations are: Mandan, Hidatsa, & Arikara Nation (Three Affiliated Tribes), Spirit Lake Nation, Standing Rock Sioux Tribe, Turtle Mountain Band of Chippewa Indians, and Trenton Indian Service Area. Recent changes to Early Childhood Services Century Code includes additional tribal representation to the ND Early Childhood Council. The council will meet twice a year and discussions will include the state plan.

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

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

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 their contracted partner and Part B, 619. The Lead Agency consistently consults with DHS-Part C and Part B, 619 regarding a variety of topics, all with the intention of enhancing coordination & collaboration. DHS (to include both Early Childhood Services & Part C) and DPI Special Education Part B Section 619 collaborate to provide trainings, develop smarter systems

amongst programs and agencies, as well as provide cross-department opportunities for professionals to gather, network and learn together. The Part C Coordinator sits on the inclusion grant committee, which provides grants to childcare centers who would like to serve children with disabilities. The Part C Coordinator and CCDF Administrator collaborated during the beginning of the COVID-19 National Health Emergency to provide PPE to programs serving children under age 3, specifically to home visitors working in the Early Intervention programs across the state. In the coming year, the Part C program will provide leadership training to select individuals working in childcare who work with children in the Early Intervention program. The individuals working in childcare will be able to apply for participation in a resilient leadership webinar series, as well as an Early Intervention Leadership Graduate Certificate at the University of North Dakota.

- v. State/territory office/director for Head Start state collaboration. Describe the coordination goals, processes, and results:

The Lead Agency works directly with the ND Head Start/Early Head Start Collaboration office in the development of childcare/Early Head Start partnerships, shared professional development opportunities, and the development of alternative paths through the quality rating and improvement system. Results of the collaboration were three Early Literacy online trainings completed by Dr. Kelli Odden from Mayville State University that were offered and shared for professional development. The EHS-Child Care partnership still continues with the EHS- Mayville State Child Development Programs and Child Care partnerships in Fargo. The Head Start Collaboration office works to ensure goals, processes and results of the EHS-CC partnerships continues. Also to note, now that ND has a new Early Childhood Section and all offices are in the same department, collaboration will be stronger and additional trainings, networking will happen to ensure better cohesion with all early childhood entities in ND.

- vi. State/territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals, processes, and results:

The HHS Division of Public Health (State agency responsible for public health) and the Lead Agency coordinate regularly regarding a variety of topics, including inspections, licensing and providing safe and healthy environments for children. Work continues to align the inspection requirements for child care licensing and the Division of Public Health in terms of kitchen/food preparation, fire inspections, etc. The Division of Public Health and Lead Agency consulted and agreed on the grace period allowed to obtain immunization records for families experiencing homelessness. The most current work has involved supporting programs during the pandemic, the lead agency and the department of health worked hand in hand to provide resources to programs that were affected by covid 19.

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

The Lead Agency, in partnership with Child Care Aware of North Dakota, coordinates with ND Job Service locations so information on finding child care, starting child care, and supporting individuals interested in job training in the field of early care and education are shared jointly. Child Care Aware of North Dakota has a link on the Jobs ND website, which links to First Link 211, a database of community resources.

- viii. State/territory agency responsible for public education, including Prekindergarten (PreK).

Describe the coordination goals, processes, and results:

**The Lead Agency works closely with DPI's Office of Early Learning (DPI OEL). As of July 1, 2021 OEL will be joining the lead agency as North Dakota prepares to release a competitive grant program called Best in Class in June. This program was established by the 2021 67th Legislative Assembly and codified in NDCC 50-11.1. DPI and the lead agency continue to and coordinate the QRIS system to include not only child care settings, but preschool settings as well.**

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

**As of March 2020 the Lead Agency Early Childhood Licensing Unit consists of an Early Childhood Licensing Administrator, four Early Childhood Licensing Supervisors and 21 Early Childhood Licensing Specialists. Prior to March of 2020 all of these positions worked out of different local government agencies. The goal of this transition was to create consistent communication and operations for staff and providers in North Dakota.**

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

**During the State Advisory Council, the Child and Adult Care Food Program (CACFP) provides updates to child care licensing stakeholders regarding nutrition regulations/rules, which are implemented across the state in child care settings.**

**CACFP and the Lead Agency collaborate outside of the State Advisory Council meetings as needs/questions come up. The Lead Agency also meets with the American Heart Association, to discuss their role in advocacy regarding screen time, no sugar beverages, increased physical activity, etc. and to ensure alignment with CCDF rules & regulations.**

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

**The Lead Agency and Child Care Aware of North Dakota continue to meet with the McKinney-Vento State Coordinator for homeless education to work on consistently, accurately and effectively identifying families experiencing homelessness, as well as coordinating professional development for child care providers so they can best support the children and their families that are experiencing homelessness.**

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

**Temporary Assistance for Needy Families (TANF) is under the same division as the Child Care Assistance Program (CCAP), which is housed in the same Department (DHS) as the Lead Agency. To coordinate as effectively as possible for families, the Lead Agency maintains a joint program application with TANF and 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.

xiii. Agency responsible for Medicaid and the state Children's Health Insurance Program.

Describe the coordination goals, processes, and results:

Medicaid and the State's Children's Health Insurance Program (CHIP) are under the same division as the Child Care Assistance Program (CCAP), all of which are housed in the same Department (DHS) as 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.

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

The Lead Agency and the Behavioral Health Division are housed in the same Department (HHS) and work collaboratively to coordinate professional development opportunities for child care providers, as well as how to enhance behavioral health services in child care settings. The Children's Behavioral Health Administrator and the Lead Agency collaborate at multiple initiatives lead by both HHS & DPI to ensure coordination of services, consistent policy development and process implementation.

xv. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development.

Describe the coordination goals, processes, and results:

Child Care Aware® of North Dakota assists families in their search for and understanding of quality child care(Consumer Education); 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; plus advocates for public and private investment in child care. A biennium work plan reflects CCDF requirements, shared goals and strategies for implementing them. Child Care Aware ® of North Dakota is the primary sponsor of workforce training in the state. In addition, there are currently 246 organizations that are approved to provide early childhood training in North Dakota such as Head Start, higher education, state agencies, food programs, school age programs, and several state and national organizations including Bright & Early ND, the McCormick Center, Pyramid Consortium, and the National Center on Early Childhood Development Teaching and Learning (NCECDTL). The Growing Futures 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 at the Growing Futures website.

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

The Lead Agency and the leaders of ND's Afterschool Network continue to explore ways to collaborate & coordinate services, as well as ensure qualified personnel to

**provide care. The Growing Futures Registry approves, and tracks training sponsored by the After-School Network and maintains records of training completion for school-aged providers who work in programs licensed by the Lead Agency.**

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

**The Risk Manager within the Lead Agency is the liaison with the ND Department of Emergency Management. He actively works with the Department of Emergency Services (DES) to develop and enhance plans to ensure agencies licensed through the early childcare services have adequate plans in the event there is a disaster.**

b. Coordination goals, processes and results with optional partners

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

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

**The ECS Administrator and HSSCO meet regularly to discuss early childhood initiatives in ND and provide leadership to the ND Professional Development Plan and the Early Childhood Data Committee. The HSSCO is consulted during the development of the CCDF 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. CCAP assists EHS eligible families by paying providers who are participating in the partnership program at the full-time rate, regardless of actual hours of care received by the child and waives the co-pay requirements for these families. 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:

☐ 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 and Child Home Visitation 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:

☐ vii. Provider groups or associations. Describe:

☐ viii. Parent groups or organizations. Describe:

☐ ix. Other. Describe:

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

*Optional Use of Combined Funds:* States and territories have the option to combine CCDF funds with any required program in 1.4.1. These programs include those operating at the federal, state, and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care (658E(c)(2)(O)(ii)).

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

As a reminder, CCDF funds may be used in collaborative efforts with Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and CCDF is strongly encouraged by sections 640(g)(1)(D) and (E); 640(h); 641(d)(2)(H)(v); and 642(e)(3) of the Head Start Act in the provision of full working day, full calendar year comprehensive services. To implement such collaborative programs, which share, for example, space, equipment, or materials, grantees may layer several funding streams so that seamless services are provided (Policy and Program Guidance for the Early Head Start – Child Care Partnerships: [https://www.acf.hhs.gov/sites/default/files/occ/acf\\_im\\_ohs\\_15\\_03.pdf](https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf)).

### 1.5.1 Combined funding for CCDF services

Does the Lead Agency choose to combine funding for CCDF services for any programs identified in 1.4.1 (98.14(a)(3))?

☒ No (If no, skip to question 1.5.2)

☐ Yes. If yes, describe at a minimum:

- a. How you define “combine”
- b. Which funds you will combine?

- c. What is your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? Note: Responses should align with the goals, processes and results describe in 1.4.1.
- d. How you will be combining multiple sets of funding, such as at the state/territory level, local level, program level?
- e. How are the funds tracked and method of oversight

#### 1.5.2 CCDF Matching and MOE Requirements

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

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

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

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

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

i. If checked, identify the source of funds:

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

i. If checked, are those funds:

- ☐ A. Donated directly to the state?
- ☐ B. Donated to a separate entity(ies) designated to receive private donated funds?
- ii. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:
  
- ☐ d. State expenditures for PreK programs are used to meet the CCDF matching funds requirement. If checked, provide the estimated percentage of the matching fund requirement that will be met with Prekindergarten expenditures (not to exceed 30 percent):
  - i. If the percentage is more than 10 percent of the matching fund requirement, describe how the state will coordinate its Prekindergarten and child care services:
  - ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:
  
- ☐ e. State expenditures for Prekindergarten programs are used to meet the CCDF maintenance-of-effort requirements. If checked,
  - i. Assure by describing how the Lead Agency did not reduce its level of effort in full-day/full-year child care services, pursuant to 98.55(h)(1) and 98.15(a)(6).
  - ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:
  - iii. Estimated percentage of the MOE Fund requirement that will be met with Prekindergarten expenditures (not to exceed 20 percent):  
?
  - iv. If the percentage is more than 10 percent of the MOE requirement, describe how the state will coordinate its Prekindergarten and child care services to expand the availability of child care:
  
- ☐ f. The same funds are used to meet at least some of the CCDF MOE and TANF MOE requirements.
  - i. If known, what percent of funds used to meet CCDF MOE also is used to meet TANF MOE requirements?  
?

## 1.6 Public-Private Partnerships

Lead Agencies are required to describe how they encourage public-private partnerships among other public agencies, tribal organizations, private entities, faith-based organizations, businesses or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers

to pool resources to pay for shared fixed costs and operation) (658E(c)(2)(P)). ACF expects these types of partnerships to leverage public and private resources to further the goals of the CCDBG Act. Lead Agencies are required to demonstrate how they encourage public-private partnerships to leverage existing child care and early education service-delivery systems and to increase the supply and quality of child care services for children younger than age 13, for example, by implementing voluntary shared service alliance models (98.14(a)(4)).

#### 1.6.1 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 the CCDBG Act. Include in the response any public-private partnerships that have emerged from the response to the COVID-19 pandemic (98.16(d)(2)) and if applicable, how those partnerships will be continued post- pandemic.

**The Lead Agency and Child Care Care Aware® of North Dakota partner 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;**

**make available strong resources to support child care providers in business operations and their daily work with children and families.**

Child Care Aware® of North Dakota maintains an Economic Development ND Membership and a Vision West (19 oil producing counties) Membership and partners with members to support strategies to increase child care capacity; attending meetings and acting as a resource to community leaders and reaching back out to help potential and existing providers access possible funding streams at the local or county level.

In addition, Child Care Aware® of North Dakota relates to and partners with

**Local chambers & community specific funding**

**City Fire Inspectors; Zoning Officials; local jobs development; local school districts  
Small Business Administration -SCORE & Business Planning and Financial Resources**

As a result, Child Care Aware® of North Dakota was invited to attend Mainstreet Round Table events sponsored by the Governor's Office and ND Chamber of Commerce. Child Care Aware® of North Dakota presented Child Care as Infrastructure and Child Care in Your Community: Strategies to Build Capacity and Support breakout sessions at

Mainstreet Summit. Child Care Aware® of North Dakota and Vision West ND, with funding support from the Bush Foundation, created 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.

ND DoH COVID Child Care Tracers shared COVID Impact on child care reporting individual quarantine, classroom and whole program closures with ND DHS and Child Care Aware® of North Dakota. ND DHS used these reports to verify provider reported information for the Child Care Emergency Operating Grants. Child Care Aware® of North Dakota health consultants followed up with each program receiving classroom or whole program closure recommendations to support and answer any additional questions impacted providers might have. ND DoH also partnered to provide guidance and resources related to this public health emergency.

## 1.7 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 state/territory, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (such as a statewide CCR&R network) (658E(c)(3)(B)(iii); 98.52).

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

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

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

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

#### 1.7.1 Funding local or regional CCR&R organizations

Does the Lead Agency fund local or regional CCR&R organizations?

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

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

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

**Child Care Resource and Referral Services are coordinated statewide through the Lead Agency's contract with Child Care Aware® of North Dakota. These services include 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 programs, to ensure optimal awareness and engagement in the Growing Futures Early Childhood Workforce Registry and the state's Quality Rating and Improvement System, Bright and Early ND.**

**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. Child Care Aware® of North Dakota 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. Statewide data collected through their annual business update is shared annually in the supply and demand report. Provider profile data is also collected and available to the Lead Agency for the market rate analysis. Child Care Aware® of North Dakota provides information to both parents and providers about services under Section 619 and Part C of the Individuals with Disabilities**

Education Act but does not collect data on those services as this is overseen by North Dakota's Part B, 619 Coordinator.

Child Care Aware® of North Dakota coordinates their activities with the activities of the Lead Agency to implement Child Care Development Fund activities.

## 1.8 Disaster Preparedness and Response Plan

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

### 1.8.1 Statewide disaster plan updates

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

☒ No

☐ Yes. If yes, describe the elements of the plan that were updated:

1.8.2 Statewide disaster plan continued compliance

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

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

- ☒ i. State human services agency
- ☒ ii. State emergency management agency
- ☒ iii. State licensing agency
- ☒ iv. State health department or public health department
- ☒ v. Local and state child care resource and referral agencies
- ☒ vi. State Advisory Council on Early Childhood Education and Care or similar coordinating body

☒ b. The plan includes guidelines for the continuation of child care subsidies.

☒ c. The plan includes guidelines for the continuation of child care services.

☒ d. The plan includes procedures for the coordination of post-disaster recovery of child care services.

☒ e. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:

- ☒ i. Procedures for evacuation
- ☒ ii. Procedures for relocation
- ☒ iii. Procedures for shelter-in-place
- ☒ iv. Procedures for communication and reunification with families
- ☒ v. Procedures for continuity of operations
- ☒ vi. Procedures for accommodations of infants and toddlers
- ☒ vii. Procedures for accommodations of children with disabilities
- ☒ viii. Procedures for accommodations of children with chronic medical conditions

☒ f. The plan contains procedures for staff and volunteer emergency preparedness training.

☒ g. The plan contains procedures for staff and volunteer practice drills.

1.8.3 Website link to statewide child care disaster plan

If available, provide the direct URL/website link to the website where the statewide child

care disaster plan is posted:

<https://www.nd.gov/dhs/info/pubs/docs/cfs/child-care-disaster-plan.pdf>

## 2 Promote Family Engagement Through Outreach and Consumer Education

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

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

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

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

### 2.1 Outreach for Limited English Proficiency and Persons with Disabilities

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

#### 2.1.1 Strategies to provide outreach and services to eligible families

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

- ☐ a. Application in other languages (application document, brochures, provider notices)
- ☐ b. Informational materials in non-English languages
- ☐ c. Website in non-English languages
- ☐ d. Lead Agency accepts applications at local community-based locations

- ☒ e. Bilingual caseworkers or translators available
- ☒ f. Bilingual outreach workers
- ☒ g. Partnerships with community-based organizations
- ☐ h. Collaboration with Head Start, Early Head Start, and Migrant Head Start
- ☐ i. Home visiting programs
- ☐ j. Other. Describe:

#### 2.1.2 Strategies to provide outreach and services to disabled family members

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

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

## 2.2 Parental Complaint Process

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

### 2.2.1 Reporting process for submitting complaints

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, in addition to their contact information.**

### 2.2.2 Process and timeline for screening, substantiating, and responding to complaints

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

**Complaints regarding providers are reviewed as soon as possible to determine if the complaint is substantiated. Substantiated complaints are investigated as soon as possible by a licensing specialist, who completes an unannounced review of the program. If a violation is found, a Correction Order is issued. A reinspection of the provider is conducted at the end of the period allowed for 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.**

### 2.2.3 Maintaining records of substantiated parental complaints

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

**Substantiated complaints for providers are documented on SFN1269. A copy of this form is sent to the Licensing Supervisor, who enters the concern and follow up information into a database on a network drive. The SFN1269 is also retained in the provider's file. The process is the same for CCDF and non-CCDF providers and licensed and license-exempt providers.**

### 2.2.4 Making information about substantiated parental complaints available to the public

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

**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. <https://ndchildcare.org/parents/find-child-care/>, direct link to search tool: <https://stage.worklifesystems.com/parent/40>**

### 2.2.5 *Citations related to parental complaints*

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

([http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-115.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7CChild%2520Care%2520Concern%2520Investigating%2520Concerns%2520620-01-115%7C\\_\\_\\_\\_\\_0](http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-115.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7CChild%2520Care%2520Concern%2520Investigating%2520Concerns%2520620-01-115%7C_____0)) Child Care Concern/Investigating Concerns 620-01-115 (nd.gov)

(<https://www.legis.nd.gov/cencode/t50c11-1.pdf>) N.D.C.C. § 50-11.1-07 (page 10) gives the department and the authorized agent the right to, at any time, investigate and inspect the conditions of any facility and the qualifications of the provider of early childhood services, whether licensed, self-declared, or in-home provider. Investigating concerns must be a top priority for the authorized agent. If a concern is received, the authorized agent shall investigate the child care as soon as possible. In some situations, it is advisable for staff to go as a team in order to have a back-up witness.

## 2.3 Consumer Education Website

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

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

Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved will require a CCDF Plan amendment.

### 2.3.1 Consumer-Friendly and easily accessible website

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

**The Lead Agency's website, <https://www.hhs.nd.gov/cfs/early-childhood-services>, provides consumer-friendly and easily accessible content. Additionally, this site 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.**

### 2.3.2 Website access for families whose primary language is not English

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

The Lead Agency's website, <https://www.hhs.nd.gov/cfs/early-childhood-services>, provides automatic translation for nd.gov websites, courtesy of Google Translate. Additionally, a Google Translate plugin, which is the industry standard for language translation has been added to the online child care search tool. With over 100 languages, Google Translate makes the online search available to a wide variety of consumers. The Google Translate plugin will allow consumers to select their preferred language from a drop-down menu.

The approaches used to assist parents regarding discussions about child care options and rules vary across the state depending on demographics, languages spoken, and resources available in and to each county. They include but are not limited to: requests for translators; working with friends, family members, or neighbors; using a website for translation (such as <http://www.freetranslation.com/>); using the language software available through Microsoft. For hearing impaired clients, use relay North Dakota for telephone contacts, or contact the ND School for the Deaf for resource support. If an individual is visually impaired the ND School for the Blind may be contacted for resource support.

### 2.3.3 Website access for persons with disabilities

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

The Lead Agency's website, <https://www.hhs.nd.gov/cfs/early-childhood-services>, provides consumer-friendly and easily accessible content. Additionally, this site 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.

### 2.3.4 Child care policies and procedures

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

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

(<https://www.nd.gov/dhs/services/childcare/info/>)  
<https://www.nd.gov/dhs/services/childcare/info/>,  
(<https://www.legis.nd.gov/cencode/t50c11-1.pdf>)  
<https://www.legis.nd.gov/cencode/t50c11-1.pdf>

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

(<http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-35.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7CEarly%2520Childhood%2520Services%2520Licensing%2520620->

01-35%7C\_\_\_\_0) Early Childhood Services Licensing 620-01-35 (nd.gov), Lead Agency is currently in the process of updating the policy manual to include more detailed information about monitoring inspections.  
([http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-116.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7C\\_\\_\\_\\_34](http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-116.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7C____34)) Unannounced Reviews 620-01-116 (nd.gov), this process has recently been updated and the Lead Agency is currently in the process of updating the policy manual to reflect the new process.

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

(<https://www.hhs.nd.gov/criminal-background-checks-licensed-or-regulated-child-care-providers>) <https://www.hhs.nd.gov/criminal-background-checks-licensed-or-regulated-child-care-providers>

(<http://www.legis.nd.gov/cencode/t50c11-1.pdf>) <https://www.legis.nd.gov/cencode/t50c11-1.pdf>

(<http://www.nd.gov/dhs/policymanuals/62001/Content/620-01-40.htm>) Background Check Procedures 620-01- 40

**The Lead Agency is in the process of reviewing the current policies and procedures. Any approved updates will take effect January 1, 2022.**

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

(<https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/esc-direct-bearing-offenses.pdf>) <https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/esc-direct-bearing-offenses.pdf>

### 2.3.5 Searchable list of providers

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

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

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

**The 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>**

b. In addition to the licensed providers that are required to be included in your searchable list, are there additional providers included in the Lead Agency's searchable list of child care providers (please check all that apply)?

☐ i. License-exempt center-based CCDF providers

☒ ii. License-exempt family child care (FCC) CCDF providers

- ☐ iii. License-exempt non-CCDF providers
- ☐ iv. Relative CCDF child care providers
- ☐ v. Other. Describe:

c. Identify what informational elements, if any, are available in the searchable results. Note: Quality information (if available) and monitoring results are required on the website but are not required to be a part of the search results. Check the box when information is provided.

#### Provider Information Available in Searchable Results

##### All Licensed Providers

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

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

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

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

- ☒ Contact Information
- ☒ Enrollment capacity
- ☐ Hours, days and months of operation
- ☐ Provider education and training
- ☐ Languages spoken by the caregiver
- ☐ Quality information

- ☒ Monitoring reports
- ☐ Willingness to accept CCDF certificates
- ☐ Ages of children served

License-Exempt Non-CCDF Providers

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

Relative CCDF Providers

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

d. Other information included for:

- ☒ i. All Licensed providers.

**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, accessibility.**

- ☐ ii. License-exempt CCDF center-based providers.

- ☒ iii. License-exempt CCDF family child care providers.

**Registration certificate number, number of years in operation, location map.**

- ☐ iv. License-exempt, non-CCDF providers.

- ☐ v. Relative CCDF providers.

### 2.3.6 Provider-specific quality information

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

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

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

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

☒ i. Licensed CCDF providers. Describe the quality information:

**All HHS licensed providers are eligible to participate in the statewide Quality Rating and Improvement System, Bright & Early ND. Bright & Early ND uses a block system approach which incorporates four standards, or steps, to quality. Each of the Bright & Early ND Steps to Quality focuses on one component of care and is composed of a consistent set of quality indicators that measure the program's practices. The Bright & Early ND Steps to Quality build upon each other to create a continuous quality improvement cycle and a program that maximizes a child's readiness for school and life. Quality Rating designations shown on the consumer website include the provider's current Bright & Early ND Quality Rating and a short description. Additionally, at the top of the search results you can click to learn about the Bright & Early ND Steps to Quality.**

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

**All HHS licensed providers are eligible to participate in the statewide Quality Rating and Improvement System, Bright & Early ND. Bright & Early ND uses a block system approach which incorporates four standards, or steps, to quality. Each of the Bright & Early ND Steps to Quality focuses on one component of care and is composed of a consistent set of quality indicators that measure the program's practices. The Bright & Early ND Steps to Quality build upon each other to create a continuous quality improvement cycle and a program that maximizes a child's readiness for school and life. Quality Rating designations shown on the consumer website include the provider's current Bright & Early ND Quality Rating and a short description. Additionally, at the top of the search results you can click to learn about the Bright & Early ND Steps to Quality.**

☐ 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:

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

☐ viii. Other. Describe:

### 2.3.7 Monitoring and inspection reports on consumer education website

Lead Agencies must post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services. These reports must include the results of required annual monitoring visits, and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the state does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit (e.g., by posting a blank checklist used by monitors).

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

Certify by responding to the questions below:

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

☒ i. Full monitoring reports that include areas of compliance and non-compliance.

☐ ii. Monitoring reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors). Note: This option is only allowable if the state/territory does not produce monitoring reports that include both areas of compliance and non-compliance. If checked, provide a direct URL/website link to the website where a blank checklist is posted.

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

☒ Date of inspection

☒ Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed:

**Correction Orders that are issued as a result of a monitoring visit due to a substantiated complaint, and the correlating inspection report, are both posted publicly on the Lead Agency's consumer education website within each program's profile. <https://www.hhs.nd.gov/cfs/early-childhood-services/families>, includes a direct link to search tool: <https://stage.worklivesystems.com/parent/40>**

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

**Correction Orders that are issued as a result of a monitoring visit due to a substantiated complaint, and the correlating inspection report, are both posted publicly on the Lead Agency's consumer education website within each program's profile.**

**<https://www.hhs.nd.gov/cfs/early-childhood-services/families>, includes a direct link to search**

tool: <https://stage.worklivesystems.com/parent/40>

[x] A minimum of 3 years of results, where available.

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

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

**<https://stage.worklivesystems.com/parent/40>**

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

**The Lead Agency will update the website on a monthly basis to ensure the most accurate information is available to the public.**

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

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

**The Lead Agency defines plain language as communication that is clear, concise, well-organized, and consistent with other best practices appropriate to the subject or field and intended audience. Such writing avoids jargon, redundancy, ambiguity, and obscurity.**

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

**Monitoring and inspection reports were created to be easy to read and understand, with clear headers separating topic areas throughout the report. North Dakota Administrative Code numbers are included after each indicator as a quick reference for more detailed information on each item being evaluated. Yes/No/NA compliance checkboxes follow each evaluated item and administrative code reference. After each topic area, comment sections have been included for the Licensing Specialist to provide more information about visit observations and deficiencies, in addition to reinspection notes. Follow link for an example of an inspection report for a Child Care Center:**

**(<https://www.nd.gov/eforms/Doc/sfn01423.pdf>)**

**<https://www.nd.gov/eforms/Doc/sfn01423.pdf>**

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

**The Lead Agency will monitor the website monthly for any inaccuracies, as well as investigate any reports of inaccuracies and then ensure those inaccuracies are corrected in the reports & the website is updated. Providers will report inaccuracies to the ECS administrator via written or verbal communication. The Lead Agency will then investigate the reported inaccuracy & make any necessary corrections.**

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

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

The program owner or director may submit a refutation request regarding a Correction Order. (1) Grievant shall complete Part B: Refutation Request on SFN 312 and submit form to the ECS Licensing Specialist within 5 calendar days of the Correction Order. (2) The Early Childhood Services department will form a committee to review the request and will respond to written refutations within 5 business days of receipt. The committee's decision is final. (3) Parent/Guardian notification and posting of the Correction Order may be postponed until the committee responds to the refutation request. If a Correction Order is determined to be unfounded, the order will not be posted on the consumer webpage.

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

**Monitoring and inspection reports are automatically removed from the webpage after 3 years and are available after that time period in accordance with the Lead Agency's records retention schedule.**

2.3.8 Aggregate data on serious injuries, deaths, and substantiated abuse

Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted by Lead Agencies on the consumer education website (98.33(a)(5)). The serious incident aggregate data should include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g. centers, family child care homes, and in-home care) and licensing status (i.e. licensed or license-exempt) for all eligible CCDF providers in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information should also include the total number of children regulated to be cared for by provider type and licensing status (81 FR, p. 67477), so that families can view the serious injuries, deaths, and substantiated cases of abuse data in context. The aggregate report should not include individual provider-specific information or names.

a. Certify by providing:

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

**Providers report any serious injuries or deaths of children occurring in child care to the Licensing Specialist, who in turn supply the documentation to the Early Childhood Services Supervisor for the corresponding region. The ECS Supervisor enters the collected data into a spreadsheet shared on a network drive. Aggregate data is obtained from this spreadsheet.**

- 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 "Services Required" finding 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 and results in medical attention."**

b. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.

☒ i. the total number of serious injuries of children in care by provider category/licensing status

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

☒ iii. the total number of substantiated instances of child abuse in child care settings

☒ iv. the total number of children in care by provider category/licensing status

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

(<https://www.nd.gov/dhs/services/childcare/>) <https://www.hhs.nd.gov/human-services/cfs/early-childhood-services/child-care-development-fund>

#### 2.3.9 *Referrals to local CCR&R agencies through consumer education website*

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

**The Lead Agency's website includes contact information on referrals to our local child care resource and referrals agency, <https://stage.worklifesystems.com/parent/40>; <https://www.hhs.nd.gov/cfs/early-childhood-services/families/choosing-care>.**

#### 2.3.10 *Lead Agency contact information on consumer education website*

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

**The Lead Agency's website, <https://www.hhs.nd.gov/cfs/early-childhood-services>, includes contact information for the HHS Early Child Section, as well as contact information to our local child care resource and referrals agency, <https://stage.worklifesystems.com/parent/40>; <https://www.hhs.nd.gov/cfs/early-childhood-services/families/choosing-care>.**

#### 2.3.11 *Consumer education website link*

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

**<https://www.hhs.nd.gov/cfs/early-childhood-services>**

### 2.4 **Additional Consumer and Provider Education Information of provider choices for parents**

Lead Agencies are required to certify that they will collect and disseminate information about

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

In questions 2.4.1 through 2.4.5, certify by describing:

**2.4.1 Information about child care and other services available for parents**

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

**Childcare Aware of North Dakota performs this function. Their website contains a section about child care assistance, child care licensing and regulations, child development, children with special needs, helping children learn and grow, financial assistance for families, out-of-school care & parenting education, child well-being services, and where to turn during a crisis. The Lead Agency provides the guidebook for assistance, which accompanies the application, addresses that "if needing childcare, check out CCA." This guidebook is made available at the local Human Service Zone Offices and is available as a link on the self-service portal for clients.**

**2.4.2 Required information provided to general public, and eligible parents**

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

**[x] a. Temporary Assistance for Needy Families program:**

**The Lead Agency has developed the Financial Assistance Options for Low Income Children and Families brochure. A short description of each service available to help families find employment, care for their children, meet their nutritional needs, and pay for home heating costs is provided along with the entity's address, phone number, email address and/or website. The brochure is available online at (<https://ndchildcare.org/parents/cost/financial-assistance.html>) <https://ndchildcare.org/parents/cost/financial-assistance.html> TANF information provided by the Lead Agency. Overview of information included in brochure: Temporary Assistance for Needy Families (TANF) Program is intended to move low-income families with children who are deprived of parental support or care from public assistance to self-sufficiency. TANF supports families by providing cash assistance along with work readiness, training and job placement services. Job Opportunities and Basic Skills (JOBS) Program is a companion program of TANF that focuses on work-readiness, training and job placement services**

**[x] b. Head Start and Early Head Start programs:**

The Lead Agency has developed the Financial Assistance Options for Low Income Children and Families brochure. A short description of each service available to help families find employment, care for their children, meet their nutritional needs, and pay for home heating costs is provided along with the entity's address, phone number, email address and/or website. The brochure is available online at (<https://ndchildcare.org/parents/cost/financial-assistance.html>) <https://ndchildcare.org/parents/cost/financial-assistance.html>. Head Start and Early Head Start information provided by the North Dakota Department of Public Instruction, Early Learning. Overview of information included in the brochure: Head Start and Early Head Start provide free learning and development services to children ages birth to five and to pregnant women from low income families.

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

The Lead Agency has developed the Financial Assistance Options for Low Income Children and Families brochure. A short description of each service available to help families find employment, care for their children, meet their nutritional needs, and pay for home heating costs is provided along with the entity's address, phone number, email address and/or website. The brochure is available online at (<https://ndchildcare.org/parents/cost/financial-assistance.html>) <https://ndchildcare.org/parents/cost/financial-assistance.html>. LIHEAP information provided by the North Dakota Economic Assistance Policy Section Low Income Home Energy Assistance Program. Overview of information included in the brochure: Low-Income Home Energy Assistance Program (LIHEAP) helps eligible low- income families partially pay the cost of natural gas, electricity, propane, fuel oil, coal, wood, or other fuel sources. The program also covers: weatherization services (insulation, weather stripping doors and windows, etc.), furnace cleaning, repair, and replacement, chimney cleaning and inspection, and emergency assistance.

**[x] d. Supplemental Nutrition Assistance Program (SNAP):**

The Lead Agency has developed the Financial Assistance Options for Low Income Children and Families brochure. A short description of each service available to help families find employment, care for their children, meet their nutritional needs, and pay for home heating costs is provided along with the entity's address, phone number, email address and/or website. The brochure is available online at (<https://ndchildcare.org/parents/cost/financial-assistance.html>) <https://ndchildcare.org/parents/cost/financial-assistance.html>. SNAP information provided by the North Dakota EAP Supplemental Nutrition Assistance Program. Overview of information included in the brochure: Supplemental Nutrition Assistance Program helps low-income North Dakotans meet their nutritional needs.

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

The Lead Agency has developed the Financial Assistance Options for Low Income Children and Families brochure. A short description of each service available to help families find employment, care for their children, meet their nutritional needs, and pay for home heating costs is provided along with the entity's address, phone number, email address and/or website. The brochure is available online at (<https://ndchildcare.org/parents/cost/financial-assistance.html>) <https://ndchildcare.org/parents/cost/financial-assistance.html>. WIC information provided by the North Dakota Division of Family Health and Wellness. Overview of information included in the brochure: Women, Infants and Children Program (WIC) is a federal nutrition program that offers healthy food for proper growth and development. Assistance is available statewide for pregnant and breastfeeding

women, infants, and children younger than 5 years old.

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

The Lead Agency has developed the Financial Assistance Options for Low Income Children and Families brochure. A short description of each service available to help families find employment, care for their children, meet their nutritional needs, and pay for home heating cost is provided along with the entity's address, phone number, email address and/or website. The brochure is available online at (<https://ndchildcare.org/parents/cost/financial-assistance.html>) <https://ndchildcare.org/parents/cost/financial-assistance.html>. CACFP Information provided by the North Dakota Department of Public Instruction, Child Nutrition and Food Distribution. Overview of information included in the brochure: Child and Adult Care Food Program (CACFP) subsidizes food services to support the health and wellness of children and adults. Participating child care providers receive monthly reimbursement checks to help cover the cost of supplying nutritious meals and snacks to children and adults in their care.

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

The Lead Agency has developed the Financial Assistance Options for Low Income Children and Families brochure. A short description of each service available to help families find employment, care for their children, meet their nutritional needs, and pay for home heating cost is provided along with the entity's address, phone number, email address and/or website. The brochure is available online at (<https://ndchildcare.org/parents/cost/financial-assistance.html>) <https://ndchildcare.org/parents/cost/financial-assistance.html>. CHIP information provided by the Division Medical Services. Overview of information included in the brochure: Children's Health Insurance Program (CHIP) provides health insurance coverage for children in families that earn too much to qualify for Medicaid, yet cannot afford to purchase coverage. It is

available to uninsured children age 18 and younger who live in families with qualifying incomes. Single 18-year-olds with eligible incomes may also apply.

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

The Lead Agency's website, <https://www.hhs.nd.gov/cfs/early-childhood-services/families>, includes information on developmental screening, referrals to Early Intervention (Part C) services, and Early Childhood Special Education Services (Part B-619).

#### 2.4.3 Information available on physical health and 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, particularly healthy eating and physical activity and information about successful parent and family engagement. The description should include:

- what information is provided
- how the information is provided
- how the information is tailored to a variety of audiences, including:
  - o parents
  - o providers
  - o the general public

- any partners in providing this information Description:

Families are a child's first teacher. The More Resources for Families pages of the parent focused section of the Child Care Aware® of North Dakota website include a Child Development accordion with links to CDC's Learn the Signs Act Early and developmental milestones to help them track their child's development and act early if they have concerns; as well as links to Development videos published by Zero to Three for birth to 12 months, 12-24 months, and 24-36 months to provide a visual overview of infant toddler development. The Helping Children Learn and Grow accordion offers access to the VROOM app and website for daily family engagement tips to turn every day activities into brain building moments.

North Dakota is seeing an increase in the population of New Americans and culturally and linguistically diverse families but has had little training specific to these populations. Stakeholders have requested culturally competent professional development as well.

North Dakota's Preschool Development Grant (PDG) identified enhancement of family-centered practices as a priority in goal 4.3. To accomplish this goal, ND Department of Human Services (DHS) contracted with The Hanen Centre to conduct three, two-day face-to-face trainings in Bismarck, Minot and Fargo, with a total of 90 Part C staff.

North Dakota goal to expand understanding of and opportunities related to family engagement in early childhood settings in North Dakota. In 2019-20, multiple focus groups consisting of early childhood professionals and parents were conducted to gain a better understanding of current family engagement opportunities in North Dakota. Participants were a mix of parents and early childhood professionals and included 18 females and one male from Dickinson (six), Fargo (nine), and Minot (four). Further, a parent feedback survey was employed to gather additional information on family engagement, with 175 parents of children ages 0 to 5 and early childhood professionals completing the survey.

#### 2.4.4 Information on social-emotional, behavioral issues and mental health

Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age, are shared with families, providers, and the general public. At a minimum, include

- what information is provided,

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

The lead agency provides information on its website about topics such as special needs and inclusion within the Information for Families section. The contracted partner's website includes information about accessing the topics of inclusion through support, information, resources and coaching for child care providers. The website includes a link to inclusion support request forms and resources. Child Care Inclusion Specialists are also available to support and educate providers, families, and the public on this topic. Inclusion Specialists have the ability to coach a small number of providers participating in the e-Pyramid modules to implement strategies.

The Lead Agency in collaboration with partners 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. <http://www.parentslead.org/>

#### 2.4.5 *Policies preventing suspension and expulsion*

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

The Lead Agency contracts for inclusion support for programs. Inclusion Specialists go to programs and observe classroom environments and work with staff and provide hands on training to assist with behavior management and special needs. The Lead Agency provides Inclusion Grants to assist providers with staffing needs and resources to assist with behavior management and special needs. The Lead Agency shares information about this program on their website.

### 2.5 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings to parents, the general public and, when applicable, child care providers. Information should include:

- Existing resources and services that the state can use in conducting developmental screenings and providing referrals to services for children who receive child care assistance.
- Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)).

This information about the resources can include the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)). Information on developmental screenings, as other consumer education information, should be accessible for individuals with limited English proficiency and individuals

with disabilities.

2.5.1 Certify by describing:

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

**The More Resources for Families pages of the parent focused section of the Child Care Aware® of North Dakota website includes information about developmental screening in the Child Development accordion. A Screen Early brochure describes in plain language what developmental milestones are, what a development screening is, when a child should be screened, and a chart that provides contact information for who to contact for screening based on a child's age and situation. The chart includes options for child care providers as well as all families including those eligible for Medicaid.**

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

**Procedures North Dakota Early Intervention System:**  
(<http://www.nd.gov/dhs/services/disabilities/earlyintervention/partcinfo/doc/policy-package.pdf>)  
<http://www.nd.gov/dhs/services/disabilities/earlyintervention/partcinfo/doc/policy-package.pdf>

**North Dakota Early Intervention Guidelines:**  
(<http://www.nd.gov/dhs/services/disabilities/earlyintervention/stateguidelines.html>)  
<http://www.nd.gov/dhs/services/disabilities/earlyintervention/stateguidelines.html> . Early Childhood Comprehensive Systems purpose is to, expand developmental screening of young children to identify and treat concerns early, Increase referrals to needed programs for children, educate parents and caregivers about healthy child development, address the physical, emotional, and social health of children in a broad-based and coordinated way, develop seamless systems of care for children in the critical formative years from birth to age 3. This is a partnership between various state and local agencies. A free program for all North Dakota children, birth to three years of age. Right Track Consultants can meet with you in the privacy of your own home and can provide: Developmental Screenings; Ideas on stimulating your child's development; and Information and referrals to local, state, and national organizations.  
(<http://www.nd.gov/dhs/services/disabilities/earlyintervention/parent-info/right-track.html>)  
<http://www.nd.gov/dhs/services/disabilities/earlyintervention/parent-info/right-track.html>  
Child Care providers receiving CCDF may discuss the available resources with the families of the children in their care. North Dakota Health Tracks, also known as Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program, will provide developmental screenings upon request for families. Individuals who apply for CCAP have access to referrals about screenings in their community through their human service zone office. Individuals are provided a listing of community resources in the Application for Assistance Guidebook, which informs families of the various types of services, including screenings and health care and insurance programs, that may be available in their community and to inform their local human service zone office of any interest in any of the services. The Application for

Assistance Guidebook also contains information on regional human service centers and the resources they provide. This information is also provided in our CCDF consumer statement. Children, ages 0 to 21, who are enrolled in Medicaid have access to Health Tracks, which is a free, preventative health-screening service. (<https://www.nd.gov/dhs/services/medicalserv/health-tracks/>)  
<https://www.nd.gov/dhs/services/medicalserv/health-tracks/>

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

Child Care providers receiving CCDF may discuss the available resources with the families of the children in their care. All programs (Health Tracks, ND DHS 619 Part C, Right Track, and Child Care Aware inclusion specialist) will provide developmental screenings upon request for families. Individuals who apply for CCAP have access to referrals about screenings in their community through their human service zone office. Individuals are provided a listing of community resources in the Application for Assistance Guidebook, which informs families of the various types of services, including screenings and health care and insurance programs, that may be available in their community and to inform their local human service zone office of any interest in any of the services. The Application for Assistance Guidebook also contains information on regional human service centers and the resources they provide which include developmental disability services, children's mental health services and psychiatric evaluations. The regional human service centers provide these services regardless of a family's ability to pay for the services. This information is also provided in our CCDF consumer statement. Individuals applying for CCAP may also apply for Health Care Coverage which includes Medicaid/CHIP using a combined program application. Children, ages 0 to 21, who are enrolled in Medicaid have access to Health Tracks, which is a free, preventative health-screening service, whereas Right Track is a developmental screening and follow-along program that provides developmental screenings to any children age 0-3 in ND, regardless of income.

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

Child Care Aware® of North Dakota makes the ASQ3 and ASQ2-SE available to child care providers at no cost. Inclusion Specialists have access to the results and support providers in interpreting the results and partnering with families to make referrals when concerns arise.

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

Child Care Aware team of child care health consultants have had a strong focus on helping child care programs understand the importance of care plans for children's health care needs, offering phone and on-site support as well as a variety of care plan templates on the [www.ndchildcare.org](http://www.ndchildcare.org) website. Child care providers can access a free ASQ screening completed by an Inclusions Specialist through Child Care Aware. The inclusion specialist will then refer to appropriate agency if needed. Right Track Consultants can meet with you in the privacy of your own home and can provide: Developmental Screenings; Ideas on stimulating your child's development; and Information and referrals to local, state, and national organizations A free program for all North Dakota children, birth to three years of age.

f. Provide the citation for this policy and procedure related to providing information on \_\_\_\_\_

developmental screenings.

(<http://www.nd.gov/dhs/policymanuals/816/816.htm>) Department of Human Services  
Policy: Service 816, Chapter 05, Division 30, Section 30

([http://http://www.nd.gov/dhs/policymanuals/816/Content/816\\_05\\_30\\_30.htm](http://http://www.nd.gov/dhs/policymanuals/816/Content/816_05_30_30.htm))  
[http://www.nd.gov/dhs/policymanuals/816/Content/816\\_05\\_30\\_30.htm](http://www.nd.gov/dhs/policymanuals/816/Content/816_05_30_30.htm)

## 2.6 Consumer Statement for Parents Receiving CCDF Funds

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

### 2.6.1 Certify by describing:

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

**The Lead Agency provides information to families by directing them to visit Child Care Aware of North Dakota's searchable provider database. This information is provided to families through the Application for Assistance Handbook, CCAP Brochure and the Lead Agency's website. The current database allows families to search child care settings location including address, city, and/or zip code, type of care desired, ages of children and openings for age, as well as days and hours care is needed.**

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

☒ Health and safety requirements met by the provider

☒ Licensing or regulatory requirements met by the provider

☒ Date the provider was last inspected

☒ Any history of violations of these requirements

☒ Any voluntary quality standards met by the provider

☒ How CCDF subsidies are designed to promote equal access

☒ How to submit a complaint through the hotline

☒ How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

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

(<https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/fact-sheet-child-care-development-fund.pdf>) <https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/fact-sheet-child-care-development-fund.pdf>

## 3 Stable Child Care Financial Assistance for Families

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

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

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

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

### 3.1 Eligible Children and Families

At the time when eligibility is determined or redetermined, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the state's median income for a family of the same size and whose family assets do not exceed \$1,000,000 (as certified by a member of said family); and (3)(a) reside with a parent or parents who are working or attending a job training or educational program or (b) receives, or needs to receive, protective services and resides with a parent or parents not described in (3)(a) (658P(4); 98.20(a)).

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

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

a. The CCDF program serves children from (weeks/months/years)

0

Through 12 years (under age 13).

12

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

☐ No

☒ Yes

The upper age is (may not equal or exceed age 19).

18

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

☐ No

☒ Yes

The upper age is (may not equal or exceed age 19).

**18**

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

i. “residing with”:

**Means 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.**

### 3.1.2 Eligibility criteria: Reason for care

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

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

**Work is an activity in which an individual is engaged through employment or self-employment. Work must entail personal involvement and effort on the part of the applicant or recipient. As part of the definition of work, travel time and break time are allowed. Travel and break time are calculated by multiplying the total number of allowable work hours by 25%.**

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

**Job training includes basic remedial education, training and classes to assist individuals in achieving basic literacy, English as a second language (ESL), any training required to secure or retain employment, vocational or educational training and Vocational Rehabilitation (VR). As a part of the definition of job training, travel and break time are allowed. Travel and break time are calculated by multiplying the total number of allowable job training hours by 25%.**

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

**Education includes any primary, secondary, alternative high school, GED and allowable post-secondary education. Post-secondary education includes the pursuit of a certificate, associate's degree or a bachelor's degree, provided an individual does not already have a bachelor's degree. As a part of the definition of education, travel and break time are allowed. Travel and break time are calculated by multiplying the total number of allowable education hours by 25%.**

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

**Allowable job training hours are determined based on actual hours of job training attendance. Education hours are determined based on either credit hours or actual hours**

**of education attendance when education is not based on credit hours. Education based on credit hours is determined by multiplying the number of enrolled credit hours by 2. Both job training and education activities are allowed travel and break time by taking the total number of allowable determined hours and multiplying by 25%.**

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

☒ Yes

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

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

☒ No

☐ Yes. If yes:

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

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

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

☒ No

☐ Yes

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

☒ No

☐ Yes

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

☒ No

☐ Yes

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

☒ No

☐ Yes

### 3.1.3 Eligibility criteria: Family Income Limits

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

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

**Income is the gain or benefit, earned or unearned, derived from labor, business, capital, or property which is received or is available to a determined Child Care Assistance unit for current maintenance.**

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

	(i)	(ii)	(iii)	(iv)
Family Size	100% of SMI (\$/Month)	85% of SMI (\$/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower than 85% of Current SMI	(IF APPLICABLE) (% of SMI) [Divide (iii) by (i), multiply by 100] Income Level if Lower than 85% of Current SMI
1	\$4962	\$4218	?	?
2	\$6489	\$5516	?	?
3	\$8015	\$6813	?	?
4	\$9542	\$8111	?	?
5	\$11069	\$9409	?	?

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

(<https://www.hhs.nd.gov/sites/www/files/documents/EA/CCAP/DN241.pdf>)

<https://www.hhs.nd.gov/sites/www/files/documents/EA/CCAP/DN241.pdf>The income limits are statewide.

d. State Median Income (SMI) source and year

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

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

**LIHEAP IM 2023-02 State Median Income Estimates for Optional Use in FFY 2023 and Mandatory Use in FFY 2024**

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

**Cass County**

e. What is the effective date for these eligibility limits reported in 3.1.3 b?

**10/1/2023**

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

**<https://www.hhs.nd.gov/sites/www/files/documents/EA/CCAP/DN241.pdf>**

#### 3.1.4 Family asset limit

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

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

**Applicants are asked to self declare assets by providing the total estimated value of their assets on the application and review forms.**

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

☒ No

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

#### 3.1.5 Additional eligibility conditions

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

a. eligibility determination.

**Services are prioritized for teen parents who are also participating in the Lead Agency's Crossroads program. The Crossroads program supports teen parents by providing case management services to help them complete their high school or GED education and supports them up to age 21. CCAP will waive co-payments for Crossroads eligible participants. Services are also prioritized for TANF recipients as CCAP will waive the co-payment for those cases. In addition, 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.**

b. eligibility redetermination.

**Services are prioritized for teen parents who are also participating in the Lead Agency's Crossroads program. The Crossroads program supports teen parents by providing case management services to help them complete their high school or GED education and supports them up to age**

**21. CCAP will waive co-payments for Crossroads eligible participants. Services are also prioritized for TANF recipients as CCAP will waive the co-payment for those cases. In addition, 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.**

### 3.1.6 Continuity for Working Families

Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Lead Agencies are reminded that authorized child care services are not required to be strictly based on the work, training, or education schedule of the parent (98.21 (g)). Check the approaches, if applicable, that the Lead Agency uses when considering children's development and promoting continuity of care when authorizing child care services.

☐ a. Coordinating with Head Start, Prekindergarten, other early learning programs, or school-age programs to create a package of arrangements that accommodates parents' work schedules

☐ b. Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)

☐ c. Establishing minimum eligibility periods longer than 12 months

☒ d. Using cross-enrollment or referrals to other public benefits

☐ e. Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services

☐ f. Working with entities that may provide other child support services.

☐ g. Providing more intensive case management for families with children with multiple risk factors

☐ h. Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities

☒ i. Other. Describe:

**The Child Care Assistance Program (CCAP) is housed under the Lead Agency's Economic Assistance Policy Section. The policy division also contains LIHEAP, SNAP and TANF. The division also works closely with the Medical Services division which contains Health Care Coverage. The Lead Agency provides a combined program application that contains all of these programs. The Lead Agency will also have a combined review form that contains all open programs that are due for review. Additionally, verification and information provided for one program may be 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 screened for Health Tracks, a free preventative health-screening service office to children ages 0-21. These screenings include dental, hearing, vision, developmental and other types of screenings. CCAP delinks a child's absence from child care by paying up to 40 hours, or 5 days of absence hours. CCAP will pay an additional 10% of the state maximum rate to providers who are quality rated and caring for children with verified disabilities.

### 3.1.7 How the Lead Agency accounts for Fluctuation in earnings.

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

- ☐ a. Average the family's earnings over a period of time (e.g. 12 months).
- ☒ b. Request earning statements that are most representative of the family's monthly income.
- ☐ c. Deduct temporary or irregular increases in wages from the family's standard income level.
- ☐ d. Other. Describe:

### 3.1.8 Eligibility criteria at the time of eligibility determination and redetermination

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

- ☒ a. Applicant identity
  - ☒ Required at Initial Determination
  - ☐ Required at Redetermination

#### Information and Description

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.

- ☒ b. Applicant's relationship to the child
  - ☒ Required at Initial Determination

☐ Required at Redetermination

**Information and Description**

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.

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

☒ Required at Initial Determination

☐ Required at Redetermination

**Information and Description**

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.

☒ d. Work

☒ Required at Initial Determination

☒ Required at Redetermination

**Information and Description**

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.

☒ e. Job training or educational program

☒ Required at Initial Determination

☒ Required at Redetermination

**Information and Description**

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.

☒ f. Family income

☒ Required at Initial Determination

☒ Required at Redetermination

**Information and Description**

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.

☒ g. Household composition

☒ Required at Initial Determination

☐ Required at Redetermination

**Information and Description**

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.

☒ h. Applicant residence. Describe:

☒ Required at Initial Determination

☐ Required at Redetermination

**Information and Description**

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.

☐ i. Other. Describe:

☐ Required at Initial Determination

☐ Required at Redetermination

**Information and Description**

### 3.1.9 Strategies for timely eligibility determinations

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

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

A decision to either approve or deny an application or review must be made no later than 30 days following the day the signed and dated application or review is received in the county social service office. The first calendar day following receipt of the signed application is day 1 of the 30 day processing timeframe. Additional time may be allowed due to an extenuating circumstance. An extenuating circumstance may be determined by the eligibility worker, but reason for the extenuating circumstance must be documented in the case file. If it has been determined that an extenuating circumstance exists, 15 extra days are allowed to process the application or review. Action must be taken no later than 45 days following the date of application or review.

☐ b. Track and monitor the eligibility determination process

☐ c. Other. Describe:

☐ d. None

### 3.1.10 Exception to TANF work requirements

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

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

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

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

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

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

**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:

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

**N.D.A.C. 75-02-01.2-103, page 60. Job opportunities and basic skills program - Good cause for failure or refusal to comply with a referral to, or participate in, the jobs opportunities and basic skills program.**

## 3.2 Family Contribution to Payments

Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. Lead Agencies, however, may NOT use cost of care or amount of subsidy payment in determining co-payments (98.45(k)(2)). Questions 3.2.1 through 3.2.4 address co-payments during the initial/entry-eligibility period.

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

### 3.2.1 CCDF payments according to family size

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

**Amended: Effective Date 10/01/2023**

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

	<i>(a)</i>	<i>(b)</i>	<i>(c)</i>	<i>(d)</i>	<i>(e)</i>	<i>(f)</i>
Family size	Lowest initial or First Tier Income Level where family is first charged co-pay (greater than \$0)	What is the monthly co-payment for a family of this size based on the income level in (a)?	What percentage of income is this co-payment in (b)?	Highest initial or First Tier Income Level before a family is no longer eligible.	What is the Monthly co-payment for a family of this size based on the income level in (d)?	What percentage of income is this co-payment in (d)?
1	\$1490	\$120	6%	\$4218	\$296	7%
2	\$1948	\$156	6%	\$5516	\$387	7%
3	\$2406	\$193	6%	\$6,813	\$477	7%
4	\$2864	\$230	6%	\$8,111	\$568	7%

	<i>(a)</i>	<i>(b)</i>	<i>(c)</i>	<i>(d)</i>	<i>(e)</i>	<i>(f)</i>
Family size	Lowest initial or First Tier Income Level where family is first charged co-pay (greater than \$0)	What is the monthly co-payment for a family of this size based on the income level in (a)?	What percentage of income is this co-payment in (b)?	Highest initial or First Tier Income Level before a family is no longer eligible.	What is the Monthly co-payment for a family of this size based on the income level in (d)?	What percentage of income is this co-payment in (d)?
5	\$3322	\$266	6%	\$9,409	\$659	7%

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

- ☒ N/A. Sliding fee scale is statewide
- Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart above.
- Describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).

**Amended: Effective Date 10/01/2023**

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

**October 1, 2023**

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

<https://www.hhs.nd.gov/sites/www/files/documents/EA/CCAP/DN241.pdf>

### 3.2.2 Family contribution calculation

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

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

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

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

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

☐ ii. The fee is per child, and a discounted percentage is applied for two or more children.

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

☐ iv. No additional percentage is charged after a certain number of children.

☐ v. The fee is per family.

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

☐ vii. Other. Describe:

### 3.2.3 Other factors to determine family's co-payment

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

☒ No

☐ Yes. If yes, check and describe those additional factors below.

☐ a. Number of hours the child is in care. Describe:

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

☐ c. Other. Describe:

### 3.2.4 Waiving family contributions/co-payments

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

☐ No, the Lead Agency does not waive family contributions/co-payments.

☒ Yes, the Lead Agency waives family contributions/co-payments. If yes, identify and describe which families have their family contributions/co-payments waived.

☐ a. Families with an income at or below the Federal poverty level for families of the same size. Describe the policy and provide the policy citation.

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

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

**Co-payments are waived for households that are also eligible for TANF, TANF Transition and Diversion. The policy citation is 'Waived Co-Pay for TANF Recipients 400-28-45-05'. Co-payments are also waived for household who are eligible for Crossroads. The Crossroads Program is designed to assist teen parents under the age of 21 continue their education. The policy citation is 'Eligibility for Crossroads Families 400-28-40-05'. In addition, co-payments are waived for households who are participating with ARSEN. Alternative Response for Substance Exposed Newborns (ARSEN) means 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 and the substance exposed newborn. The policy citation is Waived Co-Pay Families 400-28-90-20'.**

### 3.2.5 Graduated phase-out of assistance at redetermination

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

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

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

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

At redetermination, a child shall be considered eligible if his or her parents are working or

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

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

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

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

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

A. Describe the policies and procedures.

B. Provide the citation for this policy or procedure.

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

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

B. Describe how the second eligibility threshold:

1. Takes into account the typical household budget of a low-income family:
2. Is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:
3. Reasonably allows a family to continue accessing child care services without unnecessary disruption:
4. Provide the citation for this policy or procedure related to the second eligibility threshold:

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

☒ No

☐ Yes

- i. If yes, describe how the Lead Agency gradually adjusts co-payments for families under a graduated phase-out:
- ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? (Note: Additional reporting requirements are also discussed in section 3.4.3 of the Plan.)
  - ☐ No
  - ☐ Yes. Describe:

### 3.3 Increasing Access for Vulnerable Children and Families

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

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

#### 3.3.1 Increasing access for vulnerable children and families

Describe how the Lead Agency defines:

##### a. “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.**

##### b. “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). TANF families have a waived copayment.**

#### 3.3.2 Priority populations

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

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

using grants or contracts to reserve spots is addressed in 4.1.6.

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

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments (on a case-by-case basis). As described in 3.2.4.	Pay higher rate for access to higher quality care	Using grants or contracts to reserve spots
Children with special needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Families with very low incomes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children experiencing homelessness, as defined by the CCDF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF (98.16(i)(4))	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**The Lead Agency does not have a waiting list as all applicants for CCAP have been able to be assisted by the Lead Agency. In the event the Lead Agency would have to implement a waiting list, children with special needs, families with very low incomes, and children experiencing homelessness would be identified as a priority for services.**

### 3.3.3 Other priority groups

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

**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.**

#### 3.3.4 Additional priority groups

Describe how the Lead Agency prioritizes services for the additional priority groups identified in 3.3.3.

**Families who are receiving TANF or TANF Transition are prioritized by have the CCAP co-payment waived and by paying for child care services provided for any activity identified on the TANF JOBS Employability Plan.**

#### 3.3.5 Enrollment and outreach for families experiencing homelessness

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

a. Describe the procedures to permit the enrollment of children experiencing homelessness while required 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 30-day grace period from the date of application to supply all necessary verifications to continue assistance.**

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

☐ i. Lead Agency accepts applications at local community-based locations

☐ ii. Partnerships with community-based organizations

☒ iii. Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care

☒ iv. Other:

**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.**

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

#### 3.3.6 Grace period

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 immunization and other health and safety requirements (as described in section 5). The length of such a grace period shall be established in consultation with the state, territorial, or tribal health agency (658E(c)(2)(I)(i)(I); 98.41(a)(1)(i)(C)).

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

a. Describe procedures to provide a grace period to comply with immunization and other health

and safety requirements, including how the length of the grace period was established in consultation with the state, territorial, or tribal health agency for:

- i. Children experiencing homelessness (as defined by the CCDF Final Rule).  
**All children , including children experiencing homelessness or whom are in foster care, are allowed a 30-day grace period to provide proof of immunization or a certificate of immunization. The Division of Public Health was consulted on the length of the grace period.**  
Provide the citation for this policy and procedure.  
(<https://www.legis.nd.gov/information/acdata/pdf/33-06-05.pdf>) North Dakota Administrative Code - Title 33 Article 6 Chapter 5 Subsection 7 (page 2)

(link: (<https://www.legis.nd.gov/information/acdata/pdf/33-06-05.pdf>)  
<https://www.legis.nd.gov/information/acdata/pdf/33-06-05.pdf>)

- ii. Children who are in foster care.  
**NA**  
Provide the citation for this policy and procedure.  
**NA**

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

**The Lead Agency trains child care providers on identifying homelessness and on immunization requirements. Families who are eligible for CCAP are informed of immunization requirements and how to access immunizations through the Application for Assistance Handbook.**

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

☐ No

☒ Yes. Describe:

**Every child regardless of family situation is provided 30 days.**

### 3.4 Continuity for Working Families

#### 3.4.1 Minimum 12-month eligibility

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

- regardless of changes in income. Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold but not the federal threshold of 85 percent of state median income (SMI).
- regardless of temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)).

The Lead Agency may not terminate assistance prior to the end of the minimum 12-month

period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. Any temporary change cannot have a time limit (e.g. 60 days, 90 days, etc.). A temporary change in eligible activity includes, at a minimum:

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
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 other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency
6. a child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1)
7. any changes in residency within the state, territory, or tribal service area

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

**Households are approved for 12 months from the month of application or review. Households may also request assistance for the month prior to the application month, which is not included in the 12-month eligibility period. At the time of application or review, all caretakers in the household must have at least one activity of employment, education or training. Once a household is eligible, they do not have to report any temporary changes in activities. If the household would report a temporary change, no action is taken, and assistance will continue through the eligibility period. Households who report a change in income during eligibility only need to verify income if the income change results in a decreased copayment. Eligibility will continue if no verification is received.**

**Review 400-28-25, Timeliness Standards for Processing Reviews 400-28-25-05 Mandatory and Known Information Changes 400-28-125, Reporting Requirements 400-28-125-05**

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

Minimum Required Element	Citation
<b>[x] i. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness. Describe or define your Lead Agency's policy: If a non- temporary loss occurs, eligibility does not change. A non-temporary loss of allowable activity is any loss of activity that is not time limited (two week, one month, etc.) and the individual does not anticipate returning to that activity.</b>	<b>Allowable Activities 400-28-55-05</b>

Minimum Required Element	Citation
[x] ii. Any interruption in work for a seasonal worker who is not working. Describe or define your Lead Agency's policy: <b>If a non-temporary loss occurs, eligibility does not change. A non-temporary loss of allowable activity is any loss of activity that is not time limited (two week, one month, etc.) and the individual does not anticipate returning to that activity.</b>	<b>Allowable Activities 400-28-55-05</b>
[x] iii. Any student holiday or break for a parent participating in a training or educational program. Describe or define your Lead Agency's policy: <b>If a non- temporary loss occurs, eligibility does not change. A non-temporary loss of allowable activity is any loss of activity that is not time limited (two week, one month, etc.) and the individual does not anticipate returning to that activity.</b>	<b>Allowable Activities 400-28-55-05</b>
[x] iv. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program. Describe or define your Lead Agency's policy: <b>If a non- temporary loss occurs, eligibility does not change. A non-temporary loss of allowable activity is any loss of activity that is not time limited (two week, one month, etc.) and the individual does not anticipate returning to that activity.</b>	<b>Allowable Activities 400-28-55-05</b>
[x] v. Any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency. Describe or define your Lead Agency's policy: <b>If a non- temporary loss occurs, eligibility does not change. A non-temporary loss of allowable activity is any loss of activity that is not time limited (two week, one month, etc.) and the individual does not anticipate returning to that activity.</b>	<b>Allowable Activities 400-28-55-05</b>
[x] vi. A child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1). Describe or define your Lead Agency's policy: <b>A child who is age 12 in the month of application or review and turns 13 during the eligibility period, will remain eligible through the eligibility period.</b>	<b>Eligible Children 400-28-35-02</b>
[x] vii. Any changes in residency within the state, territory, or tribal service area. Describe or define your Lead Agency's policy: <b>When the household moves and the change of address is within the same county, the eligibility worker must update the address in the system. Eligibility will remain the same if no mandatory changes were reported that need to be acted on. When the household has moved to another county, the case file will be transferred to the new county and eligibility will remain the same if no mandatory changes were reported that need to be acted on.</b>	<b>Change of Address for Caretaker, Moving Within the County 400-28-127-05 and Moving to Another County 400-28-127-10</b>

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

The Lead Agency does define "temporary change", however does define a non-temporary

loss as ☒ A non-temporary loss of allowable activity is any loss of activity that is not time limited (two week, one month, etc.) and the individual does not anticipate returning to that activity. ☒ Any temporary changes are allowable as long as they don't meet the definition of a non-temporary loss.

#### 3.4.2 Assistance during the minimum 12-month eligibility period

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

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

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

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

☐ No

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

**Effective March 1, 2021 activity search will be an allowable activity at application and review. This change is being made in response to the public health emergency, COVID-19, to help support reopening efforts and support families getting back to their allowable activities. This change will only be effective through September 2022. Households will be eligible for three months of activity search from the month of application or review when their only allowable activity is activity search. After September 2022, this will no longer be an allowable activity at application or review.**

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

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

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

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

**In order for activity search to start, a caretaker must have a non-temporary loss of allowable activity. A non-temporary loss of allowable activity is any loss of activity that is not time limited (two weeks, one month, etc.) and the individual does not anticipate returning to their activity. Child care for activity search must be allowed for three full consecutive months within an eligibility period once a caretaker loses their allowable activity. When a household included two caretakers, each caretaker is eligible for three consecutive months of activity search. The level of care that was effective before the loss of activity cannot be reduced and must continue through the three allowable months of activity search. Verification of activity search hours is not required. Each caretaker is allowed more than one period of activity search after each non-temporary loss of activity. When the three month period of activity search crosses into the redetermination period, the caretaker only remains eligible through the end of their eligibility period as activity search is not an allowable activity at review. However, effective March 1, 2021 through the end of September, 2022 activity search will be an allowable activity at review.**

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

**A household must first report the loss of activity.**

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

**The continued assistance period will begin in the month following the month of activity loss when the change is reported and must last for three months thereafter. This gives the household a slightly extended period of continued assistance beyond the minimum three months.**

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

**Allowable Activities 400-28-55-05.**

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

☐ i. Not applicable

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

A. Define the number of unexplained absences identified as excessive:

B. Provide the citation for this policy or procedure:

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

**Reporting Requirements 400-28-125-05.**

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

**An Intentional Program Violation (IPV) is an action by an individual, for the purpose of improperly establishing, maintaining, increasing or preventing a reduction in eligibility for assistance. Items that may lead to an IPV include, but may not be limited to; giving false information on income, household members, assets or supplying falsified documents. Intentional Program Violation 400-28-162-05.**

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

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

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

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

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

☐ No

☒ Yes

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

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

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

**When an eligible child no longer needs child care or is no longer residing in the home.**

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

**Families are required to report when they move out of state. Families are also required to report any change of address to prevent case from closing for loss of contact.**

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

**Families are required to report the addition or change of a provider. Families are allowed a 10-day timeframe from the date the change occurred to report the addition or change. If the change is reported timely, the provider is provided a certificate in the month the change occurred and may begin billing CCAP in that month. If the change is not timely, the change is made in the month the change was reported.**

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

- ☒ i. Phone
- ☒ ii. Email
- ☒ iii. Online forms
- ☒ iv. Extended submission hours
- ☒ v. Postal mail
- ☒ vi. Fax
- ☒ vii. In-person submission
- ☐ viii. Other. Describe:

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

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

- i. Describe any other changes that the Lead Agency allows families to report.  
**Households may report any changes in their household or circumstances. When changes are reported, the worker must determine if the cumulative effect of the changes will result in an increase or decrease in benefits. If it results in a decrease in benefits, no further action is taken, and the changes may be acted on at the next review. If the changes result in an increase in benefits, or it is unclear what the effect on the benefits will be, verification must be obtained. If the household provides verification, the worker must act on the reported changes when the changes result in an increase in benefits. If the household fails to provide verification, the previously verified amount of the reported change is used and the benefit remains the same. If there is no previously verified amount (i.e. household reports paying child support and previously had not), no change is made, and the benefit remains the same.**
- ii. Provide the citation for this policy or procedure.

#### **Reporting Requirements 400-28-125-05.**

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

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

Examples include developing strategies to inform families and their providers of an upcoming redetermination and the information that will be required of the family, pre-populating subsidy renewal forms, having parents confirm that the information is accurate, and/or asking only for

the information necessary to make an eligibility redetermination. In addition, states and territories can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination that considers the range of needs for families in accessing support (e.g., use of languages other than English, access to transportation, accommodation of parents working non-traditional hours).

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

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

**Review forms are generated the 25th of the month before the review is due and sent to households to ensure they receive their review forms at the beginning of month in which the review is due. During the review process, households are not asked to provide verifications such as identity, age or citizenship of eligible children, relationship, or residency of household members who have already verified that information at the initial eligibility determination. Households are asked to reverify income and allowable activities. The review form along with any additional verifications can be submitted through mail, email, fax or in person. Human Service zone offices have drop boxes for items that submitted in person after office hours.**

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

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

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

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

## 4.1 Maximize Parental Choice and Implement Supply Building Mechanisms

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

### 4.1.1 Child care certificate

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

**Certificates are issued to the household and to providers at the time the households selects a provider. The household copy of the certificate contains the children that are eligible to receive assistance, the provider associated to that child, the maximum state rate, the level of care, the co-payment amount, the allowable activities that have been approved for care, the time period for which the certificate is effective and mandatory reportable changes. The provider's copy of the certificate contains all children in a household who have been associated to that provider, the maximum state rate, the level of care, the household's copayment amount and the time period for which the certificate is effective.**

### 4.1.2 Child care certificate and parent choice

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

- ☐ a. Certificate provides information about the choice of providers
- ☐ b. Certificate provides information about the quality of providers
- ☐ c. Certificate is not linked to a specific provider, so parents can choose any provider
- ☐ d. Consumer education materials are provided on choosing child care
- ☒ e. Referrals provided to child care resource and referral agencies
- ☐ f. Co-located resource and referral staff in eligibility offices
- ☒ g. Verbal communication at the time of the application
- ☐ h. Community outreach, workshops, or other in-person activities
- ☐ i. Other. Describe:

#### 4.1.3 Equal access for families receiving CCDF-funded child care

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

- a. Describe how parents have access to the full range of providers eligible to receive CCDF:  
**Any licensed provider, as well as any license-exempt provider that meets the required health and safety standards, are eligible to participate in the Child Care Assistance Program and receive CCDF. In addition, approved relative providers are eligible to receive CCDF.**

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

**As of August 2021, there were about 1450 providers that could participate in CCDF, and of those about 1350 were eligible to receive CCDF payments. The Market Rate Survey includes data on providers willingness to participate in the CCDF system. When asked, are you or would you consider caring for children who are on a financial assistance program for childcare, 89.5% said yes.**

- c. Identify any barriers to provider participation, including barriers related to payment rates and practices – including for family child care and in-home providers - based on provider feedback and reports to the Lead Agency:

**The Market Rate Survey includes data on barriers that may limit providers from participating. Providers included in the survey were asked if payment reimbursement rates being too low was a barrier, the responses included 37.4% indicating it was not a barrier, 7.4% thought it was an extreme barrier, while 11.1% indicated it was a moderate barrier. Other barriers asked about included billing of absent days, added administrative duties, and length of time to receive a payment. Of all barriers, taking too long to receive a payment was the highest rated extreme barrier at 16.2%.**

#### 4.1.4 Procedures to ensuring unlimited access

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

**Caretakers are informed of unlimited access in the CCAP brochure and through verbal communication at the time of the eligibility determination. Policy citation "Provider Requirements and Information" Overview 400-28-105-05' also states that providers must allow unlimited access to their children while the child is in the provider's care.**

#### 4.1.5 Allowing and limiting 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 (98.16(i)(2)). Will the Lead Agency limit the use of in-home care in any way?  
☐ No

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

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

NA

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

NA

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

NA

☐ d. Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2)). Describe:

NA

☒ e. 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.**

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

NA

☐ g. Other. Describe:

NA

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

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

☒ No. If no, skip to 4.1.7

☐ Yes, in some jurisdictions but not statewide. If yes, describe how many jurisdictions use grants or contracts for child care slots.

☐ Yes, statewide. If yes, describe:

- i. How the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:
- ii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers) and how grants or contracts are promoted by the Lead Agency:
- iii. How rates for contracted slots are set through grants and contracts and if they are viewed by providers as a vehicle for stabilizing payments.

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

☒ No

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

<i>Grants or Contracts are used in Child Care Programs that Serve</i>	<i>To increase the supply of care</i>	<i>To increase the quality of care</i>
i. Children with disabilities	<input type="checkbox"/>	<input type="checkbox"/>
ii. Infants and toddlers	<input type="checkbox"/>	<input type="checkbox"/>
iii. School-age children	<input type="checkbox"/>	<input type="checkbox"/>
iv. Children needing non-traditional hour care	<input type="checkbox"/>	<input type="checkbox"/>
v. Children experiencing homelessness	<input type="checkbox"/>	<input type="checkbox"/>
vi. Children with diverse linguistic or cultural backgrounds	<input type="checkbox"/>	<input type="checkbox"/>
vii. Children in underserved areas	<input type="checkbox"/>	<input type="checkbox"/>
viii. Children in urban areas	<input type="checkbox"/>	<input type="checkbox"/>
ix. Children in rural areas	<input type="checkbox"/>	<input type="checkbox"/>
x. Other populations, please specify	<input type="checkbox"/>	<input type="checkbox"/>

#### 4.1.7 Shortages in supply of high-quality child care

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

a. In child care centers.

**NA**

b. In child care homes.

**NA**

c. Other.

**Child Care Aware of ND completes a yearly state data profile that consists of the number of child care providers in the state compared to the number of children needing care according to the ND Kids Count fact book. This data is reviewed and tracked annually to determine where shortages are occurring. Comparisons are made to determine if an area consistently has shortages and partnership and collaboration are sought at the state, regional & local level to address the shortages.**

#### 4.1.8 Strategies to increase the supply of and improve the quality of child care services

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

populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

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

☒ i. Grants and contracts (as discussed in 4.1.6). Describe:

**The Lead Agency has a contract to provide a statewide Tribal Early Childhood Program focusing on infant-toddler child care. This contract includes assistance in planning, writing and implementing policies and procedures that align with the CCDBG and support for professional development of tribal child care providers.**

☐ ii. Targeted Family Child Care Support such as Family Child Care Networks. Describe:

☐ iii. Start-up funding. Describe:

☒ iv. Technical assistance support. Describe:

**Child Care Aware® of North Dakota offers free technical assistance to potential and existing child care providers as well as community leaders across the state who desire to increase their local child care capacity to meet the needs of working families. Child Care Aware provides a Building Quality coach, which helps support the potential child care provider through the licensing process, establishing business practices which are the foundation to quality and sustainability, incorporating essential health & safety practices, creating a professional development plan, assisting in setting up the child care environment, and completing the first re-licensing process. Child Care Aware ND also assists communities in addressing local child care needs and promoting local collaborations to meet child care needs. They provide assistance and leadership to communities wishing to address child care challenges, including facilitating community meetings, conducting needs assessments, facility planning, financing options, program management and staff recruitment and training.**

☒ v. Recruitment of providers. Describe:

**Caregivers of young children are encouraged to consider operating child care businesses. Included in the educational material and resources presented to families searching for care is a link to more information for those that might be interested in starting a child care program. The online search tool also has an auto chat option and "How could I start a child care program?" is one of the chat questions with an auto response. Both link interested individuals to <https://ndchildcare.org/start/>. Child Care Aware® of North Dakota consultants help communities consider strategies to recruit and retain child care providers. The Lead Agency and Child Care Aware® of North Dakota created a brochure that identifies who needs a license to operate child care in North Dakota, the various license types, and links to the rules and regulations, early childhood licensing specialists, and start up support for new child care businesses. [https://ndchildcare.org/file\\_download/a0eb303e-f266-4595-ba34-03085f4cd86d](https://ndchildcare.org/file_download/a0eb303e-f266-4595-ba34-03085f4cd86d) Early childhood licensing specialist and Child Care Aware staff share this brochure with interested parties, community leaders, and economic developers.**

☐ vi. Tiered payment rates (as discussed in 4.3.3 ). Describe:

☐ vii. Support for improving business practices, such as management training, paid

sick leave, and shared services. Describe:

☐ viii. Accreditation supports. Describe:

☒ ix. Child care health consultation. Describe:

**Child Care Aware® of North Dakota employs registered nurses to serve as Child Care Health Consultants. The Child Care Health Consultants have developed robust print and video resources to address the specialized care of infants and toddlers. They are also available to conduct onsite and virtual visits to assist providers in improving the quality of their care.**

☐ x. Mental health consultation. Describe:

☒ xi. Other. Describe:

**Child Care Aware® of North Dakota employs Inclusion specialists. These individuals work with programs to increase the quality of care for children with special needs and challenging behaviors. Inclusion Specialists coach programs utilizing the e-pyramid training modules and make developmental screening available to child care programs at no cost.**

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

☒ i. Grants and contracts (as discussed in 4.1.6). Describe:

**The Lead Agency has an enhanced contract with ChildCare Aware of ND that uses state funds to invest in increased access to programs providing high quality child care and development services. Investments in additional quality improvement projects are determined through ongoing assessment of need.**

☐ ii. Family Child Care Networks. Describe:

☐ iii. Start-up funding. Describe:

☒ iv. Technical assistance support. Describe:

**Child Care Aware® of North Dakota offers free technical assistance to potential and existing child care providers as well as community leaders across the state who desire to increase their local child care capacity to meet the needs of working families. Child Care Aware provides a Building Quality coach, which helps support the potential child care provider through the licensing process, establishing business practices which are the foundation to quality and sustainability, incorporating essential health & safety practices, creating a professional development plan, assisting in setting up the child care environment, and completing the first re-licensing process. Child Care Aware ND also assists communities in addressing local child care needs and promoting local collaborations to meet child care needs. They provide assistance and leadership to communities wishing to address child care challenges, including facilitating community meetings, conducting needs assessments, facility planning, financing options, program management and staff recruitment and training.**

☒ v. Recruitment of providers. Describe:

**Child Care Aware® of North Dakota offers free consultation and resources to those interested in starting a licensed child care business. Child Care Aware provides an Building Quality coach, which helps support the potential child care provider with support through the licensing**

process, establishing business practices which are the foundation to quality and sustainability, incorporating essential health & safety practices, creating a professional development plan, assisting in setting up the child care environment, and completing the first re-licensing process. Child Care Aware ND also assists communities in addressing local child care needs and promoting local collaborations to meet child care needs. They provide assistance and leadership to communities wishing to address child care challenges, including facilitating community meetings, conducting needs assessments, facility planning, financing options, program management and staff recruitment and training.

☐ vi. Tiered payment rates (as discussed in 4.3.3). Describe:

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

☐ viii. Accreditation supports. Describe:

☒ ix. Child care health consultation. Describe:

**Child Care Aware® of North Dakota employs registered nurses to serve as Child Care Health Consultants. The Child Care Health Consultants have developed robust print and video resources to address the specialized care of infants and toddlers. They are also available to conduct onsite and virtual visits to assist providers in improving the quality of their care.**

☐ x. Mental health consultation. Describe:

☐ xi. Other. Describe:

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

☒ i. Grants and contracts (as discussed in 4.1.6). Describe:

**The Lead Agency has an enhanced contract with ChildCare Aware of ND that uses state funds to invest in increased access to programs providing high quality child care and development services. Investments in additional quality improvement projects are determined through ongoing assessment of need.**

☐ ii. Family Child Care Networks. Describe:

☐ iii. Start-up funding. Describe:

☒ iv. Technical assistance support. Describe:

**Child Care Aware® of North Dakota employs Inclusion Specialists. These individuals work with programs to increase the quality of care for children with special needs and challenging behaviors.**

☒ v. Recruitment of providers. Describe:

**Child Care Aware® of North Dakota offers free consultation and resources to those interested in starting a licensed child care business. Child Care Aware provides an Building Quality coach, which helps support the potential child care provider with support through the licensing process, establishing business practices which are the foundation to quality and sustainability, incorporating essential health & safety practices, creating a professional development plan, assisting in setting up the child care environment, and assisting to complete the first re-licensing**

process. Child Care Aware ND also assists communities in addressing local child care needs and promoting local collaborations to meet child care needs. They provide assistance and leadership to communities wishing to address child care challenges, including facilitating community meetings, conducting needs assessments, facility planning, financing options, program management and staff recruitment and training.

☐ vi. Tiered payment rates (as discussed in 4.3.3). Describe:

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

☐ viii. Accreditation supports. Describe:

☒ ix. Child care health consultation. Describe:

**Child Care Aware® of North Dakota employs registered nurses to serve as Child Care Health Consultants. The Child Care Health Consultants have developed robust print and video resources to address the specialized care of infants and toddlers. They are also available to conduct onsite and virtual visits to assist providers in improving the quality of their care.**

☐ x. Mental health consultation. Describe:

☐ xi. Other. Describe:

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

☒ i. Grants and contracts (as discussed in 4.1.6). Describe:

**The Lead Agency has an enhanced contract with ChildCare Aware of ND that uses state funds to invest in increased access to programs providing high quality child care and development services. Investments in additional quality improvement projects are determined through ongoing assessment of need.**

☐ ii. Family Child Care Networks. Describe:

☐ iii. Start-up funding. Describe:

☒ iv. Technical assistance support. Describe:

**Child Care Aware® of North Dakota offers free technical assistance to potential and existing child care providers as well as community leaders across the state who desire to increase their local child care capacity to meet the needs of working families. Child Care Aware provides a Building Quality coach, which helps support the potential child care provider through the licensing process, establishing business practices which are the foundation to quality and sustainability, incorporating essential health & safety practices, creating a professional development plan, assisting in setting up the child care environment, and completing the first re-licensing process. Child Care Aware ND also assists communities in addressing local child care needs and promoting local collaborations to meet child care needs. They provide assistance and leadership to communities wishing to address child care challenges, including facilitating community meetings, conducting needs assessments, facility planning, financing options, program management and staff recruitment and training.**

☒ v. Recruitment of providers. Describe:

**Child Care Aware® of North Dakota offers free consultation and resources to those interested in starting a licensed child care business. Child Care Aware provides an Building Quality coach, which helps support the potential child care provider with support through the licensing**

process, establishing business practices which are the foundation to quality and sustainability, incorporating essential health & safety practices, creating a professional development plan, assisting in setting up the child care environment, and assisting to complete the first re-licensing process. Child Care Aware ND also assists communities in addressing local child care needs and promoting local collaborations to meet child care needs. They provide assistance and leadership to communities wishing to address child care challenges, including facilitating community meetings, conducting needs assessments, facility planning, financing options, program management and staff recruitment and training.

☐ vi. Tiered payment rates (as discussed in 4.3.3). Describe:

☐ vii. Support for improving business practices for providers, such as management training, and shared services. Describe:

☐ viii. Accreditation supports. Describe:

☒ ix. Child Care health consultation. Describe:

**Child Care Aware® of North Dakota employs registered nurses to serve as Child Care Health Consultants. The Child Care Health Consultants have developed robust print and video resources to address the specialized care of infants and toddlers. They are also available to conduct onsite and virtual visits to assist providers in improving the quality of their care.**

☐ x. Mental health consultation. Describe:

☐ xi. Other. Describe:

e. Other. Check and describe all that apply.

☒ i. Grants and contracts (as discussed in 4.1.6). Describe:

**ARPA Stabilization Grants will be made available to help stabilize the financial operations of child care providers who are operating during the COVID-19 pandemic. Eligible programs will have the opportunity to apply for grants based on the number of children served, whether or not they operate in an under-served county, as well as the number of children they serve who are of infant toddler age, or whose care occurs during non-traditional hours. The Stabilization Grants will stabilize the child care industry assuring continued access to child care.**

**The Inclusion Support Program provides grant funding and technical assistance to licensed early childhood providers in North Dakota. This grant is designed to help both home and center-based providers 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. The Inclusion Support Program grants assure access to quality care.**

☐ ii. Family Child Care Networks. Describe:

☒ iii. Start-up funding. Describe:

**ARPA funds will be made available as startup grants. Opportunities to apply for a startup grant will be available to recently licensed or soon-to-be licensed early childhood programs.**

Grants may also be available to programs that are expanding their child care license. Programs must have had a fire inspection, health inspection (if applicable), an on-site licensor visit and begun licensing application before submitting an application or have a licensed date within 60 days of application. Start up grants will build supply and access to quality care.

☒ iv. Technical assistance support. Describe:

The Inclusion Support Program provides grant funding and technical assistance to licensed early childhood providers in North Dakota. Building Quality Coaches provide support to new and expanding programs.

☒ v. Recruitment of providers. Describe:

ARPA funds will be made available to child care workers as direct incentives related to their continued employment in child care. Individuals who work in the child care sector are eligible for scholarships that can help cover the cost of AIM for Excellence and CDA certifications, as well as costs associated with obtaining a bachelor's degree in Early Childhood Education or Early Childhood Special Education. Workforce incentive funding will improve quality of care.

☐ vi. Tiered payment rates (as discussed in 4.3.3). Describe:

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

☐ viii. Accreditation supports. Describe:

☐ ix. Child Care health consultation. Describe:

☐ x. Mental health consultation. Describe:

☐ xi. Other. Describe:

**NA**

4.1.9 Prioritizing investments for increasing access to high-quality child care and development services

Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs (658 E(c)(2)(M); 98.16 (x);98.46(b)).

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

**ND defines families in poverty as: the families in TANF programs who's income is at or below 35% of federal poverty level. In ND, that means Regular TANF, Transition Assistance, Diversion Assistance and**

**Crossroads programs.** In addition, families subject to the sliding fee schedule, who have income from \$0 up to 10% of SMI are considered to be in poverty.

**North Dakota has a very low unemployment rate of 2.6%. Due to this low unemployment, rate North Dakota focuses on areas of the state that have higher concentrations of poverty and to increase high-quality programs**

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

**Families in poverty have the highest priority in North Dakota and the work being done to map the child care deserts in the state informs the Lead Agency on how and where to prioritize access to high-quality child care. In identifying these areas, the Lead Agency can focus professional development resources, inclusion grant funds, as well as state level TA from the ECS Administrator to the Regional Representatives and County Licensors to ensure support to current child care providers, as well as recruiting additional child care providers. Child Care Aware is also able to focus their resources in assisting providers to move through the QRIS System and encourages their involvement in Bright & Early.**

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

Key principles of the CCDF are to: (1) provide equal access to child care for children receiving child care assistance; and (2) ensure parental choice by offering a full range of child care services. Payment rates that are too low to support equal access undermine these principles. To establish subsidy payment rates that ensure equal access, Lead Agencies collect and analyze data through a number of tools. Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of 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 (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to judge what expected costs would be incurred by child care providers and parents under different scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver child care services (CCDF-ACF-PI-2018-01).

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

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

- Provide an overview of the Lead Agency’s proposed approach (e.g., cost estimation model, cost study/survey, etc.), including a description of data sources.
- Describe what information the Lead Agency will obtain from an alternative methodology that could not be obtained from the required narrow cost analysis.
- Describe how the Lead Agency will consult with the State Early Childhood Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, organizations representing child care caregivers, teachers and directors, and other appropriate entities prior to conducting the identified alternative methodology.
- Describe how the alternative methodology will use methods that are statistically valid and reliable and will yield accurate results. For example, if using a survey, describe how the Lead Agency will ensure a representative sample and promote an adequate response rate. If using a cost estimation model, describe how the Lead Agency will validate the assumptions in the model.
- If the proposed alternative methodology includes an analysis of costs (e.g., cost estimation model or cost study/survey), describe how the alternative methodology will account for key factors that impact the cost of providing care, such as: staff salaries and benefits, training and professional development, curricula and supplies, group size and ratios, enrollment levels, licensing requirements, quality level, facility size, and other factors.
- Describe how the alternative methodology will provide complete information that captures the universe of providers in the child care market.
- Describe how the alternative methodology will reflect variations by provider type, age of children, geographic location, and quality.
- Describe how the alternative methodology will use current data.
- What metrics the Lead Agency will use to set rates based on the alternative methodology.
- Describe the estimated reporting burden and cost to conduct the approach.

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

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

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

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

☒ a. MRS. When was your data gathered (provide a date range, for instance, September – December, 2019)?

**The data was gathered from February, 2021 – May, 2021. The last day for**

survey responses was May 5th, 2021. The results of the market rate survey were finalized on August 23, 2021 and posted to the Departments website on August 30, 2021.

☐ b. ACF pre-approved alternative methodology. Identify the date of the ACF approval and describe the methodology:

☐ No, a waiver is being requested in Appendix A.

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

☐ i. MRS. If checked, describe the status of the Lead Agency's implementation of the MRS.

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

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

?

#### 4.2.2 Consultation prior to developing MRS or pre-approved alternative methodology

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

Describe how the Lead Agency consulted with the:

- a. State Advisory Council or similar coordinating body:

**Child Care Aware® of North Dakota created and presented the Lt. Governors Early Childhood Advisory Council a presentation on December 16, 2020 of the Market Rate Survey. The presentation included the purpose, time frame, who is surveyed and how the 2021 survey would be conducted.**

- b. Local child care program administrators:

**The North Dakota Department of Human Services partnered with Child Care Aware® of North Dakota to develop and complete the market rate survey. Several meetings took place with the Child Care Program Administrator and the staff of Child Care Aware® of North Dakota. The Early Childhood Services Administrator was provided a proposed draft version of the MRS and given the opportunity to provide input or feedback on the draft survey.**

c. Local child care resource and referral agencies:

**The North Dakota Department of Human Services partnered with Child Care Aware® of North Dakota to develop and complete the market rate survey. Several meetings took place with the Child Care Program Administrator and the staff of Child Care Aware® of North Dakota.**

d. Organizations representing caregivers, teachers, and directors:

**Child Care Aware® of North Dakota identified organizations and providers of various license types, inviting them to preview and supply feedback to the draft of the MRS. A handful of comments were received and helped inform the final version of the survey.**

e. Other. Describe:

**NA**

4.2.3 Benchmarks for MRS or pre-approved alternative methodology

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

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

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

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

i. Represent the child care market:

**A total of 1,256 surveys were e-mailed to all Center and Licensed/Family Group child care providers, certified or registered with the state of 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. The referral database was used to identify licensed child care providers in the state where were eligible to complete the MRS.**

ii. Provide complete and current data:

**The survey was conducted from February 5, 2021- May 5, 2021 and of the 1,256 surveys emails 1,055 surveys were completed for an overall response rate of 84%.**

iii. Use rigorous data collection procedures:

**The surveys could be completed online or by calling Child Care Aware® of North Dakota. In some situations, Child Care Aware® of North Dakota reached out to child care providers to collect the information.**

iv. Reflect geographic variations:

**Valid surveys were returned from 51 out of 53 counties.**

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

**The survey captures differences in private pay rates based on child age and provider type, and further required participants to provide information on rates for provider quality rating.**

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

☐ No

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

**Provider responses to the survey were compared with other provider responses by provider type, child age, and other characteristics. The survey was streamlined as much as possible to get a higher response rate from providers and the most accurate data possible. The Market Rate Survey received an 84% response rate, which is one of the highest rates the Lead Agency has seen. A provider survey was conducted in December 2020 by Child Care Aware® of North Dakota and the Department of Human Services to analyze the impact of COVID-19 on providers. The draft data from this survey supports that the prices and costs gathered in the Market Rate Survey adequately reflect the child care market. In addition, North Dakota offered the Child Care Emergency Operating Grant (CEOG) to providers from April 2020 through December 2020, which helped providers maintain their existing rates for families as the grant helped cover operating costs during this time.**

#### 4.2.4 Variations in the price or cost of services

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

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

**The survey is conducted statewide and providers are asked to supply the county in which they are located**

b. Type of provider. Describe:

**Center and licensed family and group type providers were included in the survey.**

c. Age of child. Describe:

**Providers were asked to provide rates for the following age ranges: Infant (under 18 months) Toddler (18 months - 3) Preschool (3-6) School Age (6 - 12).**

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

**Providers were asked to provide information on their participation in the QRIS system, and if their rates changed with participation.**

#### 4.2.5 Narrow cost analysis completion

Has the Narrow Cost Analysis been completed for the FY 2022 – 2024 CCDF Plan?

☐ No, a waiver is being requested in Appendix A. If no, describe the status of the Lead Agency's upcoming narrow cost analysis.

[x] Yes, the narrow cost analysis information is included in the report as described in 4.2.6. If yes, describe how the State/Territory analyzed the cost of child care through a narrow cost analysis for the FY 2022 – 2024 CCDF Plan, including:

- a. The methodology the Lead Agency used to conduct, obtain, and analyze data on the estimated cost of care (narrow cost analysis), including any relevant variation by geographic location, category of provider, or age of child (98.45 (f)(ii)).

**The Narrow Cost Analysis was completed using data from the 2021 Market Rate Survey, which included family/group and center child care providers caring for a variety of age groups in all areas of the state and was then analyzed by region. The market rate survey is focused primarily on prices, however the survey did include other data that can influence cost of care.**

- b. How the methodology addresses the cost of child care providers' implementation of health, safety, quality and staffing requirements (i.e. applicable licensing and regulatory requirements, health and safety standards, training and professional development standards, and appropriate child to staff ratio, groups size limits, and caregiver qualification requirements (98.45 (f)(ii)(A)).

**The Market Rate Survey used for the Narrow Cost Analysis gathers data on actual provider rates, in addition to asking questions about if what providers charge families cover what it costs to meet health, safety, quality of care, and staffing requirements.**

- c. How the methodology addresses the cost of higher-quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality (98.45 (f)(ii)(B)).

**As a result of COVID-19, a lot of providers faced barriers in getting quality rated, which impacted some of the results of 2021 Market Rate Survey and Narrow Cost Analysis. After the child care market begins to further recover from the impacts of COVID-19 and as more providers begin to get quality rated, the lead agency would like to explore the feasibility of conducting another Narrow Cost Analysis to better understand the cost of higher-quality care.**

- d. The gap between costs incurred by child care providers and the Lead Agency's payment rates based on findings from the narrow cost analysis.

**The Narrow Cost Analysis showed that for infants, toddlers, preschool and school age children, there will be minimum gap with the rates set at the 75th percentile as a result of the 2021 Market Rate Survey and the costs incurred by child care providers. As North Dakota continues to engage providers to become quality rated, the data available to truly understand the cost of quality care will improve.**

#### 4.2.6 Detailed report of the market rate survey or ACF pre-approved alternative methodology results

After conducting the market rate survey or ACF pre-approved alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology. The detailed report must also include the Narrow Cost Analysis, as described in 4.2.5, which estimates the cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements, and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For states without a QRIS or for a state with a QRIS system that is currently limited to only certain providers, those states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, school-age quality standards, or state defined quality measures.)

The Lead Agency must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders.

Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public (98.45(f)(1)) by responding to the questions below.

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

**August 25, 2021**

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

**The MRS was finalized on August 23, 2021 and posted to the website on August 30, 2021. The 2021 Market Rate Survey and Narrow Cost Analysis can be found here: (<https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/2021-ccap-market-rate-survey.pdf>) <https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/2021-ccap-market-rate-survey.pdf> or (<https://www.hhs.nd.gov/ccap>) <https://www.hhs.nd.gov/ccap>**

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

**All feedback is considered in the initial design and review of the survey and is included in the detailed report. Feedback gathered was generally positive.**

### 4.3 Establish Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or ACF pre-approved alternative methodology, as identified in 4.2.1, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF assistance. Lead Agencies must also consider the costs of base and higher quality care at each level as part of its rate setting. The Lead Agency must re-evaluate its payment rates at least every 3 years.

#### 4.3.1 Base payment rates and percentiles

Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below. Lead Agencies are required to provide a summary of data and facts in their Plan to demonstrate how its payment rates ensure equal access. The preamble to the final rule (81 FR, p. 67512), indicates that a benchmark for adequate payment rates is the 75<sup>th</sup> percentile of the most recent MRS. The 75<sup>th</sup> percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75<sup>th</sup> percentile, while not a requirement, would ensure that eligible children have access to three out of four child care slots.

The 75<sup>th</sup> percentile benchmark applies to the base rates. Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes). Further, base rates must be sufficient to ensure that minimum health and safety and staffing

requirements are covered.

Percentiles are not required if the Lead Agency conducted an ACF pre-approved alternative methodology, but must be reported if the Lead Agency conducted a MRS. For states that conduct an ACF pre-approved alternative methodology, report the base payment rates based on a full-time weekly rate.

The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please use the most populous geographic region (defined as the area serving highest number of CCDF children) to report base payment rates below.

a. Fill in the table below based on either the statewide rates or the most populous area of the state (area serving highest number of children accessing CCDF). To facilitate compiling state by state payment rates, provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

Age of child in what type of licensed child care setting. (All rates are full-time)	Base payment rate (including unit)	Full-time weekly base payment rate	If the Lead Agency conducted an MRS, what is the percentile of the base payment rate?	If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?
i. Infant (6 months) Center care	<b>\$1278</b>	<b>\$319.50</b>	<b>95th</b>	
ii. Toddler (18 months) Center care	<b>\$1243</b>	<b>\$310.75</b>	<b>95th</b>	
iii. Preschooler (4 years) Center care	<b>\$811</b>	<b>\$202.75</b>	<b>75th</b>	
iv. School-age child (6 years)  Center care  (Based on full-day, full-year rates that would be paid during the summer.)	<b>\$760</b>	<b>\$190</b>	<b>75th</b>	
v. Infant (6 months)  Family Child Care	<b>\$980</b>	<b>\$245</b>	<b>95th</b>	

Age of child in what type of licensed child care setting. (All rates are full-time)	Base payment rate (including unit)	Full-time weekly base payment rate	If the Lead Agency conducted an MRS, what is the percentile of the base payment rate?	If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?
vi. Toddler (18 months) Family Child Care	<b>\$980</b>	<b>\$245</b>	<b>95th</b>	
vii. Preschooler (4 years) Family Child Care	<b>\$680</b>	<b>\$170</b>	<b>75th</b>	
viii. School-age child (6 years)  Family Child Care (Based on full-day, full-year rates that would be paid during the summer.)	<b>\$660</b>	<b>\$165</b>	<b>75th</b>	

b. If the Lead Agency does not publish weekly rates then how were these rates calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)?

**Monthly rates were divided by 4.**

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

**Part time care is defined as 0 up to 25 hours. Full time care is defined as 25 hours or more.**

d. Provide the date these current payment rates became effective (i.e., date of last update based on most recent MRS as reported in 4.2.1).

**August 1, 2023**

e. If applicable, identify the most populous area of the state (area serving highest number of children accessing CCDF) used to complete the responses above.

**Cass County**

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

**<https://www.hhs.nd.gov/sites/www/files/documents/EA/CCAP/DN241.pdf>**

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

**Rates are set by the Lead Agency for the entire state.**

#### 4.3.2 Differentiating payment rates

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

☐ a. Geographic area. Describe:

☐ b. Type of provider. Describe:

☐ c. Age of child. Describe:

☒ d. Quality level. Describe:

**A child who meets the definition of disability and who is attending a Quality Rating Improvement System (QRIS) provider will be eligible to receive an additional 10% of the state max rate.**

☐ e. Other. Describe:

**Amended: Effective Date 11/01/2023**

#### 4.3.3 Tiered rates, differential rates, or add-ons

Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children). Lead Agencies may pay providers more than their private pay rates as an incentive or to cover costs for higher quality care (81 FR, p. 67514).

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

☐ No

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

☐ a. Tiered or differential rates are not implemented.

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

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

**A child who meets the definition of disability and who is attending a provider participating in North Dakota's QRIS, Bright & Early ND, and have a Step 2, 3, or 4 Quality Rating, will be eligible to receive an additional 10% of the state max rate.**

☐ d. Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on. Describe:

☐ e. Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on. Describe:

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

[x] g. Other differential rates or tiered rates. Describe:

**Providers that participate in North Dakota's QRIS, Bright & Early ND, and have a Step 2, 3, or 4 Quality Rating are eligible to receive an additional CCAP tiered bonus payment per CCAP child.**

#### 4.3.4 Establishment of adequate payment rates.

a. Describe how base payment rates are adequate and enable providers to meet health, safety, quality, and staffing requirements under CCDF, and how they were established based on the most recent MRS or ACF pre-approved alternative methodology and the Narrow Cost Analysis, as reported in 4.2.1 and 4.2.5.. In determining compliance with the Act for the equal access provisions in the FY2019-2021 CCDF Plan, the OCC reviewed all the states with payment rates below the 75th percentile benchmark. Of those states, the half with the lowest payment rates were considered non-compliant and placed on a corrective action plan (CAP). These states all had rates below the 25th percentile for either some or all categories of care. The 25th percentile is not to be viewed as a benchmark or a long-term solution to gauge equal access. It is also not to be viewed as sufficient for compliance in future plan cycles. OCC expects to continue to take action against states with the lowest rates in future plan cycles in an effort to keep payment rates moving upward toward ensuring equal access. Note: Per the preamble (81 FR p. 67512), in instances where an MRS or ACF pre-approved alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

**Payment rates for infant and toddlers are set above the 75th percentile of the 2021 Market Rate Survey for center and group or family providers. Payment rates for all other age groups are set at the 75th percentile of the 2021 Market Rate Survey for center and group or family type providers. The survey determines rates by age and provider type. Current rates are set based on the prices charged by particular provider types for certain age groups. Providers are asked to provide their base rates that are charged to private paying clients. As these rates are the rates charged to all families, the cost of health safety, quality and staffing are included in the reported rates.**

b. Describe the process used for setting rates, including how the Lead Agency factors in the cost of care, including any increased costs and provider fees because of COVID-19, and how such costs may be modified after the pandemic subsidies.

**Based on the 2021 Market Rate Survey, rates were set at the 75th percentile. The Market Rate Survey includes data on if the rates charged to families cover what it costs to meet health, safety, quality of care, and staffing requirements. Of the 1055 providers who completed the survey, 1,026 responded to this question. Of the 1,026, 755 (73.6) responded that when the facility does not have any vacancies, the rates charged cover these additional costs. These rates were compared to the information in the narrow cost analysis, which showed that rates set at the 75th percentile were sufficient in covering the cost of care. The Lead Agency did not change the process for setting rates because of COVID-19, therefore, no costs will need to be modified once the pandemic subsidies.**

#### 4.3.5 Cost of higher quality

Describe how the Lead Agency took the cost of higher quality, as determined in 4.2.5, into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at

each level of quality. Note: For states without a QRIS, the states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, or state-defined quality measures).

**The Market Rate Survey includes data on the total facilities that are participating in North Dakota's QRIS system and if those facilities increased their rates when they became quality rated. Of the 1,055 providers who completed the survey, 16.6% (167) are participating in North Dakota's QRIS. Of the 167 participating, only 11 (6.6%) raised their rates when they became quality rated. Of those 11, most increased by less than 5%. The Lead Agency's payment rates take into consideration the reported rates by these facilities as the Lead Agency's rates for centers, groups and family type providers, the provider types participating in QRIS, are higher than others. In addition, the Lead Agency is utilizing the AARP Act stabilization grant to incorporate an add-on for programs participating in the QRIS and serving infants/toddlers on CCAP.**

#### 4.3.6 Additional facts in determining payments rates

Identify and describe any additional facts that the Lead Agency considered in determining its payment rates ensure equal access. If applicable, provide a description of how any additional health and safety costs, because of the COVID-19 pandemic are included in rate setting.

**No other data was considered in determining payment rates.**

#### 4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(I)(2)).

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(I)(3)). Responses may also identify any additional health and safety fees providers are charging as a result of COVID-19.

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

#### 4.4.1 Payment practices

Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.

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

☒ i. Paying prospectively prior to the delivery of services. Describe the policy or procedure.

**Provider certify in the Provider SSP that the child that they are requesting payment for are still enrolled in their care for that month. If payments are certified by the 25th of the month prior, providers receive their payment on the first. If certified after the 25th of the prior month, payments are approved that night, or next business day and providers receive their payment within 3-5 business days.**

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

b. To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: Note: The Lead Agency is to choose at least one of the following:

☒ i. Paying based on a child's enrollment rather than attendance. Describe the policy or procedure.

**Providers are required to certify in the Provider SSP that the child(ren) are still enrolled in their care before payment will be issued.**

☐ ii. Providing full payment if a child attends at least 85 percent of the authorized time. Describe the policy or procedure.

☐ iii. Providing full payment if a child is absent for five or fewer days in a month. Describe the policy or procedure.

☐ iv. Use an alternative approach for which the Lead Agency provides a justification in its Plan. If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.

c. The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(I)(3)).

i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time). Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time).

**Households will be assigned either a part -time or full-time level of care at the time of eligibility determination and will be subject to the part-time or full-time State Maximum payment rate. Part-time care is determined when the hours of child care need per week are between 0 through 24 hours. Full-time care is determined when the hours of child care need per week are 25 and above. Payments will be issued based on the state maximum rate.**

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

**The lead agency may pay for registration fees charged by Center (C,E,K,M) or Group/Family (F, G, H) type providers. Registration fees will be paid directly to the provider.**

d. The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, including fees related to COVID 19, and the dispute-resolution process.

Describe:

**A certificate is sent 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 a one sheet page on their right to appeal.**

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

**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.**

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

**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.**

g. Other. Describe:

**NA**

#### 4.4.2 Payment practices across regions counties, and/or geographic areas

Do payment practices vary across regions, counties, and/or geographic areas?

☒ No, the practices do not vary across areas.

☐ Yes, the practices vary across areas. Describe:

#### 4.4.3 Payment practices supporting equal access

Describe how Lead Agencies' payment practices described in subsection 4.4 support equal access to a full range of providers.

**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. The Lead Agency has implemented a simplified payment request process to reduce time and administrative burden on providers and families. Additionally, payment is based on the enrollment of the child.**

## 4.5 Establish Affordable Co-Payments

Family co-payments are addressed in Section 3 related to minimum 12-month eligibility and the graduated phase-out provision and also in this subsection, because they are an important element for determining equal access. If a Lead Agency allows providers to charge amounts more than the required family co-payments, the Lead Agency must provide a rationale for this practice, including how charging such additional amounts will not negatively impact a family's ability to receive care they might otherwise receive, taking into consideration a family's co-payment and the provider's payment rate.

### 4.5.1 Affordable family contribution/co-payment

How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding- fee scale, is affordable and is not a barrier to families receiving CCDF services (98.16 (k))? Check all that apply.

☒ a. Limit the maximum co-payment per family. Describe:

**Co-payments are charged per family for each month in which services are provided. Co-payments are applied to the first payment request received in a month and are applied to each subsequent payment in that month until there is no remaining co-payment amount. Co-payment amounts are capped at 7% for the highest income families with co-payment percentages decreasing based on lower incomes.**

☐ b. Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and describe.

☐ c. Minimize the abrupt termination of assistance before a family can afford the full cost of care ("the cliff effect") as part of the graduated phase-out of assistance discussed in 3.2.5. Describe:

☐ d. Other. Describe:

### 4.5.2 Option to allows providers to charge additional amounts

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

☐ No

☒ Yes. If yes:

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

**The 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. Co-payments are charged per family for each month in which services are provided. Co-payments are applied to the first payment request received in a month and are applied to each subsequent payment in that month until there is no remaining co-payment amount. Co-payment amounts are capped at 7% for the highest income families with co-payment percentages decreasing based on lower incomes.

- 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.

**Data from 2020 was pulled for a 10-month period. An average of 2714 payment requests were submitted monthly with an average of 1249, or 46% of them requesting more than the state rate of the child they were requesting payment for.**

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

**Parents may have a cost associated with their care above subsidy rates. This is called an overage amount and is negotiated between the parent and provider. The Lead Agency does cover registration fees necessary to obtain or maintain care. The average monthly amount that providers were requesting over the state max rate was \$110.**

## 5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings

Lead Agencies are required to certify that there are in effect licensing requirements applicable to all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must describe how such licensing exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children whether they are licensed or license-exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

The organization of this section begins with a description of the licensing system for all child care providers in a state or territory and then moves to focus specifically on CCDF providers who may be licensed, or those exempt from licensing. The next section addresses child-staff ratios, group size limits, and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children. The section then covers the health and safety requirements; standards, training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Finally, Lead Agencies are asked to describe any exemptions for relative providers (98.16(l)). In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt. In either case, Lead Agencies are expected to identify and describe health and safety requirements for all providers receiving CCDF.

Note: When responding to questions in this section, the OCC recognizes that each state/territory identifies and defines its own categories of care. The OCC does not expect

states/territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care.

Criminal background check requirements are included in this section (98.16(o)). It is important to note that these requirements apply to all child care staff members who are licensed, regulated, or registered under state/territory law and all other providers eligible to deliver CCDF services.

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

## 5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)).

### 5.1.1 Providers subject to licensing

To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below. Check, identify, and describe all that apply, and provide a citation to the licensing rule.

☒ a. Center-based child care.

- i. Identify the providers subject to licensing:

**Child Care Center**

- ii. Describe the licensing requirements:

**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 every licensing year. 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, except for sudden infant death prevention annual training; and**
- 4. Certify annual completion of one hour of department-approved sudden infant death**

prevention training prior to provider having unsupervised access to infants.

iii. Provide the citation:

(<http://www.legis.nd.gov/information/acdata/pdf/75-03-10.pdf>) Child Care Center 75-03-10  
(<http://www.legis.nd.gov/information/acdata/pdf/75-03-10.pdf>)

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[x] b. Family child care. Describe and provide the citation:

i. Identify the providers subject to licensing:

**Family Child Care, Group Child Care, Group Child Care in a facility.**

ii. Describe the licensing requirements:

**Family and Group: Minimum qualifications of providers. 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 every licensing year. 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, except for sudden infant death prevention annual training; and 4. Certify annual completion of one hour of department-approved sudden infant death prevention training prior to provider having unsupervised access to infants.**

**Group in a Facility: Staff members shall: 1. Be at least fourteen years of age, provided that each staff member under age sixteen provides written parental consent for employment as a staff member, and the employment arrangements comply with North Dakota Century Code chapter 34-07. A member of the immediate family of the provider may provide care if the family member is at least twelve years of age; 2. Be individuals of good physical, cognitive, social, and emotional health and shall use mature judgment when making decisions impacting the quality of child care; 3. Receive orientation related to child care policies, emergency procedures, special needs of children in care, and group child care activities during the first week of work; 4. Ensure that at no time a child is placed in an environment that would be harmful or dangerous to the child's physical, cognitive, social, or emotional health; 5. Certify completion of a department-approved basic child care course within ninety days of employment; 6. Certify the staff member's own completion of department-approved training related to child care annually and dependent on how many hours they work per week. Certify annual completion of one hour of department-approved sudden infant death prevention training prior to staff member having unsupervised access to infants;**

iii. Provide the citation:

(<http://www.legis.nd.gov/information/acdata/pdf/75-03-08.pdf>) Family Child Care 75-03-08  
(<http://www.legis.nd.gov/information/acdata/pdf/75-03-08.pdf>) Section 75-03-08-10 (page 6)

(<http://www.legis.nd.gov/information/acdata/pdf/75-03-09.pdf>) Group 75-03-09

(<http://www.legis.nd.gov/information/acdata/pdf/75-03-09.pdf>) Section 75-03-09-12 (page 9)

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

i. Identify the providers subject to licensing:

**In Home Child Care**

ii. Describe the licensing requirements:

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 all the standards set forth by the department. Shall complete one hour of department approved annual SIDS training.

iii. Provide the citation:

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-07.pdf>) In Home Child Care 75-03-07  
(<https://www.legis.nd.gov/information/acdata/pdf/75-03-07.pdf>) Section 75-03-07-04 (page 1)

#### 5.1.2 CCDF Eligible Providers Exempt from Licensing Requirement

Identify the CCDF-eligible providers who are exempt from licensing requirements. Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Describe how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). Do not include exempt relative care providers, this information will be collected in Section 5.6.

a. License-exempt center-based child care. Describe and provide the citation by answering the questions below.

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

- i. Identify the CCDF-eligible family child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

##### **Self-Declaration Providers**

- ii. Provide the citation to this policy:  
(<https://www.legis.nd.gov/cencode/t50c11-1.pdf>) Century Code 50-11.1-03(1), page 6
- 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 or 3 infants a home. These providers must meet some minimal standards, including a background check and basic health and safety training, are inspected prior to approval, 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 and provide the citation by answering the questions below.

- i. Identify the CCDF-eligible in-home child care (care in the child's own home by a non- relative) providers who are exempt from licensing requirements. Describe the exemptions based on

length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption.

#### **In-Home Provider**

- ii. Provide the citation to this policy:

**(<https://www.legis.nd.gov/cencode/t50c11-1.pdf>) Century Code 50-11.1-03(1), page 6**

- 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 all the standards set forth by the department. Shall complete one hour of department approved annual SIDS training.**

## **5.2 Standards for Ratios, Group Size and Qualifications for CCDF Providers**

Lead Agencies are required to have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.6.

### **5.2.1 Age classifications definitions**

Describe how the state/territory defines the following age classifications. For instance, Infant: 0-18 months.

- a. Infant. Describe:

**0-17 months**

- b. Toddler. Describe:

**18-35 months**

- c. Preschool. Describe:

**3-5 years**

- d. School-Age. Describe:

**at least 5 years but less than 12 years of age**

### **5.2.2 Ratio and group size for settings and age groups**

To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

- a. Licensed CCDF center-based care:

- i. Infant

- A. Ratio:

**1 adult : 4 children**

- B. Group size:

**10 children**

ii. Toddler

A. Ratio:

**1 adult : 5 children**

B. Group size:

**15 children**

iii. Preschool

A. 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 : 13 children**

**5 years old = 1 adult : 16 children**

B. Group size:

**Center & Group 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

A. Ratio:

**Center & Group License = 1 adult : 20 children**

**School Age License = 1 adult : 20 children**

B. Group size:  
**Center License = 40 children**

**Group License = 30 children**

**School Age License = 40 children**

v. Mixed-Age Groups (if applicable)

A. Ratio:

**When there is a mixed-age 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. 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.**

B. 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.**

vi. If any of the responses above are different for exempt child care centers, describe the ratio and group size requirements for license-exempt providers.

**N/A**

b. Licensed CCDF family child care home providers:

i. Mixed-Age Groups

A. 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 sizes as detailed in section 5.2.3(a).**

B. 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 sizes as detailed in section 5.2.3(a).**

ii. Infant (if applicable)

A. 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 sizes as detailed in section 5.2.3(a).**

B. 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 sizes as detailed in section 5.2.3(a).**

iii. Toddler (if applicable)

A. 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 sizes as detailed in section 5.2.3(a).**

B. 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 sizes as detailed in section 5.2.3(a).**

**iv. Preschool (if applicable)**

**A. 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 sizes as detailed in section 5.2.3(a).**

**B. 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 sizes as detailed in section 5.2.3(a).**

**v. School-Age (if applicable)**

**A. 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 sizes as detailed in section 5.2.3(a).**

**B. 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 sizes as detailed in section 5.2.3(a).

- vi. If any of the responses above are different for exempt child care homes, describe the ratio and group size requirements for license-exempt family child care home providers.

**Self-declared providers may care for a maximum of 5 children, of which no more than 3 may be under 24 months.**

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

i. Mixed-Age Groups (if applicable)

A. Ratio:

**N/A**

B. Group size:

**N/A**

ii. Infant (if applicable)

A. Ratio:

**N/A**

B. Group size:

**N/A**

iii. Toddler (if applicable)

A. Ratio:

**N/A**

B. Group size:

**N/A**

iv. Preschool (if applicable)

A. Ratio:

**N/A**

B. Group size:

**N/A**

v. School-Age (if applicable)

A. Ratio:

**N/A**

B. Group size:

**N/A**

- vi. Describe the ratio and group size requirements for license-exempt in-home care.

**In-home providers may care for a maximum of 5 children, of which no more than 3 may be under 24 months.**

### 5.2.3 Teacher/caregiver qualifications

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

#### a. Licensed Center-Based Care

- i. Describe the teacher qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care:

**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 SIDS training course completed annually if working with infants, in addition to annual training hours.

**PRESCHOOL TEACHER:** In addition to the above mentioned trainings, a preschool teacher must hold at least one of the following qualifications:

**OPTION ONE:** A bachelor's degree with at least eight semester hours or twelve quarter hours of department-approved early childhood education or child development;

**OPTION TWO:** A teaching certificate in elementary education or kindergarten endorsement

**OPTION THREE:** An associate's degree in the field of early childhood education or child development;

**OPTION FOUR:** An associate's degree with at least one year of experience in a preschool 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; or (2) One hundred twenty hours of department-approved early childhood training;

**OPTION FIVE:** Current certification as a child development associate or similar status; or

**OPTION SIX:** Certification from a Montessori teacher training program.

- ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed:

**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. /

**PRESCHOOL LICENSE:** The director shall hold at least one of the following qualifications:

OPTION ONE: A bachelor's degree in the field of early childhood education with eight or more weeks of supervised student teaching experience in a preschool or similar setting;

OPTION TWO: A bachelor's degree with at least six months of experience in a preschool 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 degree in the field of early childhood education or child development with at least six months of experience in a preschool or similar setting;

OPTION FOUR: An associate's degree with at least one year of experience in a preschool 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: Current certification as a child development associate or similar status, with at least one year of experience in a preschool or similar setting; or

OPTION SIX: Certification from a Montessori teacher training program with at least one year of experience in a Montessori school, preschool, or similar setting.

**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.

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

**N/A**

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

**North Dakota Early Childhood Services Rule Books are available online at:**  
**<https://www.hhs.nd.gov/cfs/early-childhood-services/programs/regulations>.**  
**Further details about qualifications are included in each rule book.**

**b. Licensed Family Child Care**

- i. Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care:

**North Dakota law states that child care providers and their employees must complete specific trainings to become licensed or work in an early childhood setting, including pediatric CPR/AED/First Aid, a department-approved basic child care course within ninety days of employment, a SIDS training course completed annually if working with infants, in addition to annual training hours.**

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

**(same as above)**

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

**North Dakota Early Childhood Services Rule Books are available online at:  
<https://www.hhs.nd.gov/cfs/early-childhood-services/programs/regulations>.  
Further details about qualifications are included in each rule book.**

- c. Regulated or registered In-home Care (care in the child's own home by a non-relative)
  - i. Describe the qualifications for licensed in-home child care providers (care in the child's own home) including any variations based on the ages of children in care:  
**N/A**
  - ii. If any of the responses above are different for license-exempt in-home care providers, describe which requirements apply to exempt in-home care providers:

**License-exempt in-home providers 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 sudden infant death prevention prior to having unsupervised access to infants.**

### 5.3 Health and Safety Standards and Training for CCDF Providers

The state/territory must describe its requirements for pre-service or orientation training and ongoing training. Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served. This training must address the required health and safety topics (658E(c)(2)(I)(i) and the content area of child development. Lead Agencies have flexibility in determining the number of training hours to require, and they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Lead Agencies must also have ongoing training requirements for caregivers, teachers, and directors who are caring for children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). Lead Agencies are to report the total number of ongoing training hours that are required each year, but they do not have to report these hours out by topic (658E(c)(2)(G)(iii)). Ongoing training requirements will be addressed in 5.3.13.

Both preservice/orientation and ongoing trainings should be a part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory.

States and territories must have health and safety **standards** for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined in 98.2. Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)). Exemptions for relative providers' standards and training requirements will be addressed in question 5.6.3.

To certify, describe the following health and safety requirements for programs serving children receiving CCDF assistance on the following topics (98.16(I)) identified in questions 5.3.1 – 5.3.12.

Note: Monitoring and enforcement will be addressed in subsection 5.4.

### 5.3.1 Prevention and control of infectious diseases

Prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements.

#### a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

The childcare shall have written plans to respond to illness and emergencies. Child care 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. 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 child care center. The child care operator shall ensure that the child care center bathroom sinks, toilets, tables, chairs, and floors are cleaned daily. The operator 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 operator shall ensure that the child care center's building, grounds, and equipment are located, cleaned, and maintained to protect the health and safety of children. The operator 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. The operator shall keep verification that each child has received all immunizations appropriate for the child's age, as prescribed by the state department of health, or have on file a document stating that the child is medically exempt or exempt from immunizations based on religious, philosophical, or moral beliefs.

- ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

License exempt including self-declaration and in-home providers, licensed family child care 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 sanitary hand-drying equipment, single use cloth towels, or paper towels must be available at each sink.

- iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

([http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-35-15.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7CEarly%2520Childhood%2520Services%2520Licensing%2520620-01-35%7C\\_\\_\\_\\_\\_4](http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-35-15.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7CEarly%2520Childhood%2520Services%2520Licensing%2520620-01-35%7C_____4)) Procedures Following Completion of a Compliance Checklist for Licensing Study 620-01-35-15

Compliance is monitored and documented on the Licensing Checklists during the annual announced and unannounced visits.

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-07.1.pdf>) Self Declaration 75-03-07.1

75-03-07.1-02(4)(a)(8), page 3  
75-03-07.1-07, page 8

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-10.pdf>) Center 75-03-10

75-03-10-18, page 14  
75-03-10-22(2)(f), page 22  
75-03-10-26, page 27

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-09.pdf>) Group 75-03-09

75-03-09-18, page 13  
75-03-09-22(2)(f), page 18  
75-03-09-26, page 23

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-08.pdf>) Family 75-03-08

75-03-08-21.1, page 12  
75-03-08-22(2)(d), page 15

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.pdf>) Preschool 75-03-11

75-03-11-18, page 13  
75-03-11-22(2)(e), page 16  
75-03-11-26, page 18

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.1.pdf>) School Age 75-03-11.1

75-03-11.1-18, page 13  
75-03-11.1-26, page 23  
75-03-11.1-22(2)(f), page 20

b. Pre-Service and Ongoing Training

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

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-08.pdf>) Family 75-03-08-12, page 6

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-07.1.pdf>) Self-Declaration 75-03-07.1-02(3)(a), page 2

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.1.pdf>) School Age 75-03-11.1-08.4, page 9

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.pdf>) Preschool 75-03-11-13, page 10

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-09.pdf>) Group 75-03-09-12, page 9

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-10.pdf>) Center 75-03-10-12, page 11

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

**Annual training requirements varies according to category of care. Self-Declaration requires 3 hours of annual training for the provider and 1 hour of annual training for an emergency designee and Family Childcare requires the same amount of training hours for staff. Group, Preschool, School Age and Center base training requirements on how many hours staff work per week. Also, annual training is not required for substitute staff and emergency designees in Group, Center, Preschool and School Age Programs.**

- iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

[ ] Pre-Service

☒ Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☐ Yes

☒ No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

**Licensing Specialists and Child Care Aware share updated information on health and safety training with providers. Providers are allowed re take the Getting Started Training after three year have passed this can be counted as required annual training.**

### 5.3.2 Prevention of sudden infant death syndrome

Prevention of sudden infant death syndrome and the use of safe-sleep practices.

#### a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

**The provider shall ensure that infants are placed on their back initially when sleeping to lower risk of sudden infant death syndrome. The provider shall ensure the infants sleep in a crib with a firm mattress or in a portable crib. 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. Soft surfaces are prohibited as infant sleeping surfaces. 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. A staff member shall check on sleeping infants regularly and have a monitor in the room with the sleeping infant.**

- ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

**N/A**

- iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

**(<http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-35-15.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7CEarly%2520Childhood%2520Services%2520Licensing%2520620-01-35%7C> 4) Procedures Following Completion of a Compliance Checklist for Licensing Study 620-01-35-15**

**Compliance is monitored and documented on the Licensing Checklists during the annual announced and unannounced visits.**

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-08.pdf>) Family 75-03-08-24(1)(d), page 17

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-09.pdf>) Group 75-03-09-24(1)(d), page 21

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-10.pdf>) Center 75-03-10-24(1)(d), page 25

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-07.1.pdf>) Self-Declaration 75-03-07.1-08(4), page 10

b. Pre-Service and Ongoing Training

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

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-08.pdf>) Family 75-03-08-10(3-4), page 6

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-07.1.pdf>) Self-Declaration 75-03-07.1-02(3)(a)(16), page 3

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-09.pdf>) Group 75-03-09-12(6)(f) and 75-03-09-12(7), page 9

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-10.pdf>) Center 75-03-10-12(1)(f)(5-6), page 12

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

**N/A**

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

☐ Pre-Service

☒ Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☒ Yes

☐ No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

**Licensing Specialists and Child Care Aware share updated information on SIDS training**

with providers. SIS training is required annually for all license categories, and licensed exempt providers.

### 5.3.3 Administration of medication

Administration of medication, consistent with standards for parental consent.

#### a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

**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 medications. 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. Medication must be stored in an area inaccessible to children and medication must be stored in a spill proof container. The provider shall keep a written record of the administration of medication, including over-the-counter medication for each child. The provider shall include completed medication records in the child's record.**

- ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

**N/A**

- iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

([http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-35-15.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7CEarly%2520Childhood%2520Services%2520Licensing%2520620-01-35%7C\\_\\_\\_\\_4\) Procedures Following Completion of a Compliance Checklist for Licensing Study 620-01-35-15](http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-35-15.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7CEarly%2520Childhood%2520Services%2520Licensing%2520620-01-35%7C____4) Procedures Following Completion of a Compliance Checklist for Licensing Study 620-01-35-15))

**Compliance is monitored and documented on the Licensing Checklists during the annual announced and unannounced visits.**

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-10.pdf>) Center 75-03-10-26

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-09.pdf>) Group 75-03-09-26

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-08.pdf>) Family 75-03-08-21.1

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.pdf>) Preschool 75-03-11-26

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.1.pdf>) School Age 75-03-11.1-26

<https://www.ndlegis.gov/information/acdata/pdf/75-03-07.1.pdf> - Self Declaration 75-03-07.1-02

b. Pre-Service and Ongoing Training

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

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-08.pdf>) Family 75-03-08-10, page 6

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.1.pdf>) School Age 75-03-11.1-08.4, page 9

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.pdf>) Preschool 75-03-11-13, page 10

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-09.pdf>) Group 75-03-09-12, page 9

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-10.pdf>) Center 75-03-10-12, page 11

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

**N/A**

- iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

☐ Pre-Service

☒ Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☐ Yes

☒ No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

**Licensing Specialists and Child Care Aware share updated information on administration of medication training with providers.**

5.3.4 Prevention and response to food and allergic reactions.

Prevention of and response to emergencies due to food and allergic reactions.

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the

practices which must be implemented by child care programs.

The child care program shall have written plans to respond to illness and emergencies. Establish emergency response procedures, provide accessible posting of emergency response procedures and require training for all staff members concerning those emergency procedures. A prearranged plan for emergency medical care in which parents of enrollees are advised of the arrangement and require that the program inform parents in writing of any first aid administered to their child within 24 hours of the incident. Child Care Aware of ND has a dedicated Health and Safety Resource webpage which has provider resources including, but not limited to, food allergy action plans, special dietary needs forms, medication administration forms, information about reducing the risk of choking in young children and information about responding to allergic reactions. (<http://?https://ndchildcare.org/providers/health-safety.html>) <https://ndchildcare.org/providers/health-safety.html>

- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.  
**N/A**

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

([http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-35-15.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7CEarly%2520Childhood%2520Services%2520Licensing%2520620-01-35%7C\\_\\_\\_\\_\\_4](http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-35-15.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7CEarly%2520Childhood%2520Services%2520Licensing%2520620-01-35%7C_____4)) Procedures Following Completion of a Compliance Checklist for Licensing Study 620-01-35-15

Compliance is monitored and documented on the Licensing Checklists during the annual announced and unannounced visits.

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-10.pdf>) Center 75-03-10-26, page 27

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-09.pdf>) Group 75-03-09-26, page 23

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-08.pdf>) Family 75-03-08-21.1, page 12

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.pdf>) Preschool 75-03-11-26, page 18

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.1.pdf>) School Age 75-03-11.1-26, page 23

**b. Pre-Service and Ongoing Training**

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

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-10.pdf>) Center 75-03-10

75-03-10-12(2), page 12

75-03-10-25, page 26

75-03-10-26, page 27

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-09.pdf>) Group 75-03-09

75-03-09-12(3), page 9

75-03-09-25, page 23

75-03-09-26, page 23

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-08.pdf>) Family 75-03-08

75-03-08-12(7), page 7

75-03-08-21.1(5), page 12

75-03-08-25, page 18

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.pdf>) Preschool 75-03-11

75-03-11-25, page 18

75-03-11-26, page 18

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.1.pdf>) School Age 75-03-11.1

75-03-11.1-08.4(4), page 9

75-03-11.1-25, page 23

75-03-11.1-26 page 23

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

**N/A**

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

☐ Pre-Service

☒ Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☒ Yes

☐ No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

**Licensing Specialists, Child Care Aware and CPR/AED/1st Aid trainers share updated information on prevention and response to food and allergic reactions.**

#### 5.3.5 Building and physical premises safety

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

##### a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

**The program shall ensure that the building and grounds, and equipment are located, cleaned, and maintained to protect the health and safety of children. The operator shall ensure that the ground areas are free from accumulations of refuse, standing water, unprotected wells, debris and other health and safety hazards. The operator shall ensure that exterior play areas in close proximity to busy street and other unsafe areas are contained or fenced, or have natural barriers.**

- ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

**N/A**

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

**([http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-35-15.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7CEarly%2520Childhood%2520Services%2520Licensing%2520620-01-35%7C\\_\\_\\_\\_\\_4](http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-35-15.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7CEarly%2520Childhood%2520Services%2520Licensing%2520620-01-35%7C_____4)) Procedures Following Completion of a Compliance Checklist for Licensing Study 620-01-35-15**

**Compliance is monitored and documented on the Licensing Checklists during the annual announced and unannounced visits.**

**(<https://www.legis.nd.gov/information/acdata/pdf/75-03-10.pdf>) Center 75-03-10-18, page 14**

**(<https://www.legis.nd.gov/information/acdata/pdf/75-03-08.pdf>) Family 75-03-08-21.1, page 12**

**(<https://www.legis.nd.gov/information/acdata/pdf/75-03-07.1.pdf>) Self Declaration 75-03-07.1-07, page 8**

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.pdf>) Preschool 75-03-11-18, page 13

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.1.pdf>) School age 75-03-11.1-18, page 13

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-09.pdf>) Group 75-03-09-18, page 13

b. Pre-Service and Ongoing Training

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

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-08.pdf>) Family 75-03-08-12, page 6

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-07.1.pdf>) Self- Declaration 75-03-07.1-02, page 2

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.1.pdf>) School Age 75-03-11.1-08.4, page 9

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.pdf>) Preschool 75-03-11-13, page 10

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-09.pdf>) Group 75-03-09-12, page 9

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-10.pdf>) Center 75-03-10-12, page 11

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

**N/A**

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

☐ Pre-Service

☒ Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☐ Yes

☒ No

- v. How do providers receive updated information and/or training regarding the standard(s)?

This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

**Licensing Specialists and Child Care Aware share updated information and training options with providers.**

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

**The child care program 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 child care begins operation or before a staff member begins working with children. A staff member, household member or any other adult in or at the program may not kick, punch, spank, shake pinch, bite, roughly handle, strike, mechanically restrain, or physically maltreat a child.**

- ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

**N/A**

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

([Compliance is monitored and documented on the Licensing Checklists during the annual announced and unannounced visits.](http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-35-15.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7CEarly%2520Childhood%2520Services%2520Licensing%2520620-01-35%7C____4) Procedures Following Completion of a Compliance Checklist for Licensing Study 620-01-35-15</a>)</p></div><div data-bbox=)

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-08.pdf>) Family 75-03-08

75-03-08-23, page 15

75-03-08-24(1)(a), page 16

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-10.pdf>) Center 75-03-10

75-03-10-23, page 22

75-03-10-24(1)(a), page 23

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-09.pdf>) Group 75-03-09

75-03-09-23, page 19  
75-03-09-24(1)(a), page 20

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-07.1.pdf>) Self-Declaration 75-03-07.1

75-03-07.1-02(3)(b), page 4  
75-03-07.1-08, page 9

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.1.pdf>) School Age 75-03-11.1-23, page 21

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.pdf>) Preschool 75-03-11-23, page 17

b. Pre-Service and Ongoing Training

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

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-08.pdf>) Family 75-03-08-12, page 6

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-07.1.pdf>) Self-Declaration 75-03-07.1-02, page 2

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.1.pdf>) School Age 75-03-11.1-08.4, page 9

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.pdf>) Preschool 75-03-11-13, page 10

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-09.pdf>) Group 75-03-09-12, page 9

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-10.pdf>) Center 75-03-10-12, page 11

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

N/A

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

☐ Pre-Service

☒ Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers,

teachers, and directors are allowed to care for children unsupervised?

☐ Yes

☒ No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

**Licensing Specialists and Child Care Aware share updated information and training options with providers.**

### 5.3.7 Emergency Preparedness and Response Planning

Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

#### a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

**The program shall establish and post an emergency disaster plan for the safety of the children in care. The operator shall develop written disaster plans in cooperation with local emergency management agencies. The plan must include Emergency procedures, what will be done if parents are unable to pick up their child as a result of the emergency, what will be done if the program needs to relocate or must close. Also fire and emergency evacuation drills must be performed with staff in accordance with the state fire marshal's guidelines.**

- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

**N/A**

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

**(<http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-35-15.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7CEarly%2520Childhood%2520Services%2520Licensing%2520620-01-35%7C> 4) Procedures Following Completion of a Compliance Checklist for Licensing Study 620-01-35-15**

**Compliance is monitored and documented on the Licensing Checklists during the annual announced and unannounced visits.**

**(<https://www.legis.nd.gov/information/acdata/pdf/75-03-10.pdf>) Center 75-03-10-16,**

page 13

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-08.pdf>) Family 75-03-08-16, page 9

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-07.1.pdf>) Self Declaration 75-03-07.1-02, page 2

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.pdf>) Preschool 75-03-11-16, page 12

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.1.pdf>) School Age 75-03-11.1-16, page 12

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-09.pdf>) Group 75-03-09-16, page 12

b. Pre-Service and Ongoing Training

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

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-08.pdf>) Family 75-03-08-10, page 6

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-07.1.pdf>) Self- Declaration 75-03-07.1-02, page 2

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.1.pdf>) School Age 75-03-11.1-08.4, page 9

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.pdf>) Preschool 75-03-11-13, page 10

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-09.pdf>) Group 75-03-09-12, page 9

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-10.pdf>) Center 75-03-10-12, page 11

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

**N/A**

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

☐ Pre-Service

☒ Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☐ Yes

☒ No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

**Licensing Specialists, Child Care Aware and local fire marshals share updated information and training options with providers.**

### 5.3.8 Handling and Storage of Hazardous Materials

Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.

#### a. Storage

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

**Staff members shall wash their hands, according to recommendations by the federal centers for disease control and prevention after any other procedure that may involve contact with bodily fluids. Soiled or wet clothes or diapers must be stored in a sanitary, covered container, separate from other garbage and waste until removed from the facility. 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. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

**N/A**

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

**([http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-35-15.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7CEarly%2520Childhood%2520Services%2520Licensing%2520620-01-35%7C\\_\\_\\_\\_\\_4](http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-35-15.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7CEarly%2520Childhood%2520Services%2520Licensing%2520620-01-35%7C_____4)) Procedures Following Completion of a Compliance Checklist for Licensing Study 620-01-35-15**

**Compliance is monitored and documented on the Licensing Checklists during the annual announced and unannounced visits.**

**(<https://www.legis.nd.gov/information/acdata/pdf/75-03-10.pdf>) Center 75-03-10-18 and 75-03-10-24**

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-08.pdf>) Family 75-03-08-21.1 and 75-03-08-24

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-07.1.pdf>) Self Declaration 75-03-07.1-07 and 75-03-07.1-08

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.pdf>) Preschool 75-03-11-18

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.1.pdf>) School age 75-03-11.1-18

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-09.pdf>) Group 75-03-09-18 and 75-03-09-24

b. Pre-Service and Ongoing Training

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

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-08.pdf>) Family 75-03-08-10, page 6

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-07.1.pdf>) Self- Declaration 75-03-07.1-02, page 2

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.1.pdf>) School Age 75-03-11.1-08.4, page 9

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.pdf>) Preschool 75-03-11-13, page 10

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-09.pdf>) Group 75-03-09-12, page 9

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-10.pdf>) Center 75-03-10-12, page 11

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

N/A

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

☐ Pre-Service

☒ Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers,

teachers, and directors are allowed to care for children unsupervised?

☐ Yes

☒ No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

**Licensing Specialists, Child Care Aware and local fire marshals share updated information and training options with providers.**

#### 5.3.9 Precautions in transporting children

Precautions in transporting children (if applicable).

##### a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

**When transportation is provided by a program children must be protected by adequate staff member supervision, safety precautions, and auto/liability insurance as required by state law. 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 18 years of age or older and shall comply with all relevant federal, state, and local laws, including child restraint system laws.**

- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

**N/A**

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

**([http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-35-15.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7CEarly%2520Childhood%2520Services%2520Licensing%2520620-01-35%7C\\_\\_\\_\\_\\_4](http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-35-15.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7CEarly%2520Childhood%2520Services%2520Licensing%2520620-01-35%7C_____4)) Procedures Following Completion of a Compliance Checklist for Licensing Study 620-01-35-15**

**Compliance is monitored and documented on the Licensing Checklists during the annual announced and unannounced visits.**

**(<https://www.legis.nd.gov/information/acdata/pdf/75-03-10.pdf>) Center 75-03-10-15, page 13**

**(<https://www.legis.nd.gov/information/acdata/pdf/75-03-09.pdf>) Group 75-03-08-15, page 11**

**(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.1.pdf>) School Age 75-03-**

11.1-15, page 12

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.pdf>) Preschool 75-03-11-15, page 12

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-07.1.pdf>) Self Declaration 75-03-07.1-02(3)(f), page 5

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-09.pdf>) Group 75-03-09-15, page 11

b. Pre-Service and Ongoing Training

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

**N/A**

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

**N/A**

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

☐ Pre-Service

☐ Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☐ Yes

☐ No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

**N/A**

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR).

a. Standards

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

**All staff members shall be currently certified within 90 days of employment and prior to staff member having unsupervised access to children under care, in infant and pediatric cardiopulmonary resuscitation, pediatric first aid 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 first aid by a program approved by the department.

- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.  
N/A
- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

([http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-35-15.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7CEarly%2520Childhood%2520Services%2520Licensing%2520620-01-35%7C\\_\\_\\_\\_\\_4](http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-35-15.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7CEarly%2520Childhood%2520Services%2520Licensing%2520620-01-35%7C_____4)) Procedures Following Completion of a Compliance Checklist for Licensing Study 620-01-35-15

Compliance is monitored and documented on the Licensing Checklists during the annual announced and unannounced visits.

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-08.pdf>) Family 75-03-08-12(4-5), page 7

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-07.1.pdf>) Self- Declaration 75-03-07.1-02(4)(a)(14-15), pages 3-4

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.1.pdf>) School Age 75-03-11.1-08.4(7-8), page 10

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.pdf>) Preschool 75-03-11-13(6-7), pages 10-11

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-09.pdf>) Group 75-03-09-12(9-10), page 10

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-10.pdf>) Center 75-03-10-12(1)(d-e), page 11

b. Pre-Service and Ongoing Training

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

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-08.pdf>) Family 75-03-08-12

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-07.1.pdf>) Self- Declaration 75-03-07.1-02

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.1.pdf>) School Age 75-03-

#### 11.1-08.4

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.pdf>) Preschool 75-03-11-13

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-09.pdf>) Group 75-03-09-12

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-10.pdf>) Center 75-03-10-12

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

**N/A**

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
  - ☐ Pre-Service
  - ☒ Orientation within three (3) months of hire
- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
  - ☒ Yes
  - ☐ No
- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

**Licensing Specialists share updated information and training options with providers.**

#### 5.3.11 Recognition and reporting of child abuse and neglect

Recognition and reporting of child abuse and neglect. Note: The description must include a certification that child care providers within the state comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).

##### a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

**All staff are required to receive a two-day, onsite orientation to the child care program during the first week of employment. The orientation topics, which include ND child abuse and neglect laws, including mandating reporting, are attested to on state form number 969. All staff members responsible for caring for or teaching children shall certify completion of Getting Started North Dakota's basic child care course within 90 days of employment, one of the classes identified in this series is Child Abuse, Prevention, Recognition and Reporting. In addition to training the staff on recognition and reporting, licensed CCDF providers are also required to have written policies and**

procedures in place regarding the process for a parent or staff member to report suspected child abuse or neglect.

- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

N/A

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

([http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-35-15.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7CEarly%2520Childhood%2520Services%2520Licensing%2520620-01-35%7C\\_\\_\\_\\_\\_4](http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-35-15.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7CEarly%2520Childhood%2520Services%2520Licensing%2520620-01-35%7C_____4)) Procedures Following Completion of a Compliance Checklist for Licensing Study 620-01-35-15

Compliance is monitored and documented on the Licensing Checklists during the annual announced and unannounced visits.

(<https://www.legis.nd.gov/cencode/t50c25-1.pdf>) North Dakota Century Code section 50-25.1-03, page 6

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-08.pdf>) Family 75-03-08

75-03-08-08.1(6), page 5

75-03-08-12, page 6

75-03-08-19(2)(c), page 10

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-07.1.pdf>) Self- Declaration 75-03-07.1-02(3)(a)(9), page 3

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.1.pdf>) School Age 75-03-11.1

75-03-11.1-08(6)(h), page 5

75-03-11.1-08(20), page 6

75-03-11.1-08.4, page 9

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.pdf>) Preschool 75-03-11

75-03-11-08(6), page 5

75-03-11-08(9), page 6

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-09.pdf>) Group 75-03-09

75-03-09-08(1)(d), page 5

75-03-09-08(1)(n), page 5

75-03-09-11(4), page 9

75-03-09-12, page 9

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-10.pdf>) Center 75-03-10

75-03-10-09(6)(h), page 7

75-03-10-09(17), page 8

75-03-10-12(2), page 12

b. Pre-Service and Ongoing Training

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

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-08.pdf>) Family 75-03-08-12, page 7

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-07.1.pdf>) Self- Declaration 75-03-07.1-02, page 3

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.1.pdf>) School Age 75-03-11.1-08.4, page 9

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.pdf>) Preschool 75-03-11-13(5), page 10

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-09.pdf>) Group 75-03-09-12, page 9

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-10.pdf>) Center 75-03-10-12, page 11

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

N/A

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

☐ Pre-Service

☒ Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☐ Yes

☒ No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

**Licensing Specialists and Child Care Aware share updated information and training options with providers**

#### 5.3.12 Child development

Child Development. Lead Agencies are required to describe in their plan how training addresses child development principles, including the major domains of cognitive, social, emotional, physical development and approaches to learning (98.44(b)(1)(iii)).

##### a. Pre-Service and Ongoing Training

- i. Describe the training content and provide the citation(s) for the training requirement(s). Include citations for both licensed and license-exempt providers.

**(<https://registry.ndgrowingfutures.org/EventDetail.aspx?EVID=26775>) Getting Started**  
**Getting Started** is an introductory course in which individuals learn about child development, responsive interactions, safe and effective environments, health and nutrition plus abuse and reporting. This training satisfies the CCDF federal requirement for staff at Lead Agency licensed centers, school-age programs, preschools, groups and family child care programs as well as self-declaration provides and must be completed within the first three months of hire. In the child development modules, learners are introduced to patterns of development, an overview of developmental domains (physical, language, cognitive, social-emotional) and typical development for infants and toddlers, preschoolers, and school agers; information about developmental screening and individual differences is also included. Child Care Aware® of North Dakota also offers ongoing child development trainings. The following trainings are available as online, self-paced courses: (<https://registry.ndgrowingfutures.org/EventDetail.aspx?EVID=26798>)  
**Overview of Child Development** When you are knowledgeable about child development and learning, you can predict what children of a particular age group will typically be like, what they will (and will not) be capable of and what strategies will most likely promote their development and learning. In this course, you will explore 10 principles of development and learning and learn how to use this knowledge in your program. (<https://registry.ndgrowingfutures.org/EventDetail.aspx?evid=26788>)  
**Language Development** Language development is the ability to listen to, understand and use words. Children use language in their daily efforts to communicate with others, build relationships, think and solve problems, express their emotions and learn about the world. In this course, you will learn about typical language development of infants and toddlers, preschoolers and school aged children, as well as ways you can support children's language development.  
(<https://registry.ndgrowingfutures.org/EventDetail.aspx?evid=26791>)  
**Physical Development** Sometimes physical development is taken for granted because it is assumed that it happens automatically. This isn't true! Physical development is just as

important to learning as any other area of development. In this course, you will learn about typical physical development of infants and toddlers, preschoolers and school aged children, as well as ways you can support children's physical development.

(<https://registry.ndgrowingfutures.org/EventDetail.aspx?evid=26798>) Social-Emotional Development Social-emotional development is the base of all other development. The early childhood years are a critical time for positive social-emotional development! In this course, you will learn about typical physical development of infants and toddlers, preschoolers and school aged children, as well as ways you can support children's social-emotional development.

(<https://registry.ndgrowingfutures.org/EventDetail.aspx?EVID=26802>) Understanding Stress and Trauma in Young Children Stress and trauma affect children's behavior, learning and development. Understanding how your body responds to stress enables you to recognize it in young children and to provide responsive care to protect children from stress and help children and their families cope with it.

Lead caregivers, teachers, and directors participating in Bright & Early ND Step 3 cohorts are required to complete Introduction to GOLD® presented by Teaching Strategies™ and GOLD® Interrater Reliability. The assessment model used in GOLD follows widely held expectations for children birth through third grade and color-coded progressions guide teachers toward selecting and adapting activities that support each child's development and learning.

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-08.pdf>) Family 75-03-08-12, page 7

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-07.1.pdf>) Self- Declaration 75-03-07.1-02, page 3

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.1.pdf>) School Age 75-03-11.1-08.4, page 9

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.pdf>) Preschool 75-03-11-13(5), page 10

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-09.pdf>) Group 75-03-09-12, page 9

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-10.pdf>) Center 75-03-10-12, page 11

- ii. Describe any variations in training requirements for this topic. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

N/A

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.  
☐ Pre-Service  
☒ Orientation within three (3) months of hire
- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?  
☐ Yes  
☒ No
- v. How do providers receive updated information and/or training regarding this topic? This description should include methods to ensure that providers are able to maintain and update their understanding of child development principles as described in the topic above.  

**Child Care Aware Staff and the Child Care Aware website provides updated information regarding child development training. The Licensing specialists provide guidance on training and share updated information.**

#### 5.3.13 Ongoing training annual requirements

Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):

##### a. Licensed child care centers:

**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 9 hours of annual training.**

**If working fewer than 10 hours per week, certify 7 hours of annual training.**

**All staff working with infants are required to take 1 hour of SIDS prevention training annually.**

##### b. License-exempt child care centers:

**N/A**

##### c. Licensed family child care homes:

**9 hours of annual training**

##### d. License-exempt family child care homes:

**N/A**

##### e. Regulated or registered In-home child care:

**Provider is required to take 3 hours of annual training and emergency designee is required to take 1 hour of annual training.**

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

**N/A**

#### 5.3.14 Optional standards compliance

In addition to the required standards, does the Lead Agency require providers to comply with the following optional standards? If checked, describe the standards, how often the training is required and include the citation. (Please check all that apply)

☒ a. Nutrition:

**When a provider is responsible for providing food to children, the food supplied must meet USDA 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.**

☒ b. Access to physical activity:

**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. Preschool Programs are exempt from providing outdoor space. Specific training is not required.**

☒ c. Caring for children with special needs:

**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.**

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

N/A

### 5.4 Monitoring and Enforcement Policies and Practices for CCDF Providers

#### 5.4.1 Enforcement of licensing and health and safety requirements.

Lead agencies must certify that procedures are in effect to ensure that all child care providers caring for children receiving CCDF services comply with all applicable state and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers, or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.4.2.

a. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety **Standards** as described in Section 5.3.

**The Lead Agency requires that the licensing specialists conduct a licensing study and complete a monitoring checklist and collect other required forms for all providers, regardless of whether they are licensed or license exempt. The licensing specialist conducts at least one announced and unannounced review per year on each program.**

b. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety **Training** as described in Section 5.3.

**All providers are required to submit training transcripts annually as part of the licensing study. The licensing specialist reviews the transcripts to ensure all training has been completed within the past year and SIDS training is completed if applicable and that**

**CPR/AED and 1st Aid are up to date.**

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

**All providers are required to submit a current health or kitchen inspection if applicable and a fire inspection as part of the license renewal process.**

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections—with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards—of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards—health, safety, and fire—at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory’s monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

a. Licensed CCDF center-based child care

- i. Describe your state/territory’s policies and practices for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards.

**The Lead Agency requires the licensing specialists conduct a licensing study, complete a licensing checklist and collect all other required forms, such as fire inspection reports, training records, background check results and pediatric CPR/first aid and pediatric AED certification, for all potential providers. Health, safety and fire standards are reviewed and compliance or non-compliance noted on the licensing checklist during the on-site pre-licensure inspection. Upon completion of the licensing study and pre-licensure inspection, there may be deficiencies identified and in need of correction prior to issuing a license.**

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

**Annual inspection and unannounced inspections are required for re-licensure.**

- iii. Identify the frequency of unannounced inspections:

☒ A. Once a year

☐ B. More than once a year. Describe:

- iv. If applicable, describe the differential monitoring process and how these inspections ensure that child care center providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

**Full licensing inspection reviewing all standards as noted in law and rule.**

- v. List the citation(s) for your state/territory’s policies regarding inspections for licensed

CCDF center providers.

([http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-35-15.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7CEarly%2520Childhood%2520Services%2520Licensing%2520620-01-35%7C\\_\\_\\_\\_\\_4](http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-35-15.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7CEarly%2520Childhood%2520Services%2520Licensing%2520620-01-35%7C_____4)) DHS Policy 620-01-35-15

b. Licensed CCDF family child care home

- i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards.

**The Lead Agency requires the licensing specialists conduct a licensing study, complete a licensing checklist and collect all other required forms, such as fire inspection reports, training records, background check results and pediatric CPR/first aid and pediatric AED certification, for all potential providers. Health, safety and fire standards are reviewed and compliance or non-compliance noted on the licensing checklist during the on-site pre-licensure inspection. Upon completion of the licensing study and pre-licensure inspection, there may be deficiencies identified and in need of correction prior to issuing a license.**

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

**Annual inspections and unannounced inspections are required for re-licensure.**

- iii. Identify the frequency of unannounced inspections:

☒ A. Once a year

☐ B. More than once a year. Describe:

- iv. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

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

([http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-35-15.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7CEarly%2520Childhood%2520Services%2520Licensing%2520620-01-35%7C\\_\\_\\_\\_\\_4](http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-35-15.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7CEarly%2520Childhood%2520Services%2520Licensing%2520620-01-35%7C_____4)) DHS Policy 620-01-35-15

c. Licensed in-home CCDF child care

- i. Does your state/territory license in-home child care (care in the child's own home)?

☒ No

☐ Yes. If yes, answer A – E below:

A. Describe your state/territory's policies and practices for pre-licensure inspections of licensed in-home care (care in the child's own) providers for compliance with health, safety, and fire standards.

B. Describe your state/territory's policies and practices for annual, unannounced

inspections of licensed CCDF child care in-home care (care in the child's own home) providers.

- C. Identify the frequency of unannounced inspections:  
[x] 1. Once a year  
[ ] 2. More than once a year. Describe:
- D. If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.  
?
- E. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers.  
?

d. List the entity(ies) in your state/territory that is responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers.

**North Dakota Department of Health and Human Services Early Childhood Licensing Unit**

**5.4.3 Inspections for license-exempt center-based and family child care providers.**

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Inspections for relative providers will be addressed in question 5.6.4. At a minimum, the health and safety requirements to be inspected must address the standards listed in subsection 5.3 (98.41(a)).

a. To certify, describe the policies and practices for the annual monitoring of:

License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

**N/A**

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

**N/A**

b. License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

**N/A**

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

**N/A**

**5.4.4 Inspections for license-exempt in-home care (care in the child's own home).**

Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. A child's home may not meet the same standards as other child care facilities and this provision gives Lead Agencies flexibility in

conducting more streamlined and targeted on-site inspections. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection (98.42(b)(2)(iv)(B)).

a. To certify, describe the policies and practices for the annual monitoring of license-exempt in-home care, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used.

**N/A**

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

**N/A**

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

**N/A**

5.4.5 Licensing Inspectors (or qualified inspectors designated by the Lead Agency).

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the state's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

a. To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers

**Early Childhood Specialists qualifications include a degree in Child Development, Early Childhood Education, Social Work or a related degree. Specialists upon hire complete the 15 hours of Getting Started Training, they are orientated by the Early Childhood Services Supervisor this orientation includes training in understanding laws and rules in early childhood programs. They are placed with a mentor, a fellow licensing specialist to observe the mentor during licensing visits. The mentor also attends the licensing specialist first visits in each license type and corrective action to ensure the specialist has the required knowledge to inspect child care programs.**

b. To certify, describe how inspectors and monitors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

**Licensing staff attend annual training which include training on health and safety requirements. They are also assigned related trainings through Child Care Aware.**

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

**DHS Policy: 620-01-20-01**

5.4.6 Ratio of Licensing Inspectors

The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

- a. To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

**Licensing Specialists have an average caseload of 45. Caseloads are dependent on what area of ND 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.**

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

**DHS Policy 620-01-20**

**The Lead Agency has 21 Licensing Specialists.**

## 5.5 Comprehensive Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For family child care homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)). Exemptions for relative providers will be addressed in 5.6.5.

A comprehensive background check must include eight (8) separate and specific components (98.43(2)(b)), which encompass three (3) in-state checks, two (2) national checks, and three (3) interstate checks (if the individual resided in another state in the preceding 5 years).

### 5.5.1 Background check requirements

Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

- a. Components of In-State Background Checks

- i. Criminal registry or repository using fingerprints in the current state of residency

☒ Licensed, regulated, or registered child care providers

Citation:

(<https://www.legis.nd.gov/cencode/t50c11-1.pdf>) ND Century Code 50-11.1-06.2, page 9

([http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-40.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7C\\_\\_\\_\\_\\_9](http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-40.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7C_____9)) North Dakota Early Childhood Services Procedures: Background Check Procedures 620-01-40

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-10.pdf>) Center 75-03-10-27, page 28

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-08.pdf>) Family 75-03-08-27, page 19

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-09.pdf>) Group 75-03-09-27, page 25

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.pdf>) Preschool 75-03-11-27, page 20

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.1.pdf>) School Age 75-03-11.1-27, page 24

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-07.1.pdf>) Self-Declared 75-03-07.1-06, page 6

☒ All other providers eligible to deliver CCDF Services

Citation:

(<https://www.legis.nd.gov/cencode/t50c11-1.pdf>) ND Century Code 50-11.1-06.2, page 9

([http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-40.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7C\\_\\_\\_\\_\\_9](http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-40.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7C_____9)) North Dakota Early Childhood Services Procedures: Background Check Procedures 620-01-40

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-07.pdf>) In-Home 75-03-07-06, page 3

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

☒ Licensed, regulated, or registered child care providers

Citation:

(<https://www.legis.nd.gov/cencode/t50c11-1.pdf>) ND Century Code 50-11.1-06.2, page 9

([http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-40.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7C\\_\\_\\_\\_\\_9](http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-40.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7C_____9)) North Dakota Early Childhood Services Procedures: Background Check Procedures 620-01-40

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(<https://www.legis.nd.gov/information/acdata/pdf/75-03-08.pdf>) Family 75-03-08-27, page 19

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-09.pdf>) Group 75-03-09-27, page 25

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.pdf>) Preschool 75-03-11-27, page 20

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.1.pdf>) School Age 75-03-11.1-27, page 24

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-07.1.pdf>) Self-Declared 75-03-07.1-06, page 6

☒ All other providers eligible to deliver CCDF Services

Citation:

(<https://www.legis.nd.gov/cencode/t50c11-1.pdf>) ND Century Code 50-11.1-06.2, page 9

([http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-40.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7C\\_\\_\\_\\_\\_9](http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-40.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7C_____9)) North Dakota Early Childhood Services Procedures: Background Check Procedures 620-01-40

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-07.pdf>) In-Home 75-03-07-06, page 3

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

☒ Licensed, regulated, or registered child care providers

Citation:

(<https://www.legis.nd.gov/cencode/t50c11-1.pdf>) ND Century Code 50-11.1-06.2, page 9

([http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-40.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7C\\_\\_\\_\\_\\_9](http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-40.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7C_____9)) North Dakota Early Childhood Services Procedures: Background Check Procedures 620-01-40

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-10.pdf>) Center 75-03-10-27, page 28

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-08.pdf>) Family 75-03-08-27, page 19

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(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.pdf>) Preschool 75-03-11-27, page 20

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.1.pdf>) School Age 75-03-11.1-27, page 24

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-07.1.pdf>) Self-Declared 75-03-07.1-06, page 6

☒ All other providers eligible to deliver CCDF Services

Citation:

(<https://www.legis.nd.gov/cencode/t50c11-1.pdf>) ND Century Code 50-11.1-06.2, page 9

([http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-40.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7C\\_\\_\\_\\_\\_9](http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-40.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7C_____9)) North Dakota Early Childhood Services Procedures: Background Check Procedures 620-01-40

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-07.pdf>) In-Home 75-03-07-06, page 3

b. Components of National Background Check

i. FBI Fingerprint Check

☒ Licensed, regulated, or registered child care providers

Citation:

(<https://www.legis.nd.gov/cencode/t50c11-1.pdf>) ND Century Code 50-11.1-06.2, page 9

([http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-40.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7C\\_\\_\\_\\_\\_9](http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-40.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7C_____9)) North Dakota Early Childhood Services Procedures: Background Check Procedures 620-01-40

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-10.pdf>) Center 75-03-10-27, page 28

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-08.pdf>) Family 75-03-08-27, page 19

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-09.pdf>) Group 75-03-09-27, page 25

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.pdf>) Preschool 75-03-11-27, page 20

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.1.pdf>) School Age 75-03-11.1-27, page 24

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-07.1.pdf>) Self-Declared 75-03-07.1-06, page 6

☒ All other providers eligible to deliver CCDF Services

Citation:

(<https://www.legis.nd.gov/cencode/t50c11-1.pdf>) ND Century Code 50-11.1-06.2, page 9

([http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-40.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7C\\_\\_\\_\\_\\_9](http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-40.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7C_____9)) North Dakota Early Childhood Services Procedures: Background Check Procedures 620-01-40

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-07.pdf>) In-Home 75-03-07-06, page 3

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

search

☒ Licensed, regulated, or registered child care providers

Citation:

(<https://www.legis.nd.gov/cencode/t50c11-1.pdf>) ND Century Code 50-11.1-06.2, page 9

([http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-40.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7C\\_\\_\\_\\_\\_9](http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-40.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7C_____9)) North Dakota Early Childhood Services Procedures: Background Check Procedures 620-01-40

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(<https://www.legis.nd.gov/information/acdata/pdf/75-03-07.1.pdf>) Self-Declared 75-03-07.1-06, page 6

☒ All other providers eligible to deliver CCDF Services

Citation:

(<https://www.legis.nd.gov/cencode/t50c11-1.pdf>) ND Century Code 50-11.1-06.2, page 9

([http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-40.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7C\\_\\_\\_\\_\\_9](http://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-40.htm%3FTocPath%3DEarly%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%7C_____9)) North Dakota Early Childhood Services Procedures: Background Check Procedures 620-01-40

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-07.pdf>) In-Home 75-03-07-06, page 3

#### c. Components of Interstate Background Checks

i. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional.

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

☒ Licensed, regulated, or registered child care providers

Citation:

(<https://www.legis.nd.gov/cencode/t50c11-1.pdf>) ND Century Code 50-11.1-06.2, page 9

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(<https://www.legis.nd.gov/information/acdata/pdf/75-03-10.pdf>) Center 75-03-10-27, page 28

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-08.pdf>) Family 75-03-08-27, page 19

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(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.pdf>) Preschool 75-03-11-27, page 20

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-11.1.pdf>) School Age 75-03-11.1-27, page 24

(<https://www.legis.nd.gov/information/acdata/pdf/75-03-07.1.pdf>) Self-Declared 75-03-07.1-06, page 6

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(<https://www.legis.nd.gov/information/acdata/pdf/75-03-07.pdf>) In-Home 75-03-07-06, page 3

ii. Sex offender registry or repository in any other state where the individual has resided in the past 5 years.

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) to mitigate any gaps that may exist between the two sources.

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(<https://www.legis.nd.gov/information/acdata/pdf/75-03-07.pdf>) In-Home 75-03-07-06, page 3

iii. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years

Note: This is a name-based search

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(<https://www.legis.nd.gov/information/acdata/pdf/75-03-07.pdf>) In-Home 75-03-07-06, page 3

#### 5.5.2 Procedures for a Provider to Request a Background Check.

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. Family child care home providers must also submit background check requests for all household members over the age of 18. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per § 98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other state or territory may submit a background check request, are published on the web site of the state or territory as described in § 98.43(g) and the web site of local lead agencies.

a. Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check component, please include that in this description.

**Providers must submit fingerprints with a Fingerprint Identity Verification Form (SFN 836) completed by the official that rolled their prints, a Personal Authorization for Criminal History Record Information Inquiry Form (SFN 829), a Criminal History Record Check Request Pursuant to NDCC 12-60-24 Form (SFN 60688).**

b. The state/territory must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. What are the fees and how do you ensure that these fees do not exceed the actual cost of processing and administering the background checks? Lead Agencies can report that no fees are charged if applicable (98.43(f)).

**North Dakota does not charge fees.**

c. Describe the state/territory policy(ies) related to prospective staff members working on a provisional basis. Pending completion of all background check components in 98.43(b), the prospective staff member must be supervised at all times by an individual who received a qualifying result on a background check described in 98.43(b) within the past 5 years (98.43(c)(4)) and the prospective staff member must have completed and received satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the prospective staff member resides. Describe and include a citation for the Lead Agency's policy:

**All staff must have completed and received satisfactory results prior to working with children.**

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

**Staff members must submit fingerprints with a Fingerprint Identity Verification Form (SFN 836) completed by the official that rolled their prints, a Personal Authorization for Criminal History Record Information Inquiry Form (SFN 829), a Criminal History Record Check Request Pursuant to NDCC 12-60-24 Form (SFN 60688). Staff members must also submit additional authorization forms, photo ID and/or any other item that may be required by the other state for the purposes of conducting a Child Abuse and Neglect Registry search and a Criminal Record Repository record search. Sex offender registries for each state of residence during the preceding five years are reviewed based on address history provided by staff members.**

e. Describe the procedure to ensure each staff member completes all components of the background check process at least once during each 5-year period. If your state enrolls child care staff members in the FBI Rap Back Program or a state-based rap back program, please include that in this description. Note: An FBI Rap Back program only covers the FBI Fingerprint component of the background check. If child care staff members are enrolled in a state-based rap back, please indicate which background check components are covered by this service.

**To ensure each staff member completes all components of the background check process at least once during each 5-year period, Early Childhood Licensing Specialists review staff records twice per year, both during the annual announced review and again during the unannounced review. During the reviews, Specialists ensure each staff member's current Criminal Background Check Unit cleared memorandum is on file. A cleared memorandum indicating no disqualifying information was found is sent to the provider by the lead agency upon completion of each cleared background check.**

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

**North Dakota requires the completion and submission of an Authorization to Transfer Background Check Results – Early Childhood Form (SFN 375) be submitted to the background check unit for any prospective staff member that has changed employment from one provider to another. The background check confirms a background check is still valid and that the staff member did not exceed 180 consecutive days between employment. If a background check is determined to no longer be valid, or if the length of separation exceeds 180 days, the provider is notified that the staff member must submit a new background check and cannot begin employment until the requirement set forth in 98.43(c)(4) have been met.**

g. Provide the website link that contains instructions on how child care providers should initiate background check requests for a prospective employee (98.43(g)).

**<https://www.hhs.nd.gov/criminal-background-checks-licensed-or-regulated-child-care-providers>**

#### 5.5.3 Procedures for a Lead Agency to Respond to and Complete a Background Check.

Once a request has been initiated, the state shall carry out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted. The Lead Agency shall make the determination whether the prospective staff member is eligible for employment in a child care program (98.43(e)(1)). Lead Agencies must ensure the privacy of background checks by providing the results of the criminal background check to the requestor or identified recipient in a statement that indicates whether a child care staff member (including a prospective child care staff

member or a family child care household member over the age of 18) is eligible or ineligible for employment, without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual. In the following questions, describe the Lead Agency's procedures for conducting background checks. These responses should include:

- The name of the agency that conducts the investigation; include multiple names if multiple agencies are involved in different background check components
- How the Lead Agency is informed of the results of each background check component
- Who makes the determinations regarding the staff member's eligibility? Note: Disqualification decisions should align to the response provided in 5.5.7.
- How the Lead Agency ensures that a background check request is carried out as quickly as possible and not more than 45 days after a request is submitted.

a. Describe the procedures for conducting In-State Background Check requests and making a determination of eligibility.

**A Criminal History Record Check Request Pursuant to NDCC 12-60-24 Form (SFN 60688) and fingerprints are submitted to ND Bureau of Criminal Investigation. The Bureau provides the lead agency with records upon completion of the record search. Upon receipt of the records, all convictions are reviewed by the lead agency to determine if any conviction would be deemed a disqualifying conviction. When convictions for disqualifying offenses are present, the lead agency makes the determination of ineligible in accordance with ND Administrative Rule, ND State Law and Federal Law. Providers are required to have policy in place that aligns with those same authorities. The criminal background check unit maintains an up-to-date spreadsheet of each state's specific requirements for requesting child abuse/neglect registry and criminal history record searches. A request is submitted to each state of prior residence in accordance with that state's specific requirements. In the event a child abuse/neglect registry search result in a hit, a request for records and confirmation of compliance with any recommended and/or required services is made. A name-based search of the sex offender registry for each state is completed. If the name search results in a possible match, confirmation is made with that state's registry agency. The criminal background check unit consistently follows the in-state and interstate procedures described above to ensure a timely determination.**

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

**A Criminal History Record Check Request Pursuant to NDCC 12-60-24 Form (SFN 60688) and fingerprints are submitted to ND Bureau of Criminal Investigation. The Bureau provides the lead agency with records upon completion of the record search. Upon receipt of the records, all convictions are reviewed by the lead agency to determine if any conviction would be deemed a disqualifying conviction. When convictions for disqualifying offenses are present, the lead agency makes the determination of ineligible in accordance with ND Administrative Rule, ND State Law and Federal Law. Providers are required to have policy in place that aligns with those same authorities. The criminal background check unit maintains an up-to-date spreadsheet of each state's specific requirements for requesting child abuse/neglect registry and criminal history record searches. A request is submitted to each state of prior residence in accordance with that**

state's specific requirements. In the event a child abuse/neglect registry search result in a hit, a request for records and confirmation of compliance with any recommended and/or required services is made. A name-based search of the sex offender registry for each state is completed. If the name search results in a possible match, confirmation is made with that state's registry agency. The criminal background check unit consistently follows the procedures described above to ensure a timely determination.

c. Describe the procedures for conducting Interstate Background Check requests and making a determination of eligibility. (Note this response should detail how a state conducts an interstate check for a provider who currently lives in their state or territory but has lived in another state(s) within the previous five years).

The criminal background check unit maintains an up-to-date spreadsheet of each state's specific requirements for requesting child abuse/neglect registry and criminal history record searches. A request is submitted to each state of prior residence in accordance with that state's specific requirements. In the event a child abuse/neglect registry search result in a hit, a request for records and confirmation of compliance with any recommended and/or required services is made. A name-based search of the sex offender registry for each state is completed. If the name search results in a possible match, confirmation is made with that state's registry agency.

d. Describe the procedure the Lead Agency has in place to make an eligibility determination in the event not all the components of the background check are completed within the required 45-day timeframe.

The department receives both the in-state and national fingerprint results simultaneously, and they are received within 48 to 72 hours from the time of our request. The records are reviewed and if no disqualifying offenses are found, a memorandum is sent to the provider stating that the staff member may begin employment and must be under direct supervision at all times while the remainder of their background check is being completed.

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

Regardless of their current state of residence, or a past state of residence, the procedure is the same in that interstate child abuse and neglect, criminal record repository and sex offender registries are searched.

#### 5.5.4 "Compact State" and participation in the National Fingerprint File program

State designation as a "Compact State" and participation in the National Fingerprint File program.

a. "Compact States" are states that have ratified the National Crime Prevention and Privacy Compact Act of 1998 in order to facilitate electronic information sharing for noncriminal justice purposes (such as employment) among the Federal Government and states. More information can be found here: <https://www.fbi.gov/services/cjis/compact-council>. The Compact allows signatory states to disseminate its criminal history record information to other states for noncriminal justice purposes in accordance with the laws of the receiving state. For the most up-to-date Compact States and Territories map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory a

Compact State?

☐ No

☒ Yes

b. The National Fingerprint File (NFF) is a database of fingerprints, or other unique personal identification information relating to an arrested or charged individual, which is maintained by the FBI to provide positive fingerprint identification of record subjects. Only a state or territory that has ratified the Compact (a Compact State) may join the NFF program. An FBI fingerprint check satisfies the requirement to perform an interstate check of another state's criminal history record repository if the responding state (where the child care staff member has resided within the past 5 years) participates in the NFF program. It is unnecessary to conduct both the FBI fingerprint check and the search of an NFF state's criminal history record repository (refer to CCDF-ACF-PIQ-2017-01). For the most up-to-date NFF Participation map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory an NFF State?

☒ No

☐ Yes

#### 5.5.5 Respond to Interstate Background Checks

Procedures for a Lead Agency to Respond to Interstate Background Checks: Interstate

##### a. Criminal History Registry Check Procedures

Provide a description of how the state or territory responds to interstate criminal history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain criminal history information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

**NDCC 12-60-16.6. Record check requests from other states are treated as a general public requests and provide the following: Convictions, regardless of how old. Charges that were dismissed, or did not result in conviction, or do not have a court disposition, and are less than three years old. When a deferred charge is dismissed, the charge continues to be reported on a record check for three years from the dismissal date, even if the court record has been sealed. Jail or prison custody records less than three years old. NOT included in a general public record check: Charges that were dismissed, did not result in conviction, or do not have a court disposition that are more than three years old. Jail or prison custody records more than three years old.**

##### b. Interstate Sex Offender Registry Check Procedures

Provide a description of how the state or territory responds to interstate sex offender history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain sex offender information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

**For each record check processed, a search of ND's offender registration system is performed.? If we find a match, a memo is sent with the record check results.? The memo states that the individual is listed on the statewide sex offender and offenders against children registration system, which includes information about all individuals who have a requirement to register in North Dakota, even those who have been convicted of offenses in jurisdictions other than North Dakota.? The websites containing these lists is also provided in the memo.**

##### c. Interstate Child Abuse and Neglect Registry Check Procedures

Provide a description of how the state or territory responds to interstate child abuse and

neglect history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain child abuse and neglect information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

**North Dakota requires a Child Abuse and Neglect Background Inquiry Form (SFN 433) be completed by the individual that is the subject of the search.? This form authorizes a search of the ND Index and the release of results to the requesting agency, organization, or provider.? Information may be disclosed only pertaining to the case in which a finding was made, services were required, and the subject was placed on the Index.**

#### 5.5.6 Consumer Education Website Links to Interstate Background Check Processes

Lead Agencies must have requirements, policies, and procedures in place to respond as expeditiously as possible to other States', Territories' and Tribes' requests for background checks in order to meet the 45-day timeframe (98.43(a)(1)(iii)). In addition, Lead Agencies are required to include on their consumer education website the process by which another Lead Agency may submit a background check request, along with all of the other background check policies and procedures (98.43 (g)).

State and Territory Lead Agencies are required to designate one page of their existing Consumer Education Website as a landing page for all interstate background check related processes and procedures pertaining to their own state. The purpose of having a dedicated interstate background check web page on the Lead Agency Consumer Education Website is to help state and territories implement the interstate background check requirements of the CCDBG Act (CCDF Consumer Education Website and Reports of Serious Injuries and Death (OMB #0970-0473)).

Check to certify that the required elements are included on the Lead Agency's consumer education website for each interstate background check component, and provide the direct URL/website link.

Note: The links provided below should be a part of your consumer education website identified in 2.3.11.

##### a. Interstate Criminal Background Check:

☒ i. Agency Name

☒ ii. Address

☒ iii. Phone Number

☒ iv. Email

☒ v. FAX

☒ vi. Website

☒ vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))

☒ viii. Forms

☒ ix. Fees

☒ x. Is the state a National Fingerprint File (NFF) state?

☒ xi. Is the state a National Crime Prevention and Privacy Compact State?

☒ xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

**(<https://www.hhs.nd.gov/providers/criminal-background-checks>)**

**<https://www.hhs.nd.gov/providers/criminal-background-checks>**

b. Interstate Sex Offender Registry (SOR) Check:

☒ i. Agency Name

☒ ii. Address

☒ iii. Phone Number

☒ iv. Email

☒ v. FAX

☒ vi. Website

☒ vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)

☒ viii. Forms

☒ ix. Fees

☒ x. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

**(<https://www.hhs.nd.gov/providers/criminal-background-checks>)**

**<https://www.hhs.nd.gov/providers/criminal-background-checks>**

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

☒ i. Agency Name

☒ ii. Is the CAN check conducted through a County Administered Registry or Centralized Registry?

☒ iii. Address

☒ iv. Phone Number

☒ v. Email

☒ vi. FAX

☒ vii. Website

☒ viii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification is needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)

☒ ix. Forms

☒ x. Fees

☒ xi. Description of information that may be included in a response to a CAN registry check (including substantiated instances of child abuse and neglect accompanied by the State's definition of

“substantiated” instances of child abuse and neglect.

[x] xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

(<https://www.hhs.nd.gov/providers/criminal-background-checks>)  
<https://www.hhs.nd.gov/providers/criminal-background-checks>

#### 5.5.7 Child Care Staff Member Disqualification

Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry (98.43 (c)(1)(i-iii)). Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or—subject to an individual review (at the state/territory’s option)—a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes— child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)(iv-v)).

a. Does the state/territory disqualify child care staff members based on their conviction for any other crimes not specifically listed in 98.43(c)(i)?

[ ] No

[x] Yes. If yes, describe other disqualifying crimes and provide the citation:

**Human trafficking; terrorizing, assault or homicide while fleeing a police officer; burglary (B felony); robbery; arson; promoting prostitution; facilitating prostitution; assault (A misdemeanor); simple assault (A & B misdemeanor); domestic violence; criminal coercion (A misdemeanor); harassment; stalking. A person may be determined sufficiently rehabilitated if a period of at least five years has lapsed since completion of sentence, without subsequent convictions, for the following offenses: simple assault (B misdemeanor only), criminal coercion, harassment, reckless endangerment, and stalking.**

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b. Describe how the Lead Agency notifies the applicant about their eligibility to work in a child care program. This description should detail how the Lead Agency ensures the privacy of background checks. Note: The Lead Agency may not publicly release the results of individual

background checks. (98.43(e)(2)(iii)).

**Applicants are notified by way of a memorandum that receive via secure (encrypted) email. The memorandum does not contain any criminal offense information.**

c. Describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43 (e)(2- 4).

**The criminal record is reviewed to confirm the date of the offense. If the arrest was within five years of the date the background check authorization form was completed, signed and dated, the individual is not eligible for employment. If the arrest occurred more than five years prior, the sentence is reviewed. If both the arrest and the completion of the sentence have exceeded five years, without subsequent conviction, the individual would be deemed rehabilitated.**

#### 5.5.8 Appeals Processes for Background Checks

States and territories shall provide for a process by which a child care program staff member (including a prospective child care staff member) may appeal the results of a background check to challenge the accuracy or completeness of the information contained in a staff member's background report. The state or territory shall ensure that:

- The child care staff member is provided with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal
- A child care staff member will receive clear instructions about how to complete the appeals process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member's background report
- If the staff member files an appeal, the state or territory will attempt to verify the accuracy of the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime
- The appeals process is completed in a timely manner for any appealing child care staff member
- Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate 1) the state's efforts to verify the accuracy of information challenged by the child care staff member, 2) any additional appeals rights available to the child care staff member, and 3) information on how the individual can correct the federal or state records at issue in the case. (98.43(e)(3))
- The Lead Agency must work with other agencies that are in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

a. What is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background check report? If there are different appeal process procedures for each component of the check, please provide that in this description, including information on which state agency is responsible for handling each type of appeal. Note: The FBI Fingerprint Check, State Criminal Fingerprint, and NCIC NSOR checks are usually conducted by a state's Identification Bureau and may have different appeal processes than

agencies that conduct the state CAN and state SOR checks.

**NDAC 75-03 specific to each program type includes a subsection regarding the review of finger-print based criminal history record check results. It provides the process and timeframes for staff members, household members, and providers to request an appeal the results of their background checks. Prior to the denial of a background check for convictions found somewhere other than the BCI, FBI, or Tribal Court records, verification is done to ensure the applicant is in fact the defendant of record. Verification can include contacting courts, parole/probation offices, or requesting sentencing documents directly from the subject. In the event the subject disputes information contained within their official BCI or FBI record, they are provided with instruction on how to dispute the record. The decision to uphold a denial for conviction information found on one of those 2 records stands, unless the subject provides official documentation by way of court documents showing different offense/conviction information.**

b. If the appeals process is different for interstate checks, what is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background report for interstate checks?

**N/A**

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

**NDAC 75-03 specific to each program type includes a subsection regarding the review of finger-print based criminal history record check results. It provides the process and timeframes for staff members, household members, and providers to request an appeal the results of their background checks. Prior to the denial of a background check for convictions found somewhere other than the BCI, FBI, or Tribal Court records, verification is done to ensure the applicant is in fact the defendant of record. Verification can include contacting courts, parole/probation offices, or requesting sentencing documents directly from the subject. In the event the subject disputes information contained within their official BCI or FBI record, they are provided with instruction on how to dispute the record. The decision to uphold a denial for conviction information found on one of those 2 records stands, unless the subject provides official documentation by way of court documents showing different offense/conviction information.**

## 5.6 Exemptions for Relative Providers

States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from certain health and safety requirements. Note: This exception applies if the individual cares only for relative children.

Check and describe where applicable the policies that the Lead Agency has regarding exemptions for eligible relative providers for the following health and safety requirements. The description should include the health and safety requirements relatives are exempt from, if applicable, as well as which of the federally defined relatives the exemption applies to.

### 5.6.1 Licensing Requirements (as described in Section 5.1)

☒ a. Relative providers are exempt from all licensing requirements.

☐ b. Relative providers are exempt from a portion of licensing requirements. Describe.

☐ c. Relative providers must fully comply with all licensing requirements.

5.6.2 Health and Safety Standards (as described in Section 5.2 and 5.3)

- ☒ a. Relative providers are exempt from all health and safety standard requirements
- ☐ b. Relative providers are exempt from a portion of health and safety standard requirements. Describe.

- ☐ c. Relative providers must fully comply with all health and safety standard requirements.

5.6.3 Health and Safety Training (as described in Section 5.3)

- ☐ a. Relative providers are exempt from all health and safety training requirements.
- ☒ b. Relative providers are exempt from a portion of all health and safety training requirements. Describe.

**Relative providers are required to complete the Getting Started training which offers basic health and safety training.**

- ☐ c. Relative providers must fully comply with all health and safety training requirements.

5.6.4 Monitoring and Enforcement (as described in Section 5.4)

- ☒ a. Relative providers are exempt from all monitoring and enforcement requirements.
- ☐ b. Relative providers are exempt from a portion of monitoring and enforcement requirements. Describe.

- ☐ c. Relative providers must fully comply with all monitoring and enforcement requirements.

5.6.5 Background Checks (as described in Section 5.5)

- ☐ a. Relative providers are exempt from all background check requirements.
- ☒ b. Relative providers are exempt from a portion of background check requirements. If checked, identify the background check components that relatives must complete:

- ☐ i. Criminal registry or repository using fingerprints in the current state of residency

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

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

- ☐ iv. FBI fingerprint check

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

- ☒ vi. Criminal registry or repository in any other state where the individual has resided in the past five years.

- ☐ vii. Sex offender registry or repository in any other state where the individual has resided in the past five years.

- ☐ viii. Child abuse and neglect registry or data base in any other state where the individual has resided in the past five years.

[ ] c. Relative providers must fully comply with all background check requirements.

## 6 Recruit and Retain a Qualified and Effective Child Care Workforce

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)) and addresses early learning and developmental guidelines.

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). This section addresses the quality improvement activities implemented by the Lead Agency related to the support of the child care workforce and the development and implementation of early learning and developmental guidelines. It asks Lead Agencies to describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services. (98.53 (f)) in either of these two areas.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

### 6.1 Professional Development Framework

#### 6.1.1 Professional development framework for training and professional development

Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors in programs that serve children of all ages. This framework should be developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components:

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.

a. Describe how the state/territory's framework for training and professional development addresses the following required elements:

i. State/territory professional standards and competencies. Describe:

**The 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 on the Growing Futures website at the following link: (<https://www.ndgrowingfutures.org/core-competencies>) <https://www.ndgrowingfutures.org/core-competencies>

ii. Career pathways. Describe:

The Lead Agency contracts with Growing Futures, North Dakota's Early Childhood Workforce Registry to provide Career Pathways that recognize the professional development of early childhood professionals. The Growing Futures Career Pathways identify the preparation expected of practitioners in the field of Early Childhood from entry in the field through advanced degree completion. The Career Pathways identify ten levels of preparation beginning with Category A, which is achieved with completion of the required 15-hour licensing training. Progression on the Career Pathways is based on completion of 120 hours of informal Core Competency training that fulfills the national CDA Credential education requirements (Categories B-D), verification of current Early Childhood professional credentials such as a CDA (Categories E-F), and formal coursework and degrees (Categories G-J). Career Pathways placement is awarded to current members of the Growing Futures Registry and calculate each time the individual renews their membership or submits additional qualifications. Current membership and Career Pathways placement is required for participation in the state QRIS. Additional information on the Career Pathways can be found at the Growing Futures website: (<https://www.ndgrowingfutures.org/career-pathways>) <https://www.ndgrowingfutures.org/career-pathways>

iii. Advisory structure. Describe:

Elements of a comprehensive framework e.g. The Growing Futures Registry, the state's QRIS, and Child Care Aware coaching and technical assistance, etc. have been developed with advisory input comprising stakeholders from across the early childhood spectrum. There is no current standing committee and stakeholders will be engaged as systems are reviewed and/or expanded.

iv. Articulation. Describe:

There is no formal process currently that allows the articulation of informal non-credit bearing training to higher education degree programs. There is articulation between the colleges and universities in North Dakota's early childhood degree programs.

v. Workforce information. Describe:

The Lead Agency supports Growing Futures, North Dakota's Early Childhood Workforce Registry, as its 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 the document or license type and the number of hours worked. Growing Futures 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. Growing Futures maintains permanent records of training completion (since 2012). Licensing Specialists can access that information via a private login for DHS in the Registry system. The 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 quarterly and posted to the Growing Futures website at (<https://www.ndgrowingfutures.org>) <https://www.ndgrowingfutures.org>.

vi. Financing. Describe:

The Lead Agency accesses state general funds to offer CDA and Aim 4 Excellence Center Director scholarships to increase the number of qualified individuals working in licensed early childhood services programs. A CDA is one way an individual can qualify as a director or supervisor and both

**credentials advance someone on the Growing Futures career pathways.**

b. The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

**[x]** i. Continuing education unit trainings and credit-bearing professional development to the extent practicable. Describe:

**The Lead Agency supports Growing Futures, North Dakota's Early Childhood Workforce Registry to verify continuing education, training, and credit bearing coursework as part of Growing Futures 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 HHS Licensing Report that is available online to licensers to verify annual training compliance. Growing Futures promotes the higher education early childhood degree programs available across the state with direct links from the Growing Futures website and provides a list of higher education coursework that is articulated between state higher education institutions with common course numbers to assist licensers in determining which courses can be applied toward annual child care licensing. Training and credit based education is offered online, by correspondence, and in face-to-face environments.**

**[x]** ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework. Describe:

**The Growing Futures Registry approves training sponsor 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 in licensed and regulated care and education settings. 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 as well as the quality standards embedded in the state quality rating and improvement system, Bright & Early ND. Trainers for Level 1: Basic Licensing Training 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:

#### 6.1.2 Consultation with state advisory council

Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if

applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.

**The SAC has biannual meetings. The Professional Development framework was presented as agenda topics. Updates were shared with SAC, information discussed, and questions asked. Some of the first council members were members of the stakeholders that designed the draft of ND's QRIS and Career Pathways before they were piloted in the state. SAC members have participated in workgroups and working sessions related to quality, data, and workforce development.**

#### 6.1.3 Description of framework

Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

**The Career Pathways are recognized as the early childhood education framework to support providers working in 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 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 variety of courses offered within each core competency promote diverse and well-rounded staff.**

### 6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements—as described in Section 5 for caregivers, teachers, and directors in CCDF programs—align, to the extent practicable, with the state/territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

#### 6.2.1 Training and professional development descriptions

Describe how the state/territory incorporates into training and professional development opportunities:

- the knowledge and application of its early learning and developmental guidelines (where applicable);
- its health and safety standards (as described in section 5);
- and social-emotional/behavioral and mental health intervention models for young children, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)).

**The Lead Agency contracted Child Care Aware ND to develop a 15-hour course called Getting Started, which is required for all operators and employees of licensed and regulated programs**

within the first three months of employment. The course is designed to fulfill the health and safety requirements for pre-service and orientation training. The course is self-paced and online, and is accessed via the Growing Futures online training calendar for registration at any time across the state. Course completion is tracked and reported by the Growing Futures Registry and appears in a featured section on each individual's DHS Licensing Report and Learning Record. Completion of the 15-hour Getting Started course is required for placement in pre-degree categories on the Growing Futures Career Pathways. Pyramid model coaching is available from Child Care Aware of North Dakota Inclusion Specialists funded by the state Inclusion Support Program. These Inclusion Specialists are also available to assist programs in supporting children's social and emotional development, addressing challenging behavior and developing behavior support plans, with individualized intensive interventions. The Growing Futures Registry is currently assisting the Pyramid Consortium to become a training sponsor in the state and to offer the e-Pyramid modules for registration via the Growing Futures online training calendar. The goal is to promote access to nationally recognized, high quality training to support social emotional competence in infants and young children.

#### 6.2.2 Accessibility of professional development for tribes and tribal organizations

Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).

All Growing Futures 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 Growing Futures approved training have access to the specially designed DHS Licensing Report which shows all training completed by date range. Individuals can print that report free of charge from their personal Registry account. As well, all Registry services are free and available to anyone in North Dakota, including the 4 Tribal Nations and the Trenton Indian Services Area, via the Growing Futures website.

#### 6.2.3 Accessibility for providers with limited English proficiency and disabilities

States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers in the subsidy system:

##### a. with limited English proficiency.

Data is collected to assess the ongoing need to offer content in non-English languages. According to North Dakota Growing Futures Early Childhood Workforce Registry data, North Dakota is 94% English speaking. Of the non-English speaking or English is not the primary language, not more than 2% report speaking the same language. With cross-agency partnership, providers with limited English proficiency will receive effective and appropriate support.

##### b. who have disabilities.

There is technical assistance available, via Child Care Aware of North Dakota, to help support child care providers in setting up their business, establishing policies and practices, as well as procedures. Providers also have available to them the use of Relay North Dakota for telephone contacts or contact

the ND School for the Deaf for resource support. If the provider is visually impaired, the ND School for the Blind may be contacted for resource support.

#### 6.2.4 Training and professional development requirements for CCDF providers

Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians as defined in Section 4 of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians (98.44(b)(2)(iv)).

**The 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 pre-service 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. Additionally, providers who work with infants must complete a SIDS training prior to being left unsupervised with infants.**

#### 6.2.5 Training and technical assistance to identify families experiencing homelessness

The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).

a. Describe the state/territory's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness (relates to question 3.2.2).

**The Lead Agency contracts with Child Care Aware of North Dakota to offer 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.**

b. Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.3.6).

**North Dakota's Homelessness e-Learning course serves to dispel myths about homelessness in early learning programs, raise providers awareness of the definition of homelessness according to the McKinney-Vento Homeless Assistance Act, understand the reasons behind child homelessness, how being homeless affects children's development, and what they can do to help. Child Care Aware of North Dakota staff have been trained on homelessness and helping providers identify families that may be experiencing homelessness and getting them connected to community resources where possible. The organization profiles in the Growing Futures Registry serve as one place providers can indicate that they are working with children experiencing high needs. Efforts are ongoing to help providers understand needs**

**indicators, homelessness being one indicator of high need.**

#### 6.2.6 Strategies to strengthen business practices

Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen providers' business practices, which can include training and/or TA efforts.

- a. Describe the strategies that the state/territory is developing and implementing for strengthening child care providers' business practices.

**As a contractor of the Lead Agency, Child Care Aware of North Dakota provides technical assistance for individuals thinking about or opening a child care business as well as existing early childhood services providers. Building Quality Coaches have an in-depth knowledge and lived experience with the North Dakota child care licensing regulations and system of workforce development and support, quality standards for child care programs, local and state regulations and requirements and successful child care business practices. In Child Care Aware of North Dakota's Family Child Care Business course, providers learn legal requirements and best practices to help them write a contract and policies, build relationships and market their business and plan for a strong financial future. Everyone working in a child care center has a role to play in the business's success. In Child Care Aware® of North Dakota's Center Business Course, providers learn about licensing rules, legal requirements and best practices for starting up and running a child care center business. The National Center on Early Childhood Quality Assurance conducts a "Strengthening Business Practices for Child Care Programs" Training of Trainers. Child Care Aware® of North Dakota proposes partnering with the Lead Agency during FYs 22/23 to coordinate the TOT. Participating in the TOT would give Child Care Aware® of North Dakota access to nationally developed business training and coaching strategies to better support center based and family child care business owners.**

- b. Check the topics addressed in the state/territory's strategies for strengthening child care providers' business practices. Check all that apply.

☒ i. Fiscal management

☒ ii. Budgeting

☒ iii. Recordkeeping

☒ iv. Hiring, developing, and retaining qualified staff

☒ v. Risk management

☒ vi. Community relationships

☒ vii. Marketing and public relations

☐ viii. Parent-provider communications, including who delivers the training, education, and/or technical assistance

☐ ix. Other. Describe:

### 6.3 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

Lead Agencies can invest CCDF quality funds in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional

development activities, such as those included at 98.44 of the CCDF Rule, and those included in the activities to improve the quality of child care also addressed in Section 7 (98.53(a)(1)).

6.3.1 Training and professional development of the child care workforce.

a. In the table below, describe which content is included in training and professional development activities and how an entity is funded to address this topic. Then identify which types of providers are included in these activities. Check all that apply.

i. Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age- appropriate strategies (98.53 (a)(1)(i)(A)). Describe the content and funding:

**As a contractor of the Lead Agency, Child Care Aware of North Dakota, develops competency- based, self-paced e-learning training modules that align with the North Dakota child care licensing health and safety standards, best practices identified through the Caring for our Children Basics, North Dakota's Core Competencies for Early Childhood Practitioners and North Dakota's Early Learning Standards, and North Dakota Growing Future's training approval standards.**

**(<https://ndchildcare.org/training/catalog.html>) <https://ndchildcare.org/training/catalog.html> Future course development will require subject matter experts and instructional designers in order to enhance the skills of child care professionals as resources allow. Current content includes, but is not limited to, organizing the physical environment and supervision of play, strategies to teach dual language learning and how to support and involve their families, supporting development through family style dining, understanding and supporting children's language, cognitive, social-emotional and physical development, understanding the effects of trauma, and promoting wellness through activity, movement, nutrition and healthy choices. CCDF and registration fees funded the development of these courses.**

Which type of providers are included in these training and professional development activities?

- ☒ Licensed center-based
- ☐ License exempt center-based
- ☒ Licensed family child care home
- ☒ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

ii. Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and the mental health of young children and that reduce challenging behaviors, including a reduction in expulsions of preschool- age children from birth to age five for such behaviors. (See also section 2.4.5.) (98.53(a)(1)(iii)). Describe the content and funding:

**As a contractor of the Lead Agency, Child Care Aware of North Dakota, develop competency- based, self-paced e-learning training modules that align with the North Dakota child care licensing health and safety standards, best practices identified through the Caring for our Children Basics, North Dakota's Core Competencies for Early Childhood Practitioners and North Dakota's Early Learning Standards, and North Dakota Growing Future's training approval standards.**

**(<https://ndchildcare.org/training/catalog.html>) <https://ndchildcare.org/training/catalog.html> Future course development will require subject matter experts and instructional designers in order to enhance the skills of child care professionals as resources allow. Current content is based on the 10 Steps to Positive Discipline, which will help a provider understand what is behind children's challenging behavior and their own reactions to it. Providers will learn how to model and teach the behaviors that they want to see from children in their program. CCDF and registration fees funded**

the development of these courses.

Which type of providers are included in these training and professional development activities?

- ☒ Licensed center-based
- ☐ License exempt center-based
- ☒ Licensed family child care home
- ☒ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

iii. Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. (98.53(a)(1)(iv)). Describe the content and funding:

**As a contractor of the Lead Agency, Child Care Aware of North Dakota develops competency- based, self-paced e-learning training modules that align with the North Dakota child care licensing health and safety standards, best practices identified through the Caring for our Children Basics, North Dakota's Core Competencies for Early Childhood Practitioners and North Dakota's Early Learning Standards, and North Dakota Growing Future's training approval standards.**  
(<https://ndchildcare.org/training/catalog.html>) <https://ndchildcare.org/training/catalog.html> Future course development will require subject matter experts and instructional designers in order to enhance the skills of child care professionals as resources allow. Current content includes, but is not limited to, how to prepare for and conduct successful family conferences, how to work with families from all backgrounds to build relationships, reduce conflicts and support children's sense of cultural identity, strategies to teach dual language learners and how to support and involve their families, and an introduction to the six characteristics of the family as a system that are relevant to an early educator's work. CCDF and registration fees funded the development of these courses.

Which type of providers are included in these training and professional development activities?

- ☒ Licensed center-based
- ☐ License exempt center-based
- ☒ Licensed family child care home
- ☒ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

iv. Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula, and designing learning environments that are aligned with state/territory early learning and developmental standards (98.15 (a)(9)). Describe the content and funding:

**As a contractor of the Lead Agency, Child Care Aware of North Dakota develops competency- based, self-paced e-learning training modules that align with the North Dakota child care licensing health and safety standards, best practices identified through the Caring for our Children Basics, North Dakota's Core Competencies for Early Childhood Practitioners and North Dakota's Early Learning Standards, and North Dakota Growing Future's training approval standards.**  
(<https://ndchildcare.org/training/catalog.html>) <https://ndchildcare.org/training/catalog.html> Future course development will require subject matter experts and instructional designers in order to enhance the skills of child care professionals as resources allow. Current content includes, but is not limited to, an introduction to Developmentally Appropriate Practices (DAP) and how to use DAP

principles and guidelines in teaching and caregiving practices to provide high quality learning experiences for all children, technology options and ways to use them appropriately with the children in your program as well as a communication tool to use with staff and families, the eight elements of effective environments and how to incorporate each element, setting up a safe and engaging outdoor environment to support children's learning and development, individualizing care, observation techniques, curriculum development, learning through play and Sudden Infant Death Syndrome and the steps to support and promote safe sleep and reduce the risk of SIDS. CCDF and registration fees funded the development of these courses.

Which type of providers are included in these training and professional development activities?

- ☒ Licensed center-based
- ☐ License exempt center-based
- ☒ Licensed family child care home
- ☒ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

v. Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development. Describe the content and funding:

N/A

Which type of providers are included in these training and professional development activities?

- ☐ Licensed center-based
- ☐ License exempt center-based
- ☐ Licensed family child care home
- ☐ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

vi. Using data to guide program evaluation to ensure continuous improvement 98.53(a)(1)(ii)). Describe the content and funding:

N/A

Which type of providers are included in these training and professional development activities?

- ☐ Licensed center-based
- ☐ License exempt center-based
- ☐ Licensed family child care home
- ☐ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

vii. Caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Describe the content and funding:

**As a contractor of the Lead Agency, Child Care Aware® of North Dakota develops competency-based, self-paced e-learning training modules that align with the North Dakota child care licensing health and safety standards, best practices identified through the Caring for our Children Basics, North Dakota's Core Competencies for Early Childhood Practitioners and North Dakota's Early**

Learning Standards, and North Dakota Growing Future's training approval standards. (<https://ndchildcare.org/training/catalog.html>) <https://ndchildcare.org/training/catalog.html> Future course development will require subject matter experts and instructional designers in order to enhance the skills of child care professionals as resources allow. Current content includes, but is not limited to, learning about the reasons behind child homelessness, how being homeless affects children's development, and what providers can do to help. CCDF and registration fees funded the development of these courses.

Which type of providers are included in these training and professional development activities?

- ☒ Licensed center-based
- ☐ License exempt center-based
- ☒ Licensed family child care home
- ☒ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

viii. Caring for and supporting the development of children with disabilities and developmental delays 98.53 (a)(1)(i)(B). Describe the content and funding:

**As a contractor of the Lead Agency, Child Care Aware® of North Dakota develops competency-based, self-paced e-learning training modules that align with the North Dakota child care licensing health and safety standards, best practices identified through the Caring for our Children Basics, North Dakota's Core Competencies for Early Childhood Practitioners and North Dakota's Early Learning Standards, and North Dakota Growing Future's training approval standards. (<https://ndchildcare.org/training/catalog.html>) <https://ndchildcare.org/training/catalog.html> Future course development will require subject matter experts and instructional designers in order to enhance the skills of child care professionals as resources allow. Current content includes, but is not limited to, strategies for including children of all abilities and an introduction to some of the most common special health care needs and what practices and policies programs can put in place to care for the health needs of all children. CCDF and registration fees funded the development of these courses.**

Which type of providers are included in these training and professional development activities?

- ☒ Licensed center-based
- ☐ License exempt center-based
- ☒ Licensed family child care home
- ☒ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

ix. Supporting the positive development of school-age children (98.53(a)(1)(iii). Describe the content and funding:

**The ND Afterschool Network equips afterschool programs with the tools and support they need to help students succeed. They offer technical assistance, resources and materials, and professional development events. Topics include program quality and continuous improvement, staff management, data, funding, evaluation, health and safety, engaging students and families, curriculum, steam, fostering afterschool/school/community partnerships. The Network was funded by the C.S. Mott Foundation in October 2016.**

Which type of providers are included in these training and professional development activities?

- ☒ Licensed center-based
- ☐ License exempt center-based
- ☒ Licensed family child care home
- ☒ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

x. Other. Describe:

N/A

Which type of providers are included in these training and professional development activities?

- ☐ Licensed center-based
- ☐ License exempt center-based
- ☐ Licensed family child care home
- ☐ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

b. Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce and then identify which providers are eligible for this activity. Check all that apply.

What content is included under each of these training topics and what type of funds are used for this activity?

☐ i. Coaches, mentors, consultants, or other specialists available to support access to post- secondary training, including financial aid and academic counseling.

- ☐ Licensed center-based
- ☐ License exempt center-based
- ☐ Licensed family child care home
- ☐ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

☐ ii. Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities.

☐ iii. Financial awards such as scholarships, grants, loans, or reimbursement for expenses and/or training, from the state/territory to complete post-secondary education.

- ☐ Licensed center-based
- ☐ License exempt center-based
- ☐ Licensed family child care home
- ☐ License-exempt family child care home

☐ In-home care (care in the child's own home)

☐ iv. Other. Describe:

N/A

☐ Licensed center-based

☐ License exempt center-based

☐ Licensed family child care home

☐ License-exempt family child care home

☐ In-home care (care in the child's own home)

### 6.3.2 Measurable indicators of progress

Describe the measurable indicators of progress relevant to subsection 6.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

**The Lead Agency supports workforce professional development through a contractual agreement that requires participant data and demographics. Quarterly reports of user experience and course content evaluations are made available to the Lead Agency for review and evaluation. Quarterly reports also tell the count of courses available by core competency, training completions by course title and training type, and drills to completion by attendee's county of residence. During FFY 2020, Child Care Aware® of North Dakota offered over 250 hours of online, self-paced training. A total of 11442 courses were completed by individuals. Unique attendee count by quarter, QTR 1- 2601 individuals, QTR 2 - 4236 individuals, QTR 3- 2077 individuals, QTR 4- 1932 individuals. During QTR 2 FFY 2021, Growing Futures reported the number of Growing Futures Members in each of the following Career Pathway Categories: Category A = 3917, Category B = 222, Category C = 44, Category D = 77 and Category E (CDA) = 127.**

## 6.4 Early Learning and Developmental Guidelines

### 6.4.1 Implementation of early learning and developmental guidelines

States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth to three, three to five, birth to five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

a. Describe how the state/territory's early learning and developmental guidelines address the

following requirements:

- i. Are research-based.

The Standards were developed through a collaborative effort with North Dakota Early Care and Education professionals. The Standards were guided in part, by comments received during a statewide public comment and review period and were subjected to multiple levels of review by the North Dakota Standards Writing Team, national technical assistance personnel, and state experts in the early childhood educational field. The Standards are grounded in a comprehensive body of research including the Head Start Early Learning Outcomes Framework: Ages Birth to Five as well as National Arts Standards, Colorado Early Learning and Development Guidelines, and Kansas Early Learning Creative Arts Standards.

- ii. Developmentally appropriate.

The Developmental Progressions describe the skills, behaviors, and concepts that children will demonstrate as they progress towards a given goal within an age period. In recognition that young children grow and develop at different rates, the Early Learning Standards also include **Emerging skills** and **continued growth**. **Emerging Skills**: Skills that are just beginning to show, measuring these skills or nurturing them. These are noted throughout the document and labeled as Emerging Skills in the Developmental Progression. **Continued Growth**: A stage in the process of growing. These are noted throughout the document and labeled as Continued Growth in the Developmental Progression.

- iii. Culturally and linguistically appropriate.

**Dual Language Learners/English Learners** Children who are dual language learners (DLLs) are growing up with more than one language. The foundation for language development is set in utero as babies process and store the sounds of the languages in their environment. The continued development of a child's home language in the family and early childhood program is an asset and will support the child's progress in all areas of learning. For example, there are cognitive benefits, particularly in the area of executive functioning, to children's dual language learning. Young children who speak multiple languages also benefit socially as they can create relationships in their languages while also maintaining strong ties with their family, community, and culture. Children's progress in learning English will vary depending on their past and current exposure to English, their age, temperament, and other factors. Intentional planning at the program and classroom level is necessary. Teaching practices are designed to create learning environments that support children's diversity and use proven strategies that promote home language(s) and English acquisition. The learning outcomes of children who are DLLs are best supported with opportunities to interact and learn in each of their developing languages. Programs must ensure that children who are DLLs progress in each area of learning and development in the Standards while also promoting English acquisition. Children who are DLLs must be allowed to demonstrate the skills, behaviors, and knowledge in the Standards in their home languages, English, or each language.

The guiding principles underlie the program policies and practices that prepare young children for success.

Families are children's first and most important caregivers, teachers, and advocates. Families are valued and supported as the primary influence in their child's early learning and

education. Their knowledge, skills, and cultural backgrounds contribute to children's school readiness.

Each child is unique and can succeed. Children are individuals with different rates and paths of development. Each child is uniquely influenced by their prenatal environment, temperament, physiology, and life experiences. With the appropriate support, all children can be successful learners and achieve the skills, behaviors, and knowledge described in the Standards.

Learning occurs within the context of relationships. Caring families, teachers, and other adults matter in a young child's life. Responsive and supportive interactions with adults are essential to children's learning.

Children learn best when they are emotionally and physically safe and secure. Nurturing, responsive, and consistent care helps create safe environments where children feel secure and valued. In these settings, children are able to engage fully in learning experiences.

Areas of development are integrated, and children learn many concepts and skills at the same time. Any single skill, behavior, or ability may involve multiple areas of development. For example, as infants gain fine motor skills, they can manipulate objects in new ways and deepen their understanding of cause and effect. As preschoolers gain new verbal skills, they can better manage their emotions and form more complex friendships.

Teaching is intentional and focused on how children learn and grow. Children are active, engaged, and eager learners. Good teaching practices build on these intrinsic strengths by providing developmentally appropriate instruction and opportunities for exploration and meaningful play.

Every child has diverse strengths rooted in their family's culture, background, language, and beliefs. Responsive and respectful learning environments welcome children from diverse cultural and linguistic backgrounds. Effective teaching practices and learning experiences build on the unique backgrounds and prior experiences of each child.

- iv. Aligned with kindergarten entry.

#### **Domain Organization and Alignment to North Dakota Kindergarten Standards**

##### **Approaches to Play and Learning**

##### **Approaches to Play and Learning**

**Infant/Toddler**

**Preschool**

##### **21st Century Learning Skills**

**Kindergarten-12**

##### **Social and Emotional Development**

## **Social and Emotional Development**

**Infant/Toddler  
Preschool  
Kindergarten-12**

## **Language, Communication and Literacy**

### **Language, Communication and Literacy**

**Infant/Toddler  
Preschool**

### **English Language Arts**

**Kindergarten-12**

## **Cognition**

### **Cognition**

**Infant/Toddler**

### **Mathematics Development**

**Preschool**

### **Scientific Reasoning**

**Preschool**

### **Mathematics**

**Kindergarten-12**

### **Science**

**Kindergarten-12**

## **Social Studies**

### **Social Studies Embedded**

**Infant/Toddler**

### **Social Studies**

**Preschool  
Kindergarten-12**

## **Arts**

### **Creative Arts Embedded**

**Infant/Toddler**

### **Creative Arts**

**Preschool**

### **Arts**

**Kindergarten-12**

## **Perceptual, Motor, and Physical Development**

### **Perceptual, Motor, and Physical Development**

**Infant/Toddler  
Preschool**

### **Health**

**Kindergarten-12**

## Physical Education

### Kindergarten-12

- v. Appropriate for all children from birth to kindergarten entry.

In the Standards, developmental progress in key learning areas for infants and toddlers is presented in three age groups: birth to 9 months, 8 to 18 months, and 16 to 36 months. These age groups reflect common shifts or transitions in development. The overlapping months recognize that infants and toddlers grow and develop at different rates. The Standards also provide specific skills, behaviors, and concepts that children should demonstrate by 36 months. Preschoolers' developmental progression is described across two age groups: 36 to 48 months (3 to 4 years) and 48 to 60 months (4 to 5 years). The Standards also identify specific skills, behaviors, and concepts that children at 60 months of age should know and be able to do. The Standards provide a common set of expectations for children's learning and development or what children should know and be able to do from birth to kindergarten across various types of early learning settings, as young children are cared for, nurtured and educated in a variety of settings, including their own homes; family, friend, and neighbor homes; family child care homes; child care centers; and Early Head Start/Head Start, and preschool programs.
  - vi. Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.

The North Dakota Department of Public Instruction and the North Dakota Department of Human Services introduced the 2018 North Dakota Early Learning Standards Birth to Kindergarten replacing North Dakota Early Learning Guidelines Birth through Age 3, North Dakota Early Learning Guidelines Ages 3 through 5, and the North Dakota Pre-Kindergarten Content Standards. Members of the State Advisory Council were a part of the committee that completed the work during revision. The entirety of the State Advisory Council were informed and offered input on the Standards during the process, as well as having an opportunity to review the final draft.
- b. Describe how the required domains are included in the state/territory's early learning and developmental guidelines. Responses for "other" are optional.
- i. Cognition, including language arts and mathematics.

Cognition, including language arts and mathematics. The Cognition domain includes exploration and discovery, memory, reasoning and problem solving, emergent mathematical thinking, imitation and symbolic representation of play. Mathematics Development comprises counting and cardinality, operations and algebraic thinking, measurement, and geometry and spatial sense. The Language, Communication and Literacy domain cover attending and understanding, communicating and speaking, vocabulary, emergent literacy, phonological awareness, print and alphabet knowledge, comprehension and text structure, and writing.

- ii. Social development.  
The Social Emotional Development Domain includes relationships with adults, relationships with other children, emotional functioning, and sense of identity and belonging.
  - iii. Emotional development.  
The Emotional Functioning subdomain of Social Emotional Development addresses expression of a range of emotions, recognizing and interpreting the emotions of others, expressing care and concern towards others, managing emotions with support of familiar adults and increasing independence.
  - iv. Physical development.  
The Perceptual, Motor, and Physical Development Domain is represented as four elements: perception, gross motor, fine motor, and health, safety, and nutrition.
  - v. Approaches toward learning.  
The Approaches to Play and Learning domain encompasses emotional, behavioral, and cognitive self-regulation and includes initiative and curiosity, and creativity.
  - vi. Describe how other optional domains are included, if any:  
The Creative Arts domain is meant to provide guidance in the four areas of art: music, dance and movement, visual arts, and dramatic play. The Social Studies domain includes the concepts of time, citizenship, and identity and culture.
- c. Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.  
The North Dakota Department of Public Instruction and the North Dakota Department of Human Services convened Early Care and Education professionals across North Dakota to review the Early Learning Guidelines to assure that they are appropriate for children with varying abilities and for children with diverse cultural and linguistic backgrounds. Furthermore, a statewide review and comment process occurred that encouraged all North Dakota citizens to participate in the standard writing process. In 2018 North Dakota Early Learning Standards Birth to Kindergarten were introduced, replacing North Dakota Early Learning Guidelines Birth through Age 3 (2008), North Dakota Early Learning Guidelines Ages 3 through 5 (2007), and the North Dakota Pre-Kindergarten Content Standards.
- d. If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school timestandards.  
N/A
- e. Provide the Web link to the state/territory's early learning and developmental guidelines and if available, the school-age guidelines.  
(<https://www.nd.gov/dpi/sites/www/files/documents/Academic%20Support/EL2018.pdf>)  
<https://www.nd.gov/dpi/sites/www/files/documents/Academic%20Support/EL2018.pdf>

#### 6.4.2 How early learning and guidelines are used

CCDF funds cannot be used to develop or implement an assessment for children that:

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF

- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider
- Will be used as the primary or sole method for assessing program effectiveness
- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2))

Describe how the state/territory's early learning and developmental guidelines are used.

**The Standards describe the skills, behaviors, and knowledge that all young children should know and be able to do to succeed in school. This information will help adults better understand what they should be doing to provide effective learning experiences that support important early learning outcomes. The Standards provide a common set of expectations for children's learning and development or what children should know and be able to do from birth to kindergarten across various types of early learning settings, as young children are cared for, nurtured, and educated in a variety of settings, including their own homes; family, friend, and neighbor homes; family child care homes; child care centers; and Early Head Start/Head Start, and preschool programs. The Standards are not designed to be used as a curriculum, assessment, or checklist. They are never to be used to conclude a child has failed in any way or that a child is not ready to transition into kindergarten. The North Dakota Early Learning Standards allow for greater collaboration and consistency across the comprehensive early childhood service delivery system in North Dakota. Although voluntary, technical assistance and support is available to help guide professionals working with children in planning and implementing developmentally appropriate learning activities.**

#### 6.4.3 Measurable Indicators for early learning and developmental guidelines

If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measurable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).

N/A

## 7 Support Continuous Quality Improvement

Lead Agencies are required to use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care.

States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the CCDF Plan, the ACF 118, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. In the annual expenditure report, the ACF-696, ACF will collect data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).

3. For each year of the Plan period, states and territories will submit a Quality Progress Report, the ACF 218, that will include a description of activities funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce (Addressed in Section 6)
- Improving on the development or implementation of early learning and developmental guidelines (Addressed in Section 6)
- Developing, implementing, or enhancing a tiered quality rating and improvement system or other systems of quality improvement for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds, and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)). These activities can benefit infants and toddlers through school-age populations, and all categories of care. It is important that while Lead Agencies have the flexibility to define “high quality” and develop strategies and standards to support their definition, Lead Agencies should consider how that definition and those strategies for different provider types reflect and acknowledge their unique differences and how quality varies in different settings, including family child care and small care settings as well as child care centers.

This section covers the quality activities needs assessment, quality improvement activities, and indicators of progress for each of the activities undertaken in the state or territory.

## 7.1 Quality Activities Needs Assessment for Child Care Services

### 7.1.1 Assessment process and frequency of assessment

Lead Agencies must invest in quality activities based on an assessment of the

state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).

**North Dakota prioritizes continuous quality improvement and uses data to assess progress toward meeting goals. The assessment process uses data collected through Growing Futures, North Dakota's Early Childhood Workforce Registry; Bright & Early ND, North Dakota's Quality Rating and Improvement System; and other state agency databases. It also uses findings from internal and external reports and evaluations to inform needs. Data collected and analyzed over the course of each biennium helps determine new strategies on how to utilize the quality set-aside funds under each of these goals. The process for developing the goals uses data from the assessment process, combined with a review of federal and state requirements, and on-going stakeholder engagement. The Lead Agency participated in the Preschool Development Grant between 2018-2020. A birth to five needs assessment was conducted in collaboration with the Department of Instruction, Department of Health, Commerce, and other Early Childhood Education stakeholders.**

#### **7.1.2 Assessment findings and identified quality improvement goals**

Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a direct URL/website link for any available evaluation or research related to the findings.

**The birth to five needs assessment determined that high-quality child care and early education is needed in North Dakota. The published needs assessment is available upon request.**

**The implementation of the statewide Quality Rating and Improvement System (QRIS), also known as Bright & Early ND, is the foundation for the overarching goals for quality improvement. As part of ongoing planning, the Lead Agency tracks measures connected to the goals listed below. The annual review of data informs of next steps needed such as additional analysis, stakeholder engagement or program improvement strategies.**

**Goal 1) Provide a variety of supports for child care and early education programs interested in achieving higher levels of quality. This could include supports to achieve a Quality Rating through Bright & Early ND or achieving program accreditation. Some of the measurable outcomes include: Number of programs with a current Bright & Early ND Quality Rating, Number of programs Quality Rated at the highest tier, Number of programs with a current and verified program accreditation.**

**Goal 2) Child care and early education programs participating in Bright & Early ND engage in continuous quality improvement. Some of the measurable outcomes include: Number of programs with a current Bright & Early ND Quality Rating, Number of programs Quality Rated at the highest tier, Number of programs whose Quality Rating increased over time, Number of programs engaged in continuous improvement.**

## **7.2 Use of Quality Funds**

### 7.2.1 Quality improvement activities

☒ a. Supporting the training and professional development of the child care workforce as discussed in 6.2 (Related Section: 6.3). Check all that apply.

☒ i. CCDF funds

☒ ii. State general funds

Other funds: describe

☒ b. Developing, maintaining, or implementing early learning and developmental guidelines (Related Section: 6.4). Check all that apply.

☒ i. CCDF funds

☒ ii. State general funds

Other funds: describe

☒ c. Developing, implementing, or enhancing a tiered quality rating and improvement system (Related Section: 7.3). Check all that apply.

☒ i. CCDF funds

☒ ii. State general funds

Other funds: describe

☒ d. Improving the supply and quality of child care services for infants and toddlers (Related Section: 7.4). Check all that apply.

☒ i. CCDF funds

☒ ii. State general funds

Other funds: describe

☒ e. Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7 (Related Section: 7.5). Check all that apply.

☒ i. CCDF funds

☐ ii. State general funds

Other funds: describe

☒ f. Facilitating Compliance with State Standards (Related Section: 7.6). Check all that apply.

☒ i. CCDF funds

☒ ii. State general funds

Other funds: describe

☒ g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory (Related Section: 7.7). Check all that apply.

☒ i. CCDF funds

☒ ii. State general funds

Other funds: describe

☒ h. Accreditation Support (Related Section: 7.8). Check all that apply.

☒ i. CCDF funds

☒ ii. State general funds

Other funds: describe

☒ i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development (Related Section: 7.9). Check all that apply.

☒ i. CCDF funds

☒ ii. State general funds

Other funds: describe

☐ j. Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible (Related Section: 7.10). Check all that apply

☐ i. CCDF funds

☐ ii. State general funds

Other funds: describe

### 7.3 Quality Rating and Improvement System (QRIS) or Another System of Quality Improvement

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving, and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards
2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

#### 7.3.1 QRIS or another system of quality improvement

Does your state/territory have a quality rating and improvement system or another system of quality improvement?

☐ a. No, the state/territory has no plans for QRIS development. If no, skip to 7.4.1.

☐ b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.4.1.

☒ c. Yes, the state/territory has a QRIS operating statewide or territory-wide. Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners, and provide a link, if available.

**Bright & Early ND, North Dakota's Quality Rating and Improvement System (QRIS), (<http://www.brightnd.org>) <http://www.brightnd.org>, is administered statewide by the North Dakota Department of Human Services. Recruitment, assessment, and coaching for Bright & Early ND are administered by the state through a vendor contract.**

☐ d. Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis. Provide a link, if available.

?

☐ e. Yes, the state/territory has another system of quality improvement. Describe the other system of quality improvement and provide a link, if available.

#### 7.3.2 QRIS or another system of quality improvement participation

Indicate how providers participate in the state or territory's QRIS or another system of quality improvement.

a. Are providers required to participate in the QRIS or another system of quality improvement? Check all that apply if response differs for different categories of care.

☒ i. Participation is voluntary.

☐ ii. Participation is partially mandatory. For example, participation is mandatory for providers serving children receiving a subsidy, participation is mandatory for all licensed providers or participation is mandatory for programs serving children birth to age 5 receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings,

participation at any level).

**Licensed providers have the option to participate in QRIS in North Dakota.**

☐ iii. Participation is required for all providers.

b. Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory's QRIS or another system of quality improvement? Check all that apply.

☒ i. Licensed child care centers

☒ ii. Licensed family child care homes

☐ iii. License-exempt providers

☒ iv. Early Head Start programs

☒ v. Head Start programs

☒ vi. State Prekindergarten or preschool programs

☒ vii. Local district-supported Prekindergarten programs

☒ viii. Programs serving infants and toddlers

☐ ix. Programs serving school-age children

☒ x. Faith-based settings

☐ xi. Tribally operated programs

☐ xiv. Other. Describe:

c. Describe how the Lead Agency's QRIS, or other system for improving quality, considers how quality may look different in the different types of provider settings which participate in the QRIS or other system of quality improvement. For instance, does the system of quality improvement consider what quality looks like in a family child care home with mixed-age groups vs. child care centers with separate age groups? Or are standards related to quality environments flexible enough to define quality in home-based environments, as well as child care center environments?

**Bright & Early ND uses a block system approach which incorporates four standards, or steps, to quality. Each of the Bright & Early ND Steps to Quality focuses on one component of care and is composed of a consistent set of quality indicators that measure the program's practices. The Bright & Early ND Steps to Quality build upon each other to create a framework for continuous quality improvement. The outcome is a program that maximizes a child's readiness for school, work, and life. The Bright & Early ND Quality Standards are flexible enough to encompass all types of settings. When the quality indicator requires the use of a research-based tool, Bright & Early utilizes the tool reflective of the setting observed. For example, to assess the quality of the environment, Bright & Early ND utilizes the Family Child Care Environment Rating Scale, Third Edition for family and group settings; the Infant and Toddler Environment Rating Scale, Third Edition and the Early Childhood Environment Rating Scale, Third Edition for preschool and center-based settings.**

7.3.3 Identify how the state or territory supports and assesses the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services or another system of quality improvement. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33).

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

☐ No

☒ Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.

☐ a. Programs that meet state/territory PreK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between PreK programs and the quality improvement system).

☐ b. Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).

☒ c. Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).

☐ d. Programs that meet all or part of state/territory school-age quality standards.

☐ e. Other. Describe:

N/A

7.3.4 Link between quality standards and licensing requirements

Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

☐ No

☒ Yes. If yes, check any links between the state/territory's quality standards and licensing requirements.

☒ a. Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.

☒ b. Embeds licensing into the QRIS.

☐ c. State/territory license is a "rated" license.

☐ d. Other. Describe:

N/A

7.3.5 Financial or other incentives through QRIS or another quality improvement system

Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of

services that are provided through the QRIS or another system of quality improvement.

☐ No

☒ Yes. If yes, check all that apply.

a. If yes, indicate in the table below which categories of care receive this support.

Financial incentive or other supports	Licensed center-based	License exempt center-based	Licensed family child care home	License-exempt family child care home	In-home (care in the child's own home)
i. One-time grants, awards, or bonuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Ongoing or periodic quality stipends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Higher subsidy payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Training or technical assistance related to QRIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Coaching/mentoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi. Scholarships, bonuses, or increased compensation for degrees/certificates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vii. Materials and supplies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
viii. Priority access for other grants or programs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ix. Tax credits for providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Tax credits for parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xi. Payment of fees (e.g., licensing, accreditation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Other:

N/A

#### 7.3.6 Measurable indicators of progress relevant to Subsection 7.3

Describe the measurable indicators of progress relevant to subsection 7.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

**The Lead Agency used the following data as the measurable indicators of progress: Number of programs with a current Bright & Early ND Quality Rating: 169 (August 1st, 2021), Number of programs Quality Rated at the highest tier: 15 (August 1st, 2021), Number of programs whose Quality Rating increased over time: 104 (FFY2019-2021), Number of programs with a current and verified program accreditation: 6 (August 1st, 2021).**

### 7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

#### 7.4.1 Activities to improve supply and quality of infant and toddler care

Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

☐ a. Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low- income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.

☐ Licensed center-based

☐ License exempt center-based

☐ Licensed family child care home

☐ License-exempt family child care home

☐ In-home care (care in the child's own home)

☐ b. Establishing or expanding the operation of community-based, neighborhood-based, or provider networks comprised of home-based providers, or small centers focused on expanding the supply of infant and toddler care.

- ☐ Licensed center-based
- ☐ License exempt center-based
- ☐ Licensed family child care home
- ☐ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

☒ c. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers.

**Child Care Aware® of North Dakota online, self-paced training includes branches for serving various ages whenever content may differ.**

- ☒ Licensed center-based
- ☐ License exempt center-based
- ☒ Licensed family child care home
- ☐ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

☐ d. Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant/toddler specialists.

- ☐ Licensed center-based
- ☐ License exempt center-based
- ☐ Licensed family child care home
- ☐ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

☐ e. Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

- ☐ Licensed center-based
- ☐ License exempt center-based
- ☐ Licensed family child care home
- ☐ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

☒ f. Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments.

**The Lead Agency ensures that programs participating in Bright & Early ND, to qualify for a Step 3 or Step 4 Quality Rating, must use research based assessment tools specific to infants and toddlers if the**

**program is serving this age group.**

- ☒ Licensed center-based
- ☐ License exempt center-based
- ☒ Licensed family child care home
- ☐ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

**[x] g. Developing infant and toddler components within the state/territory's child care licensing regulations.**

**Licensing regulations includes a section titled specialized types of care and minimum requirements. Infant Care components include environment and interactions, feeding, diapering, and sleeping. Any early childhood services provider caring for children under the age of one are required to annually complete a Department approved SIDS course. Staff must certify within 90 days of employment and prior to unsupervised access to children, in infant and pediatric CPR and the use of an automated defibrillator and first aid by a program approved by the Department.**

- ☒ Licensed center-based
- ☐ License exempt center-based
- ☒ Licensed family child care home
- ☒ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

**[x] h. Developing infant and toddler components within the early learning and developmental guidelines.**

**In the Standards, developmental progress in key learning areas for infants and toddlers is presented in three age groups: birth to 9 months, 8 to 18 months, and 16 to 36 months. These age groups reflect common shifts or transitions in development. The overlapping months recognize that infants and toddlers grow and develop at different rates.**

- ☒ Licensed center-based
- ☐ License exempt center-based
- ☒ Licensed family child care home
- ☒ License-exempt family child care home
- ☒ In-home care (care in the child's own home)

**[x] i. Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development.**

**Child Care Aware® of North Dakota has a section of their website dedicated to parents with easy to understand consumer information, the checklist suggests parents ask about diapering, safe sleep, handwashing, and infant toddler meals, More resources including CDC child development milestones, developmental screenings, and helping children learn and grow (brain development and adult/child interactions).**

- ☒ Licensed center-based
- ☐ License exempt center-based
- ☒ Licensed family child care home

- ☒ License-exempt family child care home
- ☒ In-home care (care in the child's own home)

**[x] j.** Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being.

**Early Childhood Consultants employed by Child Care Aware® of North Dakota provide technical assistance on numerous topics including the care of infants and toddlers.**

- ☒ Licensed center-based
- ☐ License exempt center-based
- ☒ Licensed family child care home
- ☐ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

**[x] k.** Coordinating with child care health consultants.

**Child Care Aware® of North Dakota employs Child Care Health Consultants who provide technical assistance and robust resources an health and safety topics.**

- ☒ Licensed center-based
- ☐ License exempt center-based
- ☒ Licensed family child care home
- ☐ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

**[ ] l.** Coordinating with mental health consultants.

- ☐ Licensed center-based
- ☐ License exempt center-based
- ☐ Licensed family child care home
- ☐ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

**[x] m.** Establishing systems to collect real time data on available (vacant) slots in ECE settings, by age of child, quality level, and location of program.

**Early Childhood Services Providers are reminded each month and encouraged to update their vacancies anytime their enrollment changes by completing an online fillable form available on the Child Care Aware® of North Dakota website. Child Care Data and Referral Specialists review the vacancy dates in the provider's profile each month and contact all programs that haven't updated in the last 90 days. Quality Ratings are effective the beginning of each month and are updated monthly. Families searching for care can see the program addresses, a mapping feature is also available. Searches can be conducted by age of child, vacancies, location, and quality rating.**

- ☒ Licensed center-based
- ☐ License exempt center-based

- ☒ Licensed family child care home
- ☐ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

☐ n. Other.

- ☐ Licensed center-based
- ☐ License exempt center-based
- ☐ Licensed family child care home
- ☐ License-exempt family child care home
- ☐ In-home care (care in the child's own home)

#### 7.4.2 Measurable indicators of progress relevant to Subsection 7.4

Describe the measurable indicators of progress relevant to subsection 7.4 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures.

**In North Dakota's Early Learning Standards, developmental progress in key learning areas for infants and toddlers is presented in three age groups: birth to 9 months, 8 to 18 months, and 16 to 36 months. These age groups reflect common shifts or transitions in development. The overlapping months recognize that infants and toddlers grow and develop at different rates. The Standards also provide specific skills, behaviors, and concepts that children should demonstrate by 36 months.**

**The Lead Agency ensures that programs participating in Bright & Early ND, to qualify for a Step 3 or Step 4 Quality Rating, must use research based assessment tools specific to infants and toddlers if the program is serving this age group.**

**Licensing regulations includes a section titled specialized types of care and minimum requirements. Infant Care components include environment and interactions, feeding, diapering, and sleeping. Any early childhood services provider caring for children under the age of one are required to annually complete a Department approved SIDS course. Staff must certify within 90 days of employment and prior to unsupervised access to children, in infant and pediatric CPR and the use of an automated defibrillator and first aid by a program approved by the Department.**

**The Lead Agency coordinates with Child Care Aware of ND's Health/Safety and Inclusion Specialists. The Lead Agency's measurable indicators are as listed below, including current data on how the state has met the following:**

**Number of individuals receiving Infant/Toddler focused Coaching: (154)**

**Number of Infant/Toddler focused coaching events conducted: (357)**

**Number of SIDS online training completion: (5793).**

## **7.5 Child Care Resource and Referral**

A Lead Agency may expend funds to establish, expand, or maintain a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

### **7.5.1 Child care resource and referral agencies' services**

What are the services provided by the local or regional child care and resource and referral agencies?

**The lead agency contracts with Child Care Aware® of North Dakota for child care resources, consumer education and referral services. Referral services include individualized information and assistance for families searching for child care. The web-based referral system offers services to providers that includes but is not limited to, access to input and update their profile information and child care vacancies which Child Care Aware will launch at the beginning of the federal fiscal year. Child care programs have access to consumer education materials that encourage quality improvement and assist families in meeting their needs. Community services and supports include providing outreach and partnerships with businesses and community organizations to build capacity for high quality child care. The contractor develops the annual supply and demand child care report and provides data for market rate analysis. The lead agency also contracts with Child Care Aware® of North Dakota to provide start up and general technical assistance to existing and potential providers. Child Care Aware® of North Dakota also employs Child Care Health Consultants that offer support to newly licensed programs, B&E Step 2 participants, accredited programs, and Head Start programs as well as providing on demand TA around health and safety in child care settings. Child Care Health Consultants reached out to all programs receiving Department of Health COVID closure recommendations. Child Care Aware® of North Dakota offers 41 online, self-paced core competency-based trainings to the child care workforce and manages state CDA and Aim 4 Excellence Center Director Credential scholarships.**

### **7.5.2 Measurable indicators of progress relevant to Subsection 7.5**

Describe the measurable indicators of progress relevant to subsection 7.5 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

**The consumer education resource and referral contract includes written statements outlining good/services to be produced by the project and identifies intended recipients of the goods/services. Performance standards and data tracking includes, but is not limited to, number of families requesting child care referrals and volume of times referral specialists update child care program profiles. In the first two quarters of FFY 21, Referral Specialists made 4103 entries to update child care profiles and conducted 9339 referrals. In the first two quarters of FFY21, Building Quality coaches responded to 62 requests for technical assistance to start**

licensed child care and supported 92 + QTR 2 individuals that requested individualized support and technical assistance via a web intake form. In addition to the COVID support calls in the first two quarters of FFY21, Child Care Health Consultants provided general technical assistance to 374 programs, supported 34 providers starting licensed child care, 17 programs participating in QRIS, and 1 accredited program. Online, self-paced courses have been completed 8068 in the first two quarters of FFY 21. Child Care Aware continues to review the evaluations of user experience, course content, and has conversations with the department on ways to improve training to advance the quality of child care programming. In the first two quarters of FFY 21, 12 CDA Scholarships and seven Aim 4 Excellence scholarships were awarded.

## 7.6 Facilitating Compliance with State Standards

### 7.6.1 Activities to facilitate provider compliance with health and safety requirements

What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5. Describe:

**North Dakota child care rules and regulations authorize licensing specialists to require non-compliant licensed child care providers to access consultation and support services from Child Care Aware® of North Dakota in connection with corrective action or intent to revoke a license. The services required fall on a continuum of strategies, some necessitating minimal communication between Child Care Aware® of ND and licensing staff, others demanding a more coordinated approach to rectifying the situation.**

### 7.6.2 Financial assistance to support complying with minimum health and safety requirements

Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

☒ No

☐ Yes. If yes, which types of providers can access this financial assistance?

☐ a. Licensed CCDF providers

☐ b. Licensed non-CCDF providers

☐ c. License-exempt CCDF providers

☐ d. Other. Describe:

### 7.6.3 Measurable indicators of progress relevant to Subsection 7.6

Describe the measurable indicators of progress relevant to subsection 7.6 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

**Child Care Aware provides documentation through e-mail of each visit throughout the compliance plan to ensure communication between child care operator/director/staff, licensing specialist, and licensing supervisor. The Licensing specialist is responsible for verifying that the provider made the corrections to be in compliance with the regulations. When non-compliant licensed child care providers require consultation, Child**

Care Aware and licensing staff will follow the Child Care Compliance Referral Process. The Referral Process will assist Child Care Aware and licensing staff to: establish a clear understanding of the nature of the provider's non-compliance, determine the resources available to address the issues, and determine the best course of action and due dates to be met for compliance. 16 programs participated in a child care licensing compliance plan during FFY 2019 - 2021. The Lead Agency will monitor inspection reports to identify areas of noncompliance with program standards. Technical assistance will be offered to providers via licensing specialists or Child Care Aware of ND for those areas identified as areas of concern. North Dakota Century Code and Administrative Rules for each ND license type are available to providers. Providers who have non-compliances that result in a Correction Order will receive at least one re-inspection by the Licensing Specialist to ensure necessary corrections resulting in quality improvement have been made. During FFY 2019, 275 Correction Orders were issued, 253 were issued in FFY 2020 and 271 in FFY 2021.

## 7.7 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

### 7.7.1 Measures of quality and effectiveness of child care programs

Does the state/territory measure the quality and effectiveness of child care programs and services in both child care centers and family child care homes?

☐ No

☒ Yes. If yes, describe any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

The Bright & Early ND Quality Standards and Indicators are North Dakota's measures of quality for child care programs in licensed centers and family child care homes. Some of the tools utilized by Bright & Early ND 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 and Scoring System (CLASS), which measures child-adult interactions. Programs participating in Bright & Early ND receive preliminary and post observations (ERS, CLASS) that evaluate the effectiveness of the continuous quality improvement cycle. Programs using Teaching Strategies GOLD complete, at minimum, three checkpoints per year to measure child outcomes.

### 7.7.2 Measurable indicators of progress relevant to Subsection 7.7

Describe the measurable indicators of progress relevant to subsection 7.7 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures.

**The Lead Agency used the following data as the measurable indicators of progress:**

**Environment Rating Scale Averages (FFY2019-2021)**

ITERS-3 Overall Program Score: 4.31  
ECERS-3 Overall Program Score: 3.97  
FCCERS-3 Overall Program Score: 4.76

#### CLASS Averages (FFY2019-2021)

##### Infant CLASS:

Responsive Caregiving: 5.34

##### Toddler CLASS:

Emotional and Behavioral Support: 5.83  
Engaged Support For Learning: 3.39

##### Pre-K CLASS:

Emotional Support: 6.26  
Classroom Organization: 5.69  
Instructional Support: 3.13

## 7.8 Accreditation Support

### 7.8.1 Pursuit of Accreditation

Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

☒ a. Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation. Is accreditation available for programs serving infants, toddlers, preschoolers and school-age children?

**Child Care Aware of North Dakota offers technical assistance to all types of programs if a program has an interest in pursuing accreditation. The technical assistance will vary with each program depending upon their needs and requests. The consultants with Child Care Aware of North Dakota use a strength based approach while working with the programs.**

☐ b. Yes, the state/territory has supports operating statewide or territory-wide for child care

centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers. Describe:

☐ c. Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care. Describe:

☐ d. Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide.

☐ i. Focused on child care centers. Describe:

☐ ii. Focused on family child care homes. Describe:

☐ e. No, but the state/territory is in the in the development phase of supporting accreditation.

☐ i. Focused on child care centers. Describe:

☐ ii. Focused on family child care homes. Describe:

☐ f. No, the state/territory has no plans for supporting accreditation.

#### 7.8.2 Measurable indicators of progress relevant to Subsection 7.8

Describe the measurable indicators of progress relevant to subsection 7.8 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

**The Lead Agency will review document activities and outputs, specifically the number of programs who have become accrediting accredited during the year against the number of programs that were that were accredited in the state previously. These numbers are reviewed to see if the number of programs that are accredited are increasing or decreasing. The Lead Agency does not track programs working towards accreditation.**

## 7.9 Program Standards

### 7.9.1 High-Quality program standards

Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for:

a. Infants and toddlers

North Dakota has implemented high-quality program standards via its QRIS program. The standards and ongoing review occurs through the ND Growing Futures Professional Development Committee, the Early Childhood State Team, the Early Childhood Advisory Committee, the Early Childhood Higher Education Consortium and the ECS Business Collaboratory. Each of these organizations /groups have active participation by the ECS Licensing Team, Head Start State Collaboration Office, Department of Public Instruction, the Child Care Subsidy Administrator, Child Care Aware of ND network staff, representatives from the child care field, parents, and representatives from other early childhood agencies. These groups look at current trends and research, state and national data that is available, listen to stakeholders in the field in order to try to determine best strategies to increase quality across the state.

b. Preschoolers

North Dakota has implemented high-quality program standards via its QRIS program. The standards and ongoing review occurs through the ND Growing Futures Professional Development Committee, the Early Childhood State Team, the Early Childhood Advisory Committee, the Early Childhood Higher Education Consortium and the ECS Business Collaboratory. Each of these organizations /groups have active participation by the ECS Licensing Team, Head Start State Collaboration Office, Department of Public Instruction, the Child Care Subsidy Administrator, Child Care Aware of ND network staff, representatives from the child care field, parents, and representatives from other early childhood agencies. These groups look at current trends and research, state and national data that is available, listen to stakeholders in the field in order to try to determine best strategies to increase quality across the state.

c. and/or School-age children.

North Dakota has implemented high-quality program standards via its QRIS program, however QRIS standards encompass birth-5. The standards and ongoing review occurs through the ND Growing Futures Professional Development Committee, the Early Childhood State Team, the Early Childhood Advisory Committee, the Early Childhood Higher Education Consortium and the ECS Business Collaboratory. Each of these organizations /groups have active participation by the ECS Licensing Team, Head Start State Collaboration Office, Department of Public Instruction, the Child Care Subsidy Administrator, Child Care Aware of ND network staff, representatives from the child care field, parents, and representatives from other early childhood agencies. These groups look at current trends and research, state and national data that is available, listen to stakeholders in the field in order to try to determine best strategies to increase quality across the state.

7.9.2 Measurable indicators of progress relevant to Subsection 7.9

Describe the measurable indicators of progress relevant to subsection 7.9 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The Lead Agency used the following data as the measurable indicators of progress: Number of programs with a current Bright & Early ND Quality Rating: 169 (August 1st, 2021), Number of programs Quality Rated at the highest tier: 15 (August 1st, 2021), Number of Infants and Toddlers Impacted: 2,227 (Capacity as of August 1st, 2021), Number of Preschoolers Impacted: 1173 (Capacity as of August 1st, 2021). QRIS standards currently encompass birth-5, therefore indicators of progress related to school-age children are evaluated by assessing compliance with ND child care licensing requirements.

## 7.10 Other Quality Improvement Activities

### 7.10.1 Other quality improvement activities and measurable indicators of progress

List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities; and also describe the measurable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry, and the data on the extent to which the state or territory has met these measures. Describe:

**Quarterly child care health and safety data is available from Child Care Aware of North Dakota, which is used to determine what consumer and provider education activities need to be conducted along with any revisions that the Lead Agency needs to consider when determining future training and technical assistance needs, not only for itself, but also for providers and families, specifically in relation to provider preparedness, child safety and well-being, along with kindergarten entry.**

**Start Child Care, is a quality initiative offered by Child Care Aware of North Dakota, to provide technical assistance and expertise to help individuals discern opening a child care business all the way through the first year of licensure. Number of programs participating in Start Child Care. Targeted, customized support is available to help a program develop or strengthen processes around the above program standard areas.**

**The Lead Agency contracts for inclusion support. Inclusion support is made available through state funds. The Inclusion Support Program makes grant funding and technical assistance available to licensed early childhood service providers in North Dakota who care for children with special needs ages birth through 12 years old. The program is designed to help home and center-based providers create and maintain an inclusive environment that supports children with disabilities or developmental delays to learn, grow, play, and develop alongside their classmates in a natural setting. The screenings that are completed and entered will be able to be shared and viewed with the child care program and parents. This measure will be reviewed and plans will be developed by the child care program, inclusion coaches, and parents on how to best support the development of the child.**

## 8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity, and accountability apply to:

- Memorandums of understanding (MOUs) within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF

- MOUs, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF
- Grants or contracts to other organizations that administer or carry out various aspects of CCDF, such as professional development and family engagement activities
- Internal processes for conducting child care provider subsidy

## 8.1 Internal Controls and Accountability Measures to Help Ensure Program Integrity

### 8.1.1 Fiscal management practices

Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:

☒ a. Verifying and processing billing records to ensure timely payments to providers. Describe:

**A SFN 616 or an electronic payment request must be submitted to the county in which the case is located in order for a payment to be made. Once the form is received, the county office reviews the form to ensure it is complete and that the information is not questionable. The information from the form is then entered into the system. The Quality Control unit conducts case file reviews to ensure policies and procedures are being properly applied across a monthly statewide caseload sample. The SFN 616, payment amounts, and payment determinations are also reviewed to ensure accurate payments.**

☒ b. Fiscal oversight of 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.**

☒ c. Tracking systems to ensure reasonable and allowable costs. Describe:

**Lead agency fiscal administration staff review requests for information to ensure that expenditures are reasonable and are allowable.**

☐ d. Other. Describe:

### 8.1.2 Identifying risk

Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program (98.68(a)(2)). Check all that apply:

☒ a. Conduct a risk assessment of policies and procedures. 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 of all errors or potential fraud found through**

case reviews, this includes but is not limited to improper payments. The Lead Agency has a designated staff member who reviews all intentional program violations (IPV) for the Economic Assistance Policy Section and determines if an IPV needs to be pursued in other programs.

☒ b. Establish checks and balances to ensure program integrity. Describe:

The payment system used for the Child Care Assistance Program has various checks and balances in place. The system sets the maximum amounts that can be paid per child, per provider in a month and does not allow an amount over the set amount, even if multiple payments are issued. The system checks each provider's license dates and does not allow a child to be associated to that provider if the provider does not have an open, active license. The system will prevent payments from being made to a provider who no longer has an open license during the household's eligibility period. The Lead Agency receives a monthly report that contains a list of payments for a past service month that contains payments that have been made for the same household, for the same child to the same provider in that month. Staff members research each instance on the report to determine the payments are correct. In addition, CCAP uses data from other programs in shared system to ensure correct eligibility.

☐ c. Use supervisory reviews to ensure accuracy in eligibility determination. Describe:

☐ d. Other. Describe:

#### 8.1.3 Processes to train about CCDF requirements and program integrity

States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)), including processes to train child care providers and staff of the Lead Agency and other agencies engaged in the administration of CCDF about program requirements and integrity.

a. Check and describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.

☐ i. Issue policy change notices. Describe:

☐ ii. Issue policy manual. Describe:

☐ iii. Provide orientations.

☐ iv. Provide training. Describe:

☐ v. Monitor and assess policy implementation on an ongoing basis. Describe:

☐ vi. Meet regularly regarding the implementation of policies. Describe:

☒ vii. Other. Describe:

The lead agency has a "Child Care Assistance Program - Provider Information" brochure available to providers on the Department's website. A provider handbook is currently being designed to provide more detailed information to providers on CCDF requirements and integrity, with hopes to have this available by October 1, 2021. The handbook will be provided to Child Care Aware to make

**available to providers.**

b. Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity (98.68 (a)(3)).  
Check all that apply:

☒ i. Issue policy change notices. Describe:

**All 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.**

☒ ii. Train on policy change notices. Describe:

**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. The E-Learnings are updated with every policy update.**

☒ iii. Issue policy manuals. Describe:

**The policy manual is available online and can be accessed at any time.**

☒ iv. Train on policy manual. Describe:

**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. The E-Learnings are updated with every policy update.**

☒ v. Monitor and assess policy implementation on an ongoing basis. Describe:

**Quality Control Unit staff provide information and updates to the CCAP administrator on case findings. These case findings help create training materials as common errors are identified.**

☒ vi. Meet regularly regarding the implementation of policies. Describe:

**The lead agency meets with the Human Service Zone directors as needed to discuss new policies and answer questions they may have.**

☐ vii. Other. Describe:

#### 8.1.4 Evaluate internal control activities

Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe:

**The Lead Agency has several processes in place to evaluate internal control activities, including reviewing all Quality Assurance/Control findings and audit findings. Quality Assurance/Control reviews are completed monthly and are designed to select at least one case in every county during the non-federal review years. The lead agency uses this data to determine what are the most common errors and to identify areas of needed training. Audit findings are reviewed to determine new processes/training areas that might be needed. These trainings and new processes are not limited to improper payment errors, but open to all areas that need improvement.**

#### 8.1.5 Identify fraud and other program violations

Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

a. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent fraud or intentional program violations**. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations.

[x]	<p>i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).</p> <p>Describe the activities and the results of these activities:</p> <p><b>CCAP may use information provided for other Economic Assistance Programs such as LIHEAP, SNAP, TANF and Health Care Coverage. CCAP also has access to a state developed application called NDVerify. NDVerify streamlines the search of different interfaces and sources to obtain verification electronically. NDVerify allows multiple interfaces and sources to be searched for household members at the same time. CCAP may access information from ND Vital Records, ND Child Support, ND Department of Corrections, ND State Hospital Admissions/Discharge, ND Unemployment Insurance Benefits (UIB), ND Wages (Job Service), Social Security Administration, ND Workforce Safety and Insurance and 40 Quarters from SSA. 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 and provide information needed to pursue an IPV when needed.</b></p>
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[x]	<p>ii. Run system reports that flag errors (include types). Describe the activities and the results of these activities: <b>The Lead Agency runs two reports to help identify or prevent fraud or intentional program violations, the duplicate payment report and the CCAP payment/licensed number report. The duplicate payment report identifies payments that have been issued to a provider on behalf of the same child for a service month. The CCAP payment/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 results of reviewing these reports, is that when a duplicate payment is discovered, it is researched to determine how it occurred and how it could be prevented in the future, or if there were any fraudulent billings by the provider. In addition, overpayments are set up for all duplicate payments that are discovered. 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, and licensing staff will be involved as needed.</b></p>
[x]	<p>iii. Review enrollment documents and attendance or billing records. Describe the activities and the results of these activities: <b>The Quality Control Unit may review the SFN 616 Request for Payment Form as part of the case review process. The results of this are that if a request for payment is determined questionable by the Quality Control Unit, policy will be notified and will work with the Human Service Zone as needed to determine if the request for payment is fraudulent. In the event the request for payment is fraudulent, and IPV may be pursued.</b></p>
[x]	<p>iv. Conduct supervisory staff reviews or quality assurance reviews. Describe the activities and the results of these activities: <b>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 when the human service zone workers pursue IPV's when appropriate based on the findings from the Quality Control unit.</b></p>
[ ]	<p>v. Audit provider records. Describe the activities and the results of these activities:</p>
[x]	<p>vi. Train staff on policy and/or audits. Describe the activities and the results of these activities: <b>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. The E-Learnings are updated with every policy change. The results of this are that human service zone workers that have a better understanding of policies because of these trainings are able to understand when it is appropriate to pursue an IPV.</b></p>

[ ]	vii. Other. Describe the activities and the results of these activities:
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b. Check and describe all activities the Lead Agency conducts, including the results of these activities, to **identify unintentional program violations**. Include in the description how each activity assists in the identification and prevention of unintentional program violations.

[x]	i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)). Describe the activities and the results of these activities: <b>CCAP may use information provided for other Economic Assistance Programs such as LIHEAP, SNAP, TANF and Health Care Coverage. CCAP also has access to a state developed application called NDVerify. NDVerify streamlines the search of different interfaces and sources to obtain verification electronically. NDVerify allows multiple interfaces and sources to be searched for household members at the same time. CCAP may access information from ND Vital Records, ND Child Support, ND Department of Corrections, ND State Hospital Admissions/Discharge, ND Unemployment Insurance Benefits (UIB), ND Wages (Job Service), Social Security Administration, ND Workforce Safety and Insurance and 40 Quarters from SSA. 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 and provide information needed to pursue an IPV when needed. .</b>
[x]	ii. Run system reports that flag errors (include types). Describe the activities and the results of these activities: <b>The Lead Agency runs two reports to help identify or prevent fraud or unintentional program violations, the duplicate payment report and the CCAP payment/licensed number report. The duplicate payment report identifies payments that have been issued to a provider on behalf of the same child for a service month. The CCAP payment/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 results of reviewing these reports, is that when a duplicate payment is discovered, it is researched to determine how it occurred and how it could be prevented in the future, or if there were any fraudulent billings by the provider. In addition, overpayments are set up for all duplicate payments that are discovered. 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, and licensing staff will be involved as needed.</b>

[x]	iii. Review enrollment documents and attendance or billing records. Describe the activities and the results of these activities: <b>The Quality Control Unit may review the SFN 616 Request for Payment Form as part of the case review process. The results of this are that if a request for payment is determined questionable by the Quality Control Unit, policy will be notified and will work with the Human Service Zone as needed to determine if the request for payment is fraudulent. In the event the request for payment is fraudulent, and IPV may be pursued.</b>
[x]	iv. Conduct supervisory staff reviews or quality assurance reviews. Describe the activities and the results of these activities: <b>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 when the human service zone workers pursue IPV's when appropriate based on the findings from the Quality Control unit.</b>
[ ]	v. Audit provider records. Describe the activities and the results of these activities:
[x]	vi. Train staff on policy and/or audits. Describe the activities and the results of these activities: <b>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. The E-Learnings are updated with every policy change. The results of this are that human service zone workers that have a better understanding of policies because of these trainings are able to understand when it is appropriate to pursue an IPV.</b>
[ ]	vii. Other. Describe the activities and the results of these activities:

c. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent agency errors**. Include in the description how each activity assists in the identification and prevention of agency errors.

[x]	<p>i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).</p> <p>Describe the activities and the results of these activities:</p> <p><b>CCAP may use information provided for other Economic Assistance Programs such as LIHEAP, SNAP, TANF and Health Care Coverage. CCAP also has access to a state developed application called NDVerify. NDVerify streamlines the search of different interfaces and sources to obtain verification electronically. NDVerify allows multiple interfaces and sources to be searched for household members at the same time. CCAP may access information from ND Vital Records, ND Child Support, ND Department of Corrections, ND State Hospital Admissions/Discharge, ND Unemployment Insurance Benefits (UIB), ND Wages (Job Service), Social Security Administration, ND Workforce Safety and Insurance and 40 Quarters from SSA. 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 and provide information needed to pursue an IPV when needed.</b></p>
[x]	<p>ii. Run system reports that flag errors (include types).</p> <p>Describe the activities and the results of these activities:</p> <p><b>The Lead Agency runs two reports to help identify or prevent fraud or unintentional program violations, the duplicate payment report and the CCAP payment/licensed number report. The duplicate payment report identifies payments that have been issued to a provider on behalf of the same child for a service month. The CCAP payment/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 results of reviewing these reports, is that when a duplicate payment is discovered, it is researched to determine how it occurred and how it could be prevented in the future, or if there were any fraudulent billings by the provider. In addition, overpayments are set up for all duplicate payments that are discovered. 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, and licensing staff will be involved as needed.</b></p>
[x]	<p>iii. Review enrollment documents and attendance or billing records.</p> <p>Describe the activities and the results of these activities:</p> <p><b>The Quality Control Unit may review the SFN 616 Request for Payment Form as part of the case review process. The results of this are that if a request for payment is determined questionable by the Quality Control Unit, policy will be notified and will work with the Human Service Zone as needed to determine if the request for payment is fraudulent. In the event the request for payment is fraudulent, and IPV may be pursued.</b></p>

<input checked="" type="checkbox"/>	iv. Conduct supervisory staff reviews or quality assurance reviews. Describe the activities and the results of these activities: <b>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 when the human service zone workers pursue IPV's when appropriate based on the findings from the Quality Control unit.</b>
<input type="checkbox"/>	v. Audit provider records. Describe the activities and the results of these activities:
<input checked="" type="checkbox"/>	vi. Train staff on policy and/or audits. Describe the activities and the results of these activities: <b>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. The E-Learnings are updated with every policy change. The results of this are that human service zone workers that have a better understanding of policies as a result of these trainings are able to understand when it is appropriate to pursue an IPV and have less agency errors.</b>
<input type="checkbox"/>	vii. Other. Describe the activities and the results of these activities:

#### 8.1.6 Identify and recover misspent funds

The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

a. Identify what agency is responsible for pursuing fraud and overpayments (e.g. State Office of the Inspector General, State Attorney).

**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. 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:

**Recovery in an improper payment due to an intentional program violation or fraud is required and a claim is established with a minimum improper payment amount of \$1.00.**

☒ 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:

**If unable to collect or reach a payment agreement with the household or provider, collection agencies will be used to recover improper payment.**

☒ iii. Recover through repayment plans. Describe the activities and the results of these activities

**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. Those who have agreed to monthly payment plan are sent monthly reminders with updated outstanding balances.**

☒ iv. Reduce payments in subsequent months. Describe the activities and the results of these activities:

**When a case is open and payments are being issued, recoupments will be taken from all future payments until the claim balance is \$0. Claims established due to IPV or Fraud are recouped at 20% of the payment amount. 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. Claims established due to IPV or Fraud 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.**

☐ v. Recover through state/territory tax intercepts. Describe the activities and the results of these activities:

☐ vi. Recover through other means. Describe the activities and the results of these activities:

☐ vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below. Describe the activities and the results of these activities:

☒ viii. Other. Describe the activities and the results of these activities:

**When there is sufficient evidence to substantiate fraud or an IPV, the individual suspected of the fraud or IPV has the right to waive a hearing or to request an administrative disqualification hearing. When the individual is found guilty or has admitted to fraud or an IPV, any payment made related to the period in question is established as a claim. Recoupments will automatically be taken from any future payments. The individual may also pay back funds in addition to recoupments being taken. When recoupments can no longer be taken from future payments due to a case closure, the individual is sent a correspondence from the lead agency to establish a repayment plan. The individual is sent a follow up correspondence when no response is received. When no response is received, the individual's information is sent over to the state collections office who will then pursue collection efforts. Individual are also sent to the collections office when they have elected to make repayments, but have not provided a recent payment**

c. Check and describe any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

☐ i. N/A. the Lead Agency does not recover misspent funds due to unintentional program violations.

☒ ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities:

**Recovery in an improper payment due to an unintentional program violation or fraud is required and a claim is established with a minimum improper payment amount of \$1.00.**

☒ iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency). Describe the activities and the results of these activities:

**If unable to collect or reach a payment agreement with the household or provider, collection agencies will be used to recover improper payment. In the event this is not possible, law enforcement will be contacted to complete an investigation.**

☒ iv. Recover through repayment plans. Describe the activities and the results of these activities:

**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. Those who have agreed to monthly payment plan are sent monthly reminders with updated outstanding balances.**

☒ v. Reduce payments in subsequent months. Describe the activities and the results of these activities:

**When a case is open and payment are being issued, recoupments will be taken from all future payments until the claim balance is \$0. Claims established due unintentional program violations are recouped at 10% of the payment amount. 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. Claims established due to IPVs or Fraud 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.**

☐ vi. Recover through state/territory tax intercepts. Describe the activities and the results of these activities:

☐ vii. Recover through other means. Describe the activities and the results of these activities:

☐ viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below. Describe the activities and the results of these activities:

☐ ix. Other. Describe the activities and the results of these activities:

d. Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

☒ i. N/A. the Lead Agency does not recover misspent funds due to agency errors.

☐ ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities:

☐ iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency). Describe the activities and the results of these activities:

☐ iv. Recover through repayment plans. Describe the activities and the results of these activities:

☐ v. Reduce payments in subsequent months. Describe the activities and the results of these activities:

☐ vi. Recover through state/territory tax intercepts. Describe the activities and the results of these activities:

☐ vii. Recover through other means. Describe the activities and the results of these activities:

☐ viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities:

☐ ix. Other. Describe the activities and the results of these activities:

#### 8.1.7 Sanctions to reduce improper payments

What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

☒ a. Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities:

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.

☒ b. Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities:

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.

☐ c. Prosecute criminally. Describe the activities and the results of these activities:

☐ d. Other. Describe the activities and the results of these activities:

## Appendix A: MRS, Alternative Methodology and Narrow Cost Analysis Waiver Request Form

Lead Agencies may apply for a temporary waiver for the Market Rate Survey or ACF pre-approved alternative methodology and/or the narrow cost analysis in. These waivers will be considered “extraordinary circumstance waivers” to provide relief from the timeline for completing the MRS or ACF pre-approved alternative methodology and the narrow cost analysis during the COVID-19 pandemic. These waivers are limited to a one-year period.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in Section 4, questions 4.2.1 and 4.2.5.

To submit a Market Rate Survey (MRS) or ACF pre-approved alternative methodology or a Narrow Cost Analysis waiver, complete the form below.

Check and describe each provision for which the Lead Agency is requesting a time-limited waiver extension.

☐ Appendix A.1: The Market Rate Survey (MRS) or ACF pre-approved alternative methodology (See related question 4.2.1.)

1. Describe the provision (MRS or ACF pre-approved alternative methodology) from which the state/territory seeks relief. Include the reason why the Lead Agency is seeking relief from this provision due to this extraordinary circumstance.
2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.
3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

☒ Appendix A.2: The Narrow Cost Analysis (See related question 4.2.5.)

1. Describe the provision (Narrow Cost Analysis) from which the state/territory seeks relief. Include the reason why in these extraordinary circumstances, the Lead Agency is seeking relief from this provision.  
**The Lead Agency has the data needed to conduct the Narrow Cost Analysis, however this has not been complete by July 1, 2021. the Lead Agency is requesting a waiver to allow for more time to complete the Narrow Cost Analysis.**
2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.  
**The Narrow Cost Analysis will provide additional information so that the Lead Agency can have a better understanding of the true cost of care for North Dakota.**
3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the

waiver.

**Health, safety, and well-being of children served through assistance received through CCDF will not be impacted as the data has already been received by the Lead Agency.**