



CHILD CARE AND DEVELOPMENT FUND PLAN

FOR: HAWAII

FFY 2010-2011

This Plan describes the CCDF program to be conducted by the State/Territory for the period 10/1/09 – 9/30/11. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including changing the options selected or described herein.

The official text of the applicable laws and regulations govern, and the Lead Agency acknowledges its responsibility to adhere to them regardless of the fact that, for purposes of simplicity and clarity, the specific provisions printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text.

Public reporting burden for this collection of information is estimated to average 162.5 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

[Form ACF 118 Approved OMB Number: 0970-0114 expires 04/30/2012]

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Lead Agencies must submit plan amendments within 60 days of the effective date of an amendment (§98.18 (b)).

Instructions for Amendments:

- 1) Lead Agency completes the first 3 columns of the Amendment Log and sends a photocopy of the Log (showing the latest amendment sent to ACF) and the amended section(s) to the ACF Regional Office contact. Lead Agency also should indicate the Effective Date of the amended section in the footer at the bottom of the amended page(s). A copy of the Log, showing the latest amendment pending in ACF, is retained as part of the Lead Agency's Plan.
- 2) ACF completes column 4 and returns a photocopy of the Log to the grantee.
- 3) The Lead Agency replaces this page in the Plan with the copy of the Log received from ACF showing the approval date.

Note: This process depends on repeated subsequent use of the same Log page over the life of the Plan. At any time the Log should reflect all amendments, both approved and pending in ACF. The Lead Agency is advised to retain "old" plan pages that are superseded by amendments in a separate appendix to its Plan. This is especially important as auditors will review CCDF Plans and examine effective date of changes.

SECTION AMENDED	EFFECTIVE/ PROPOSED EFFECTIVE DATE	DATE SUBMITTED TO ACF	DATE APPROVED BY ACF

PART 1

ADMINISTRATION

The agency shown below has been designated by the Chief Executive Officer of the State (or Territory), 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)

1.1 Lead Agency Information (as designated by State/Territory Chief Executive Officer)

Name of Lead Agency: **STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES (DHS)**

Address of Lead Agency: **P.O. BOX 339, HONOLULU, HI 96809-0339**

Name and Title of the Lead Agency's Chief Executive Officer: **LILLIAN B. KOLLER, DIRECTOR**

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

Fax Number: **(808) 586-4890**

E-Mail Address: **Lillian.B.Koller@hawaii.gov**

Web Address for Lead Agency (if any): **www.hawaii.gov/dhs/**

1.2 State/Territory Child Care (CCDF) Contact Information (day-to-day contact)

Name of the State/Territory Child Care Contact (CCDF): **PANKAJ BHANOT**

Title of State/Territory Child Care Contact: **DIVISION ADMINISTRATOR**

Address:

DEPARTMENT OF HUMAN SERVICES

BENEFIT, EMPLOYMENT & SUPPORT SERVICES DIVISION

820 MILILANI STREET, STE 606

HONOLULU, HI 96813

Phone Number: **(808) 586-5230**

Fax Number: **(808) 586-5229**

E-Mail Address: **pbhanot@dhs.hawaii.gov**

Phone Number for CCDF program information (for the public) (if any): **(808) 586-0978**

Web Address for CCDF program information (for the public) (if any):

http://hawaii.gov/dhs/dhs/self-sufficiency/childcare

1.3 Estimated Funding

The Lead Agency estimates that the following amounts will be available for child care services and related activities during the 1-year period: October 1, 2009 through September 30, 2010. (§98.13(a))

CCDF: **\$24,715,863**
 Federal TANF Transfer to CCDF: **\$19,780,000**
 Direct Federal TANF Spending on Child Care: **\$0**
 State CCDF Maintenance of Effort Funds: **\$4,971,630**
 State Matching Funds: **\$5,272,776**
 Total Funds Available: **\$54,740,269**

1.4 Estimated Administration Cost

The Lead Agency estimates that the following amount (and percentage) of Federal CCDF and State Matching Funds will be used to administer the program (not to exceed 5 percent): \$ \$ **2,487,021** (**5%**) (658E(c) (3), §§98.13(a), 98.52)

1.5 Administration of the Program

1.5.1 Does the Lead Agency directly administer and implement all services, programs and activities funded under the CCDF Act, including those described in Part 5.1 – Activities & Services to Improve the Quality and Availability of Child Care, Quality Targeted Funds and Set-Aside?

- Yes.
- No. If no, use **Table 1.5.1** below to **identify** the name and type of agency that delivers services and activities. If more than one agency performs the task, identify all agencies in the box under “Agency,” and **indicate** in the box to the right whether each is a non-government entity.

Table 1.5.1: Administration of the Program

Service/Activity	Agency	Non-Government Entity (see Guidance for definition)
Determines individual eligibility:		
a) TANF families	DHS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Goodwill Industries of Hawaii, Insights To Success, and ARBOR E&T
b) Non-TANF families		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ARBOR E&T
Assists parents in locating care		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No People Attentive To Children (PATCH)

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Service/Activity	Agency	Non-Government Entity (see Guidance for definition)
Makes the provider payment	DHS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Goodwill Industries of Hawaii, Insights To Success, and ARBOR E&T
Quality activities	DHS, DOH, University of Hawaii	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PATCH, Good Beginnings Alliance,
Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No

1.5.2. Describe how the Lead Agency maintains overall internal control for ensuring that the CCDF program is administered according to the rules established for the program (§98.11).

Contractors provide monthly and/or quarterly program progress reports as specified by DHS. On-site visits to the programs are conducted in order to monitor/audit programs.

ARBOR E&T has been contracted to provide child care subsidy payments to non-TANF families statewide. Child care payments for the TANF Work Program, named “First-to-Work” in Hawaii, may be administered by either DHS or contracted organizations. Training is provided and Memoranda are issued on child care payment rules and procedures to both DHS and contractors’ staff. All receive the rules and electronic systems training through the DHS training office.

Meetings occur regularly with DHS and contractor staff that issue child care payments to keep them apprised of departmental issues and provide continuous clarification to implement the child care payments to eligible families.

Child care data are retrieved monthly from the DHS electronic systems. DHS Accounting and Research staff provide assistance in projecting and reconciling data on numbers served and dollars expended.

All DHS and contractors’ staff are required to maintain clients’ confidentiality of information.

1.5.3. Describe how the Lead Agency ensures adequate personnel, resources, systems, internal controls, and other components necessary for meeting CCDF reporting requirements (658K, §98.67, §§98.70 & 98.71, §§98.100 to 102), including the Lead Agency’s plans for addressing any reporting deficiencies, if applicable. At a minimum, the description should address efforts for the following reporting requirements:

- a) Fiscal Reporting: **Monthly meetings held to assess present expenditures and discuss future projections within fund limitations.**
- b) Data Reporting: **Same as “a”, above.**

c) Error Rate Reporting: **The DHS, as a “third year” State, will use State personnel to select and audit CCDF-funded cases to be reviewed. State personnel are also tasked with on-going case reviews to monitor proper payment authorizations.**

1.6 Funds Used to Match CCDF

1.6.1 Will the Lead Agency use public funds to meet a part of the CCDF Match requirement pursuant to §98.53(e)(1)?

- Yes, **describe** the activity and source of funds: _____
- No.

1.6.2 Will the Lead Agency use private donated funds to meet a part of the matching requirement of the CCDF pursuant to §98.53(e)(2)?

- Yes. If yes, are those funds: (**check one below**)
- Donated directly to the State?
- Donated to a separate entity or entities designated to receive private donated funds?

a) How many entities are designated to receive private donated funds?

b) **Provide** information below for each entity:

Name: _____

Address: _____

Contact: _____

Type: _____

- No.

1.6.3 During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF maintenance of effort (MOE) requirement?

- Yes (**respond to 1.6.5**), and:
- a) The State assures that its level of effort in full day/full year child care services has not been reduced, pursuant to §98.53(h)(1).

b) (3 %) Estimated percentage of the MOE requirement that will be met with Pre-K expenditures. (Not to exceed 20%.)

c) If the Lead Agency uses Pre-K expenditures to meet more than 10% of the MOE requirement, **describe** how the Lead Agency will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

No.

1.6.4 During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF Matching Fund requirements? (§98.53(h))

Yes (**respond to 1.6.5**), and

a) (10 %) Estimated percentage of the Matching Fund requirement that will be met with pre-K expenditures. (Not to exceed 30%.)

b) If the State uses Pre-K expenditures to meet more than 10% of the Matching Fund requirement, **describe** how the State will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

All child care providers utilized by parents that receive child care subsidy payments operate a full-day program that caters to the needs of working families

No.

1.6.5 If the Lead Agency indicated “yes” to 1.6.3 or 1.6.4, **describe** Lead Agency efforts to ensure that pre-K programs meet the needs of working parents: (§98.53(h)(2))

DHS issues a “certificate” signed by the programs that indicates the hours of care provided for the eligible children receiving child care services. The DHS child care licensing units also retain records of the hours of operation of these programs.

1.6.6 Will the Lead Agency use any other funds to meet a part of the CCDF Match requirement pursuant to §98.53(e)(1)?

Yes, **describe** the activity and source of funds:

No.

1.7 Improper Payments

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Has your State implemented any strategies to prevent, measure, identify, reduce, and collect improper payments? (§98.60(i), §98.65, §98.67)

Yes, and these strategies are:

Implement electronic system calculations of a family's monthly gross income/cost share of the maximum amount allowable for type of care. Set deadlines for reporting changes in the following: monthly gross income; loss of employment, schooling or job training; need for child care; household size; change of residence; cost of child care or change in provider. Verify information by requiring submittal of documents that establish or re-establish eligibility. Establish repayment plans and coordinate with the DHS fiscal office that sends monthly billings for recovery of overpayments. If necessary, recover overpayments from future payments. Review monthly reports of retroactive child care payments by units to note issuance patterns.

No. If no, are there plans underway to determine and implement such strategies?

Yes, and these planned strategies are: _____

No.

PART 2 DEVELOPING THE CHILD CARE PROGRAM

2.1 Consultation and Coordination

2.1.1 Lead Agencies are required to *consult* with appropriate agencies and *coordinate* with other Federal, State, local, tribal (if applicable) and private agencies providing child care and early childhood development services (§98.12, §98.14(a),(b), §98.16(d)).

Indicate the entities with which the Lead Agency has a) **consulted** and b) **coordinated** (as defined below), by checking the appropriate box(es) in Table 2.1.1.

Consultation involves the meeting with or otherwise obtaining input from an appropriate agency in the development of the State Plan. **At a minimum, Lead Agencies must consult with representatives of general purpose local governments (noted by the asterisk in the chart below).**

Coordination involves the coordination of child care and early childhood development services, including efforts to coordinate across multiple entities, both public and private (for instance, in connection with a State Early Childhood Comprehensive System (SECCS) grant or infant-toddler initiative). **At a minimum, Lead Agencies must coordinate with** (1) other Federal, State, local, Tribal (if applicable), and/or private agencies responsible for providing child care and early childhood development services, (2) public health (including the agency responsible for immunizations and programs that promote children’s emotional and mental health), (3) employment services / workforce development, (4) public education, and (5) Temporary Assistance for Needy Families (TANF), and (6) any Indian Tribes in the State receiving CCDF funds (noted by the asterisks in the chart below).

Table 2.1.1 Consultation and Coordination

Agency	a) Consultation in Development of the Plan	b) Coordination with Service Delivery
Representatives of local government	<input checked="" type="checkbox"/> *	<input type="checkbox"/>
Other Federal, State, local, Tribal (if applicable), and/or private agencies providing child care and early childhood development services.	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
Public health	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
Employment services / workforce development	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
Public education	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
TANF	<input type="checkbox"/>	<input checked="" type="checkbox"/> *

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Agency	a) Consultation in Development of the Plan	b) Coordination with Service Delivery
Indian Tribes/Tribal Organizations, when such entities exist within the boundaries of the State	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
State/Tribal agency (agencies) responsible for:		
State pre-kindergarten programs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Head Start programs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Programs that promote inclusion for children with special needs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other (See guidance): Advocacy Org.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

* **Required.**

For each box checked in Table 2.1.1, (a) identify the agency(ies) providing the service and **(b) describe** the consultation and coordination efforts. Descriptions must be provided for any consultation or coordination required by statute or regulation.

Local governments: Meetings are held throughout the year where representatives from each county as well as other State agencies discuss and provide input on how DHS can play a more meaningful role in meeting the developmental needs of children. Examples include: participation in the School Readiness Task Force which consists of representatives of various public and private agencies that have an interest in school readiness issues; participation in the Keiki Round Table chaired by Senator Suzanne Chun-Oakland to determine new legislation needed to benefit children; participation in the Children’s Outcome Project designed to look for ways among state and private agencies to maximize child health, safety, and child development; participation in the Hawaii Careers With Young Children which focuses on professional development of early childhood educators and caregivers; participation in the Lead Poison Prevention Council to help safeguard children in child care from the detrimental effects of lead paint.

Tribal organizations: DHS includes representatives from Alu Like, which receives CCDF funds as a tribal organization, in its quarterly Child Care Advisory Committee meetings, along with other organizations that distribute scholarships and grants for child care, such as Head Start, Kamehameha Schools, and private preschools that serve young children. This helps ensure effective distribution of the financial resources available to parents of young children, and maximization of funding available to families throughout the State.

Other Federal State, local, and private agencies: DHS consults and collaborates with representatives from the Good Beginnings Alliance, the Hawaii Association for the Education of Young Children, Head Start, PATCH, Child Care Business Coalition, Kamehameha Schools, State Department of Health (DOH), and the State Department of Education (DOE.) The key provisions of this plan reflect the diverse and thoughtful input of DHS’ many public and private partners. The results include additional plans for better preparing children for entry into kindergarten, better ways to encourage parents to utilize high quality child care for their children, and plans for increasing access to child care for more low-income children.

Public Health: DHS coordinates with the DOH on various initiatives that are aimed at providing healthy and safe environments for children. These efforts include the Healthy Child Care Hawaii project, which is our local chapter of the healthy Child Care America; Keiki Care Project, which assists preschool providers in working with preschool-aged children that exhibit challenging behaviors in the classroom, and the Inclusion Project, which supports families in choosing inclusive settings for their special needs children ages 0-3 years old.

Also, DHS coordinates with the DOE, which operates the Adult and Child Care Food Program, as well as the University of Hawaii (UH), the entity tasked with providing the DOE with additional information and expertise in the area of nutrition according to USDA standards. DHS has contracted for a service through the UH that provides menu reviews, consultations, and training regarding nutrition issues for all licensed child care providers as well as child care licensing staff. This service allows licensed child care providers that are not on the USDA Food Program to meet the licensing regulations, as there is a shortage of nutrition consultants who are willing to provide these services to child care programs. The expectation is that there will be child care providers who are better informed about nutrition guidelines, and a more consistent approach to nutrition for young children in the State.

Public Education: DHS coordinates efforts on school readiness with the DOE. The DOE is implementing the Preschool Content Standards in all of the pre-K classes that they administer that serve only children with special needs. The expectation is that there will be a more coordinated effort to utilize Early Learning Guidelines throughout the State, especially in center-based types of child care.

Employment Services/Workforce Development: DHS coordinates with all work programs within the State to provide information about child care subsidies that are available as a supportive service to their clients who are entering the workforce. The expectation is that families will choose supervised care for their children that meet minimum health and safety standards that are required to qualify for a subsidy.

TANF: DHS takes the lead in providing child care for TANF children. Efforts are geared toward informing TANF families about choosing child care, and the indicators of quality care settings. The expectation is that parents of young children will be better informed about child care options in the community.

State Pre-K programs: DHS is the Lead Agency for the Pre-Plus Program, which provides Pre-K facilities and services on DOE campuses to children of low-income families. Collaborative partners include Head Start, Good Beginnings Alliance, Hawaii Association for the Education of Young children, DOE, DOH, and the Office of the Lieutenant Governor. DHS also oversees another Pre-K effort – Preschool Open Doors – where State funds are provided for eligible parents to allow them to send their children (generally, four years old) to a preschool program prior to entering Kindergarten. The expectation for both the Pre-Plus and Preschool Open Doors programs is that more children are better prepared for Kindergarten.

Head Start Programs: Head Start is a partner in all of the initiatives mentioned above. Head Start programs are operated in the majority of the 17 Pre-Plus sites that are geared towards the preparation of young children for Kindergarten. Also, DHS is the Lead Agency that oversees the Head Start Collaboration Project.

Programs that Promote Inclusion: DHS provides funds to the DOH to allow special needs children ages 0 – 3 years to attend inclusive child care settings. For preschool aged children, DHS provides funds to the DOH to provide consultation, training, and technical assistance to child care providers that have children who exhibit social, emotional, or behavioral

challenges in their preschool program. The expectation is that both efforts will result in children making better progress developmentally, and many children being able to function normally as a result of their participation. DHS also licenses private preschools that partner with a neighboring public school's special education program to provide an inclusive setting for children with special needs.

2.1.2 Emergency Preparedness and Response Plan for Child Care and Early Childhood Programs. Lead Agencies are encouraged to develop an emergency preparedness and response plan for child care and other early childhood programs operating in the State/Territory. The plan should include provisions for continuity of services and child care assistance payments to families and providers in the event of an emergency or disaster. Indicate which of the following best describes the current status of your efforts in this area. **Check only ONE.**

- Planning.** Indicate whether steps are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated and how the plan will be coordinated with other emergency planning efforts within the State/Territory.
- Developing.** A plan is being drafted. Include the plan as Attachment 2.1.2, if available.
- Developed.** A plan has been written but has not yet been implemented. Include the plan as Attachment 2.1.2, if available.
- Implementing.** A plan has been written and is now in the process of being implemented. The plan is included as Attachment 2.1.2.
- Other. Describe:**

a) Describe the progress made by the State/Territory in planning for an emergency or disaster event with regards to the operation of child care and early childhood education programs.

Currently, the DHS is engaged in system-wide planning for an emergency or disaster as it relates to all families on each island that utilize DHS services as well as are potential applicants for services during the disaster period. Within the bigger framework of disaster preparedness and response, programs are tasked with planning for the smaller details within their own programs. Estimated time frame for completion of the plan is in December 2009.

b) Describe provisions the Lead Agency has in place for the continuation of core child care functions during and after a disaster or emergency.

As the DHS is in the planning stages, assessments need to be done to determine whether there is a need for statute or rule changes to accommodate child care facilities operating in the time of emergencies or disasters as well as how to continue to administer the child care subsidy program to families affected by emergencies or disasters.

c) Describe efforts the Lead Agency has undertaken to provide resources and information to families and child care providers about ways to plan and prepare for an emergency or disaster situation.

A provision in the child care licensing rules specify that providers must have a written disaster plan that is made available to the families of all enrolled children. County Civil Defense Agencies have issued materials to child care providers and families about disaster preparedness. Part of the Department's planning will include a more systematic way of informing families and child care providers about emergency and disaster preparedness.

d) Describe how the Lead Agency is coordinating with other State/Territory agencies, private, and/or non-profit charitable organizations to ensure that child care and early childhood programs are included in planning, response, and recovery efforts.

In the Department's system wide planning efforts, other agencies to coordinate with have been identified. For the child care program, a survey of other organizations and services that may be available will be conducted and the information compiled into the action plan.

2.1.3 Plan for Early Childhood Program Coordination. Lead Agencies are encouraged to develop a plan for coordination across early childhood programs. **Indicate** which of the following best describes the current status of your efforts in this area. **Note: Check only ONE.**

- Planning.** Are there steps under way to develop a plan?
- Yes, and **describe** the time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.
- No.
- Developing.** A plan is being drafted. Include the draft as **Attachment 2.1.3** if available.
- Developed.** A plan has been written but has not yet been implemented. Include the plan as **Attachment 2.1.3** if available.
- Implementing.** A plan has been written and is now in the process of being implemented. Include the plan as **Attachment 2.1.3**.
- Other (describe):**

a) Describe the progress made by the State/Territory in planning for coordination across early childhood programs since the date of submission of the 2008-2009 State Plan.

The DHS has quarterly meetings with the Department's Child Care Advisory Committee comprised of various representatives from the early childhood community; there is a continuing relationship between the Department and other organizations who provide child care subsidies to families; and Department staff participate in meetings with other State agencies and organizations who oversee different aspects of the early learning system (i.e.

professional development, health and safety issues, and early childhood education) to insure coordinated efforts.

Also, recent legislation created an Early Learning Council (ELC) comprised of members from State agencies, the counties, and various organizations. The ELC is tasked with creating the Early Learning System for children ages birth to five years old. In order to accomplish this task, the ELC created sub-committees to address various parts of the Early Learning System in order to devise an overarching plan for the State. The sub-committees are as follows: Governance, Funding, Capitol Infrastructure, Qualified Professionals, Direct Services, and Quality Assurance and Accountability. A draft of the plan is to be completed by the end of 2009.

b) Indicate whether there is an entity that is, or will be, responsible for ensuring that such coordination occurs. Indicate the four or more early childhood programs and/or funding streams that are coordinated and describe the nature of the coordination.

The ELC is tasked with insuring that there is a coordinated Early Learning System. As there is no executive director hired to support the work of the ELC, the Good Beginnings Alliance (GBA), a private organization that is committed to insure coordination of the early childhood activities in the State, provides assistance and support to the ELC through a contract issued by DHS.

State agencies (DHS, DOH, DOE, UH), organizations that specifically focus on the education of young children (Hawaii Association for the Education of Young Children, Child Care Business Coalition, Directors' Group, Head Start), the child care resource and referral agency (PATCH), groups that cater to Native Hawaiian families (Alu Like, INPEACE, Kamehameha Schools), and other organizations that work with families (i.e. Healthy Start, family child care providers, play and learn groups, etc.) are all networked together through the ELC and other committees and have committed to coordinating efforts to improve the quality of early education and care for young children in our State. Through this collaborative effort, individual agencies and organizations are able to initiate new programs or expand existing ones, determine where funding may be available to accomplish implementation of the programs, and report back to partner agencies on the outcomes of the programs. This collaboration has assisted the State in determining available funding streams (federal, state, and private), the requirements for the funding streams, and which funding streams can be used for different aspects of the overall goal of improvement of the education and care of young children.

c) Describe the results or expected results of this coordination. Discuss how these results relate to the development and implementation of the State/Territory's early learning guidelines, plans for professional development, and outcomes for children.

The coordination serves to move our State resources in the same direction, to improve the early care and education system, with the overall goal of having young children safe, healthy, and ready to learn. Having the ELC create the Early Learning System for our State will insure that there continues to be a coordinated and collaborative effort by the groups represented on the ELC. Within the Early Learning System, the direct services will include the implementation of the early learning guidelines within programs, plans for professional development, and have identified outcomes for children through the quality assurance and accountability provisions.

d) **Describe** how the State/Territory's plan supports, or will support, continued coordination among the programs. Are changes anticipated in the plan?

Establishing a coordinated early childhood system for the State will provide agencies and organizations with a common purpose and direction to collaborate more effectively. This should allow for better utilization of limited resources, and identify areas where our State needs to improve services to children.

2.2 Public Hearing Process

Describe the Statewide/Territory-wide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan. (658D(b)(1)(C), §98.14(c)) At a minimum, the description must provide:

- a) Date(s) of notice of public hearing: June 3, 2009
- b) Manner of notifying the public about the public hearing: Statewide newspaper
- c) Date(s) of public hearing(s): June 23, 2009
- d) Hearing site(s): Haseko Center, 820 Mililani Street, Suite 615, Honolulu, Hawaii 96813
- e) How the content of the plan was made available to the public in advance of the public hearing(s): Copies of the plan were announced to be available at the Benefit, Employment and Support Services Division, copies could be mailed upon request, and through the DHS website (www.hawaii.gov/dhs) beginning June 3, 2009.
- f) **Attach** a brief summary of the public comment process as **Attachment 2.2**.

2.3 Public-Private Partnerships

Does the Lead Agency conduct or plan to conduct activities to encourage public-private partnerships that promote private-sector involvement in meeting child care needs?

- Yes. If yes, **describe** these activities or planned activities, including the results or expected results.

The Pre-Plus Program is one example of a public-private partnership that will result in increasing the capacity of child care resources, and should result in low-income children being better prepared for entering Kindergarten. This effort involves coordination between DOE and private preschool providers to operate pre-K programs for four year old children on public school campuses. The services could be provided in buildings designed for the Pre-Plus program, or vacant classroom space located in DOE facilities. This association leads to open communication with the kindergarten teachers on campus to discuss expectations, readiness, and transitioning of these children to Kindergarten.

DHS participates in a number of committees that include representatives from the public and private sectors to discuss various topics such as:

- **Increased quality in child care settings;**
- **Increasing the capacity for child care;**
- **Sharing information with families about child care subsidies available throughout the State; and**
- **Preparing children for school.**

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This has resulted in better coordination of funding, and will continue to result in more effective communication and planning between the public and private sectors to improve outcomes for young children.

No.

PART 3 CHILD CARE SERVICES OFFERED

3.1 Description of Child Care Services

3.1.1 Certificate Payment System. **Describe** the overall child care certificate process, including, at a minimum:

- a) a description of the form(s) of the certificate (§98.16(k)):

Upon establishing that the child and the child's caretaker meet DHS income eligibility and activity requirements of the child care program, staff meet with the applicant to review the child care program requirements and the Certificate process. Staff give the caretakers a "Certificate" (DHS 918) to take to their selected providers, and explain the different types of legal care that they can obtain in the community (also found on page 2 of the Certificate.)

The "Certificate" is signed by the assigned staff, caretaker, and provider, and requires the following information on page 1: Names and birthdates of the children needing care, and beginning/end dates of care; Provider's name, site address, type of care (licensed or license-exempt), days of the week that care is needed, and cost of care; whether the method of payment to the provider will be by direct deposit to the provider's business account; and self-certification by license-exempt providers that they are at least 18 years old, are or are not a relative of the child and type of relationship to the child, do or do not care for children unrelated to the provider, and have no conviction of crimes and no history of child abuse to help DHS to determine their qualification to receive child care subsidies.

Staff additionally issues to the caretakers an accompanying form DHS 948 to give to the selected license-exempt providers and their adult household or staff (in a license-exempt group center) members. These caregivers must complete the form, providing their written consent for the State staff to conduct mandatory criminal and child abuse/neglect history background checks.

These forms are collected by the clients and submitted to their workers. Caretakers acknowledge in writing on the "Certificate" that they understand the State will not pay for child care when their selected providers/caregivers are found to pose a risk to the health and safety of the children in care. When results of these checks into the State's child protective services and the criminal justice inquiry systems show that the providers and caregivers pose no risk of harm to the children in care, and other eligibility criteria are met, staff can authorize child care subsidies. See Attachment 3.1.1A DHS 918 "Child Care Certificate and Provider Confirmation Form" and Attachment 3.1.1B DHS 948 "Consent to Release for Background Clearances and Disposition of Findings."

- b) a description of how the certificate permits parents to choose from a variety of child care settings by explaining how a parent moves from receipt of the certificate to choice of the provider; (658E(c)(2)(A)(iii), 658P(2), §98.2, §98.30(c)(4) & (e)(1) & (2))

With the “Certificate” and “Consent” forms, staff also issues three items to the caretaker: a) a booklet “Choosing Child Care” from the University of Hawaii Learning to Grow project that serves as a guide to seeking quality child care, and provides a brief description of two major types of child care: family child care, and group center care; b) a checklist (DHS 919) for caretakers to assess the license-exempt provider’s child care setting; and c) a pamphlet “School Health Requirements” (40K-EPI-12/01) from the State Department of Health (DOH) that discusses immunization requirements for children in group settings.

In addition, page 2 of the “Certificate” provides definitions of different care types from which families may choose, and instructions for the provider to complete the sections on page 1 of the “Certificate.” See Attachment 3.1.1C “Choosing Child Care”, Attachment 3.1.1D DHS 919 “Health and Safety Guidelines for Child Care Services Program”, and Attachment 3.1.1E DHS (40K-EPI-12/01) “Important Notice to Parents School Health Requirements.”

- c) if the Lead Agency is also providing child care services through grants and contracts, **estimate** the proportion of \$98.50 services available through certificates versus grants/contracts (this may be expressed in terms of dollars, number of slots, or percentages of services), and **explain** how the Lead Agency ensures that parents offered child care services are given the option of receiving a child care certificate. (§98.30(a) & (b)).

This is the March 2009 number of children who benefit from CCDF:

Certificates: 15,104 children in a variety of child care settings
Contracts: 42 infants/toddlers of teen parents in high school
Contracts: 360 children 2-12 years in FTW on-site child care
Contract: 37 disabled children 0-3 yrs of working parents
Contract: 8,556 After School care in DOE sites for children age 5-12 years

The contracted spaces are offered primarily Monday – Friday, 7:45 a.m. – 4:30 p.m., or on the school calendar year. Certificates provided to eligible families Statewide offer greater flexibility/stability to meet the caretakers’ need for child care, depending on their activity hours that can include evening and weekends. The After School care contract releases staff time that would otherwise have to be spent on authorizing thousands of TANF clients’ individual after school care monthly payments.

- d) **Attach** a copy of your eligibility worker’s manual, policy handbook, administrative rules or other printed guidelines for administering the child care subsidy program as **Attachment 3.1.1**.

Note: If these materials are available on the web, the Lead Agency may provide the appropriate Web site address in lieu of attaching hard copies to the Plan.

The administrative rules governing child care services can be found at the following website: <http://www.hawaii.gov/dhs/main/har> (Child Care Services rules §17-798.2, H.A.R.)

3.1.2 In addition to offering certificates, does the Lead Agency also have grants or contracts for child care slots?

- Yes, and **describe** the type(s) of child care services available through the grant or contract, the process for accessing grants or contracts, and the range of providers that will be available through grants or contracts: (658A(b)(1), 658P(4), §§98.16(g)(1), 98.30(a)(1) & (b))

Infant/toddler group center care for ages six weeks up to three years old to assist teen parents to be promoted in or graduate from high school. This involves the public and private sector, such as the Department of Education and Honolulu Community Action Program. Services may be either exempt from procurement (government agency provides the services), or must go through the competitive “bid” process.

After School care for children up to 13 years old at public elementary schools operated by the DOE and private organizations such as Kama’aina Kids, YMCA, Mo’ili’ili Community Center, etc. that “bid” for the services via the State procurement process.

“Drop in” care for children ages 2-12 years at First-To-Work Oahu units to facilitate TANF adult participation in the TANF program requirements, provided by private child care operators such as Kama’aina Kids.

Child care services in family child care homes in cooperation with the Department of Health for special needs children age birth to under three years of age, prior to their readiness to be enrolled in group child care programs.

Contracts are procured through a competitive bid process, or via direct contracting with another government entity. Coordination with the local schools is necessary to ensure that child care sites are available at the school or nearby.

- No.

3.1.3 Are child care services provided through certificates, grants and/or contracts offered throughout the State/Territory? (658E(a), §98.16(g)(3))

- Yes.

- No, and **identify** the localities (political subdivisions) and services that are not offered:

The islands of Molokai and Lanai do not have infant/toddler care contract sites for teen parents attending high school. There are no FTW “drop-in” child care sites in the FTW units on the islands of Kauai, Hawaii, Maui, Molokai and Lanai. Otherwise, the DHS offers child care certificates Statewide for all types of legal care.

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

Yes, and the limits and the reasons for those limits are (§§98.16(g)(2), 98.30(e)(1)(iv)):

- **Mandatory child abuse/neglect and criminal history background checks.**
- **Cost of care is similar to other types of care in the community.**
- **Caretaker is responsible for meeting IRS and State requirements regarding compensation of the provider. This includes paying State minimum wage and paying all applicable payroll taxes.**

No.

3.2 Payment Rates for the Provision of Child Care

The statute at 658E(c)(4) and the regulations at §98.43(b)(1) require the Lead Agency to establish payment rates for child care services that ensure eligible children equal access to comparable care.

3.2.1 Provide a copy of your payment rates as **Attachment 3.2.1**. The attached payment rates were or will be effective as of: August 1, 2008.

3.2.2 Are the attached payment rates provided in Attachment 3.2.1 used in all parts of the State/Territory?

Yes.

No, and other payment rates and their effective date(s) are provided as **Attachment 3.2.2**.

3.2.3 Provide a summary of the facts relied on by the State to determine that the attached rates are sufficient to ensure equal access to comparable child care services provided to children whose parents are not eligible to receive child care assistance under the CCDF and other governmental programs. Include, at a minimum:

a) The month and year when the local market rate survey(s) was completed (§98.43(b)(2)): **May 2007, reflected in Attachment 3.2.1. Another survey was conducted in April 2009 that is being analyzed.**

b) A copy of the **Market Rate Survey instrument** and a summary of the results of the survey are provided as **Attachment 3.2.3**. At a minimum, this summary should include a description of the sample population, data source, the type of methodology used, response rate, description of analyses, and key findings.

The Department used the local Child Care Resource and Referral organization, PATCH, to conduct a statewide survey in April 2009. The data obtained for the market rate study was provided to the DHS' Research and Statistics staff for analysis. The 2009 Market Rate Survey instrument is included as Attachment 3.2.3A. The summary of results will be submitted as an amendment to the Plan upon completion.

3.2.4 Does the Lead Agency use its current Market Rate Survey (a survey completed no earlier than 10/1/07) to set payment rates?

Yes.

No.

3.2.5 At what percentile of the current Market Rate Survey is the State payment rate ceiling set?

The DHS sets its rates as close as possible to the 75th percentile of the market rate for type of care. The DHS amended its administrative rules in March 2008, and based on the market rate survey of May 2007, set the child care rates at the 100th percentile for infant and toddler care in center-based programs and family child care homes; the 95th percentile for preschool care; and at the 85th percentile for before and after school care for school-aged children.

Note: If you do not use your current Market Rate Survey to set your rate ceilings or your percentile(s) varies across categories of care (e.g., type of setting, region, or age of children), **describe** and provide the range of variation in relation to your current survey.

The data from the April 2009 survey is not yet analyzed, and will be submitted later.

3.2.6 Describe the relationship between the attached payment rates and the market rates observed in the current survey, including at a minimum how payment rates are adequate to ensure equal access to the full range of providers based on the results of the above noted local market rate survey: (§98.43(b))

The DHS reviews the results of the market rate study when completed. The DHS sets its rates as closely as possible to the 75th percentile of the market rate for type of care. The DHS licensed Center-based Infant/Toddler care was set at 100% to allow low-income families to choose from a variety of care settings for their infants and toddlers.

The DHS will analyze the results of the market rate study of April 2009 to determine whether to amend the child care rates. Any changes to the child care rates will require an amendment of the relevant sections of the Hawaii Administrative Rules Chapter 17-798.2. The Public Hearing on the child care rules that include the child care rates solicits stakeholders' and community comments.

Other factors considered in setting rates include: a) the number of low-income children to be served; b) the relative difference among the rates; c) the per cent increase proposed is reasonable; and d) the proportion of children who attend each type of care. Parents are encouraged to use licensed/accredited child care settings.

3.2.7 Does the Lead Agency consider any additional facts to determine that its payment rates ensure equal access? (§98.43(d))

Yes. If, yes, **describe**.

Regular updates in child care rates facilitate caretakers' access to child care of their choice. The DHS focused on rates for licensed (regulated) types of care. Informal care continues to be the most common choice of parents, though it is of lower quality overall in most cases. Although the DHS is concerned about the frequent selection of this type of care, the law freely permits parents and caretakers to select this option. Additionally, off-hours work schedules, such as "swing shift" workers, often mean that this is the only choice for these parents. The DHS defines "affordable child care" as no more than a 20% co-payment of the DHS' child care rates by the parents.

Rates for unregulated family child care home providers are established at approximately 60% of the rates for the same type of regulated care; a sufficient number of unregulated providers could not be identified and surveyed.

Additionally, unregulated providers are not currently required to undertake the same high level of on-going training as are the regulated providers. Rates for unregulated care providers were set at a lower amount in the past, and DHS experienced no reluctance to provide care at that rate.

No.

3.2.8 Does the State have any type of tiered reimbursement or differential rates?

Yes. If yes, **describe**:

Group child care centers that achieve accreditation from the NAEYC and NECPA are entitled to the highest rates, in recognition of higher standards in those facilities. The DHS established lower rates for unregulated and part-time care. See tiered rate chart, Attachment 3.2.1.

No.

3.2.9 Describe how the Lead Agency ensures that payment rates do not exceed the amount paid by the general public for the same service. (§98.43(a))

Data gathered from the child care market rate survey of Statewide providers shows information of the highest cost of care to the lowest, by type of licensed care.

3.3 Eligibility Criteria for Child Care

3.3.1 Age Eligibility

a) Does the Lead Agency allow CCDF-funded child care for children above age 13 but below age 19 who are physically and/or mentally incapable of self-care? (658E(c)(3)(B), 658P(3), §98.20(a)(1)(ii))

Yes. If yes, **define** physical and mental incapacity in Appendix 2, and **provide** the upper age limit under 18 years old.

No.

b) Does the Lead Agency allow CCDF-funded child care for children above age 13 but below age 19 who are under court supervision? (658P(3), 658E(c)(3)(B), §98.20(a)(1)(ii))

Yes, and the upper age is _____

No.

3.3.2 Income Eligibility

Complete columns (a) and (b) in Table 3.3.2 below based upon initial entry into the CCDF program. Complete Columns (c) and (d) **ONLY IF** the Lead Agency is using income eligibility limits lower than 85% of the SMI.

Table 3.3.2 Income Eligibility

Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85]	IF APPLICABLE	
			Income Level if lower than 85% SMI	
			(c) \$/month	(d) % of SMI [Divide (d) by (a), multiply by 100]
1	2,860	2,431		
2	3,740	3,179		
3	4,620	3,927		
4	5,501	4,675		
5	6,381	5,423		

Note: Table 3.3.2 should reflect maximum eligibility upon initial entry into the CCDF program.

a) Does the Lead Agency have “tiered eligibility” (i.e., a separate income limit for remaining eligible for the CCDF program)?

Yes. If yes, **provide** the requested information from Table 3.3.2 and **describe**. **Note:** This information can be included in a separate table, or by placing a “/” between the entry and exit levels in the above table.

No.

b) If the Lead Agency does not use the SMI from the most current year, **indicate** the year used: **2004, effective November 1, 2005 (the chart above reflects 2004 SMI.)**

c) These eligibility limits in column (c) became or will become effective on:
November 1, 2005

d) How does the Lead Agency define “income” for the purposes of eligibility? **Provide** the Lead Agencies definition of “income” for purposes of eligibility determination. (§§98.16(g)(5), 98.20(b))

See Attachment 3.3.2 – Hawaii Administrative Rules, Title 17, Department of Human Services, Chapter 17-798.2 CHILD CARE SERVICES - 17-798.2-10 Income considered in eligibility determination.

e) Is any income deducted or excluded from total family income (e.g., work or medical expenses; child support paid to, or received from, other households; Supplemental Security Income (SSI) payments)?

Yes. If yes, **describe** what type of income is deducted or excluded from total family income.

See Attachment 3.3.2A – Hawaii Administrative Rules, Title 17, Department of Human Services, Chapter 17-798.2 CHILD CARE SERVICES -17-798.2-11 Excluded monthly income.

No.

f) **Describe** whose income is excluded for purposes of eligibility determination.

Monthly gross income of the family unit is used to determine eligibility for the CCDF program. “Family unit” means the adult caretakers and their minor children who reside together in the same household. Earnings of minor children who are members of the household and are students at least half-time shall be excluded. Related adults other than spouses or unrelated adults residing together shall each be considered a separate family unit.

3.3.3 Work/Job Training or Educational Program Eligibility

a) How does the Lead Agency define “working” for the purposes of eligibility? **Describe** the specific activities that are considered “working” for purposes of eligibility determination, including minimum number of hours. (§§98.16(f)(6), 98.20(b))

“Employed” means the caretaker is engaged in an activity in exchange for wages or salary. To be considered “self-employed”, the individual shall generate income equivalent to 18 hours/week x 4.3333 weeks x State minimum wage at the time of eligibility and in each subsequent month in order to qualify by program activity.

b) Does the Lead Agency provide CCDF child care assistance to parents who are attending job training or an educational program?

- Yes. If yes, how does the Lead Agency define “attending job training or educational program” for the purposes of eligibility? **Describe**, the specific activities that are considered “job training and/or educational program”, including minimum number of hours. (§§98.16(f)(3), 98.20(b))

“Educational program” means a curriculum that has been established by an institution, agency, or business for the purpose of the development of skills or academic study necessary for an identified occupation. “Job training” or “vocational or employment training” means an organized training program (including community college and university education) established by an institution, agency, or business for the purpose of the development of skills or academic study necessary for an identified occupation. The DHS does not mandate minimum number of hours.

No.

3.3.4 Eligibility Based Upon Receiving or Needing to Receive Protective Services

a) Does the Lead Agency provide child care to children in protective services? (§§98.16(f)(7), 98.20(a)(3)(ii)(A) & (B))

- Yes. If yes, **provide** a definition of “protective services” in Appendix 2. Does the Lead Agency waive, on a case-by-case basis, the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services? (658E(c)(3)(B), 658P(3)(C)(ii), §98.20(a)(3)(ii)(A))

Yes.

No.

No.

b) Does the Lead Agency provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities? (§§98.20(a)(3)(ii), 98.16(f)(7))

- Yes. (**NOTE:** This means that for CCDF purposes the Lead Agency considers these children to be in protective services.)
- No.

3.3.5 Additional Conditions for Determining CCDF Eligibility

Has the Lead Agency established any additional eligibility conditions for determining CCDF eligibility? (658E(c)(3)(B), §98.16(g)(5), §98.20(b))

- Yes, and the additional eligibility conditions are:
(Terms must be defined in Appendix 2)
- No.

3.4 Priorities for Serving Children and Families

3.4.1 At a minimum, CCDF requires Lead Agencies to give priority for child care services to children with special needs, or in families with very low incomes. **Complete** Table 3.4.1 below regarding eligibility priority rules. For columns (a) through (c), **check** only one box if reply is “Yes”. Leave blank if “No”. **Complete** column (e) only if you check column (d).

Table 3.4.1 Priorities for Serving Children

	How does the Lead Agency prioritize the eligibility categories in Column 1?			CHECK ONLY IF APPLICABLE	
	(a)	(b)	(c)	(d)	(e)
Eligibility Categories	Priority over other CCDF-eligible families	Same priority as other CCDF-eligible families	Guaranteed subsidy eligibility	Is there a time limit on the priority or guarantee?	How long is time limit?
Children with special needs*	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Children in families with very low incomes*	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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	How does the Lead Agency prioritize the eligibility categories in Column 1?			CHECK ONLY IF APPLICABLE	
	CHECK ONLY ONE			(d)	(e)
Eligibility Categories	(a) Priority over other CCDF-eligible families	(b) Same priority as other CCDF-eligible families	(c) Guaranteed subsidy eligibility	Is there a time limit on the priority or guarantee?	How long is time limit?
Families <u>receiving</u> Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Families transitioning from TANF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Families at risk of becoming dependent on TANF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*** Required**

3.4.2 Describe how the Lead Agency prioritizes service for the following CCDF-eligible children: (a) children with special needs, (b) children in families with very low incomes, and (c) other. Terms must be defined in Appendix 2. (658E(c)(3)(B))

- a. **Child protective services reasons.**
- b. **Transitional child care for those who ceased to be TANF-eligible within 12 months of applying for child care benefits as a result of increased work hours of employment, and/or increased income from employment, new or increased income from child support, or the family voluntarily requested AFDC closure and is currently employed.**
- c. **Very low income (less than 100% FPL), and at risk of job termination due to child care problems.**
- d. **Special needs children.**

3.4.3 Describe how CCDF funds will be used to meet the needs of: (a) families receiving Temporary Assistance for Needy Families (TANF), (b) those attempting to transition off TANF through work activities, and (c) those at risk of becoming dependent on TANF. (658E(c)(2)(H), Section 418(b)(2) of the Social Security Act, §§98.50(e), 98.16(g)(4))

These TANF families, if active with the FTW program, may access it via their FTW caseworkers if they are engaged in job search, working, enrolled in school or job training, or doing volunteer hours. Families with incomes not exceeding 85% of the State Median Income (SMI) based on family size, with caretakers in training, in school, or working, are eligible to apply for child care with the DHS contractor for child care services. For families under 100% FPL, no co-payment of the child care cost is required.

3.4.4 Has the Lead Agency established additional priority rules that are not reflected in the table completed for Section 3.4.1? (658E(c)(3)(B), §98.16(g)(5), §98.20(b))

- Yes, and the additional priority rules are: **(Terms must be listed and defined in Appendix 2)**
- No.

3.4.5 Does the Lead Agency serve all eligible families that apply?

- Yes.
- No.

3.4.6 Does the Lead Agency have a waiting list of eligible families that they are unable to serve?

- Yes. If yes, **describe**. At a minimum, the description should indicate:
- a) Whether the waiting list is maintained for all eligible families or for certain populations?
 - b) Whether the waiting list is maintained for the entire State/Territory or for individual localities?
 - c) What methods are employed to keep the list current?
- No.

3.5 Sliding Fee Scale for Child Care Services

3.5.1 The statute and regulations require Lead Agencies to establish a sliding fee scale that varies based on income and the size of the family to be used in determining each family's contribution (co-payment) to the cost of child care (§98.42).

- a) **Attach** the sliding fee scale as **Attachment 3.5.1**.

b) **Describe** how the sliding fee scale is administered, including how the family's contribution is determined and how the co-payment is assessed and collected:

(Please refer to Attachment 3.5.1 as it references both the income eligibility guidelines as well as the sliding fee scale that is utilized by staff.)

The family's income is calculated, and based on the sliding fee scale, a determination of co-payment is made. If the family has a co-payment based on their income, the maximum payment amount is calculated, and the co-payment amount is then factored in. The dollar amount calculated to be the co-payment is subtracted from the maximum payment amount, and the result is what is issued to the family as their child care subsidy.

c) The attached sliding fee scale was or will be effective as of November 1, 2005.

d) Does the Lead Agency use other factors in addition to income and family size to determine each family's contribution to the cost of child care? (658E(c)(3)(B), §98.42(b))

Yes, and **describe** those additional factors:

No.

3.5.2 Is the sliding fee scale provided as Attachment 3.5.1 used in all parts of the State? (658E(c)(3)(B))

Yes.

No, and other scale(s) and their effective date(s) are provided as **Attachment 3.5.2**.

3.5.3 The Lead Agency may waive contributions from families whose incomes are at or below the poverty level for a family of the same size, (§98.42(c)), and the poverty level used by the Lead Agency for a family of 3 is: \$ 1,501 a month. This is based on FPL for 2004.

The Lead Agency must **select ONE** of these options:

ALL families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee.

ALL families, including those with incomes at or below the poverty level for families of the same size, ARE required to pay a fee.

SOME families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee. **Describe** these families:

3.5.4 Does the Lead Agency allow providers to charge parents the difference between the maximum reimbursement rate and their private pay rate?

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- Yes.
The DHS does not limit the amount that the provider charges, but allows payments only up to the maximum tiered rate for type of care.
- No.

3.5.5 Describe how the co-payments required by the Lead Agency's sliding fee scale(s) are affordable: (§98.43(b)(3))

The DHS does not require a co-payment of more than 20% of the maximum DHS monthly rate of payment for type of care.

PART 4 PARENTAL RIGHTS AND RESPONSIBILITIES

4.1 Application Process / Parental Choice

4.1.1 Describe the process for a family to apply for and receive child care services (658D(b)(1)(A), 658E(c)(2)(D) & (3)(B), §98.16(k), 98.30(a) through (e)). At minimum, describe:

- a) How parents are informed of the availability of child care services under CCDF (i.e., parental choice of child care services through a certificate or grant of contract)
- b) How parents can apply for CCDF services
- c) What documentation parents provide as part of their application to determine eligibility
- d) How parents who receive TANF benefits are informed about the exception to individual penalties as described in 4.4
- e) What steps the Lead Agency has taken to reduce barriers to initial and continuing eligibility for child care subsidies
- f) **Attach** a copy of your parent application for the child care subsidy program as **Attachment 4.1.1.**
 - a. **Parents are informed of DHS child care services through brochures disseminated to the public and private sectors including the Departments of Health, Human Services, and Labor & Industrial Relations; Head Start, and the Statewide Child Care Resource and Referral organization (PATCH.) The DHS child care services contract includes an outreach component that provides staff and materials to publicize the DHS child care subsidy program at community events, public libraries, schools, and businesses to attract families who may qualify for child care services.**
 - b. **The material includes information about federal and State child care services programs administered by DHS. General information is also available on the State's website.**
 - c. **Families that receive TANF and TAONF financial assistance from the DHS access child care through their eligibility workers of the Lead Agency and the DHS First-to-Work or contracted units. The TANF and TAONF families are considered categorically eligible under the law. These two groups are also considered to be guaranteed child care by law, as long as they have qualifying activities.**
 - d. **Other families that may be eligible to receive child care subsidies would qualify based on not exceeding the monthly gross income criteria and their employment, educational or job training needs, and child care needs. Eligibility for child care for protective services reasons to keep family members together would require a social services plan from the**

Child Welfare Services social worker and court-ordered care, without regard to the family's income. All eligibility decisions for non-TANF and non-TAONF households are based on the family's submittal of a DHS application form with supporting documents to the DHS' contractor for child care services.

- e. The unit staff informs caretakers of the available child care options either by telephone or in an office visit. They are given the booklet "Choosing Child Care", and the Department of Health's "Immunization" brochure, the DHS form "Health and Safety Guidelines", and directed to review page 2 of the "Certificate" for the allowable types of care. In addition, caretakers are referred to the Statewide Child Care Resource and Referral organization (PATCH) for help in locating a child care provider, if one has not been already selected by the caretakers.
- f. The caretakers are informed to review of their Rights and Responsibilities sheet. The client signs this document after discussion.
- g. Determining eligibility for child care services is done by DHS and contracted staff in accordance with Sub-Chapters 1 and 3 of the Hawaii Administrative Rules, Chapter 17-798.2, CHILD CARE SERVICES. Staff issues the "Certificate" and "consent" forms, and staff and caretaker sign form DHS 916 "Parent/Guardian Rights and Responsibilities." (Attachment 4.1.1A)
- h. The DHS' child care procedures specifically delineate the time period for application disposition, receipt of services, and conditions for payment. Generally, clients are asked to re-establish eligibility for services every six months by verifying or providing new information with submittal of current documents with a multi-page form that is sent to them printed with known information on the client's present child care eligibility situation (known as "Simplified Reporting"), rather than establishing eligibility on a monthly basis. This eases the monthly flow of paperwork. Clients are also mandated to report situations (loss of activity, income increases, household size changes, provider changes, etc.) that affect eligibility within 10 days of occurrence.

4.1.2 Is the application process different for families receiving TANF?

- Yes, and **describe** how the process is different:

All families receiving TANF are required to participate in the First-To-Work program. Child care subsidies are offered as a support service to participation in the First-To-Work program, therefore, there is a worker who is already assigned and inquiring about the family's child care needs prior to a child care application being submitted.

- No.

4.1.3 What is the length of eligibility period upon initial authorization of CCDF services?

Eligibility is for a period of six months, pending the clients' mandatory report within 10 days of occurrence of changes that might affect continued eligibility.

- a) Is the initial authorization for eligibility the same for all CCDF eligible families?

- Yes.
- No and **describe** any variations that relate to the services provided (e.g., through collaborations with Head Start or pre-kindergarten programs or differences for TANF families):

4.1.4 Describe how the Lead Agency ensures that parents are informed about their ability to choose from among family child care and group home child care, center-based care and in-home care, including faith-based providers in each of these categories.

See section 3.1.1 of this document.

4.1.5 Describe how the Lead Agency reaches out and provides services to eligible families with limited English proficiency, including how the Lead Agency overcomes language barriers with families and providers.

A poster containing the statement “if you don’t understand, we can provide a person who can speak your language” in 21 languages is posted in DHS and contractor offices. A copy of the poster is also provided with the child care application form. The contractor subcontracts for interpreter services when multi-lingual staff is not available within their offices or among DHS staff volunteers. When requested, State staff appears at workshops to explain programs. Attendees may include multi-lingual “helping” people who serve as conduits of information. The State also pays for interpreter services when DHS staff who speak the needed language are not available.

4.2 Records of Parental Complaints

Describe how the Lead Agency maintains a record of substantiated parental complaints about providers and makes substantiated parental complaints available to the public on request. (658E(c)(2)(C), §98.32))

Through the consumer education effort, caretakers are informed of the standards expected in child care settings that are approved for the child care subsidy program. They are encouraged to report any violations of these standards to the DHS. All alleged violations reported to the DHS are investigated. Complainants’ names remain anonymous. Results and findings of the investigated violations are kept in the provider’s case file. Hawaii Revised Statutes (HRS 346-153) mandate “Records of deficiencies and complaints...” be made available to the general public, to include parents. Records, upon request, are made available for public review by the DHS units that maintain the records. Units require advance notice to allow for locating and “sanitizing” the records. Sensitive personal information about providers, health reports, income earned, etc. is deleted from a copy or removed from the file prior to the review.

For license-exempt providers, staff investigates complaints pertaining to law violations, such as being over the statutorily-allowed capacity, e.g., providing care to more than two children unrelated to the provider.

4.3 Unlimited Access to Children in Child Care Settings

Provide a detailed description of the Lead Agency procedures for affording parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B), §98.31))

A DHS-licensed child care provider is required to afford parents unlimited access to their children whenever their children are in the care of the provider. A license-exempt provider who receives CCDF funds is required to self-certify that the provider will permit the parents access to their children whenever they are in the provider's care; see item C.7. on the "Certificate" (DHS 918), Attachment 3.1.1A.

4.4 Criteria or Definitions Applied by TANF Agency to Determine Inability to Obtain Child Care

The regulations at §98.33(b) require the Lead Agency 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 under 6 years of age.

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 Child Care 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. The TANF agency that established these criteria or definitions is: **Department of Human Services (DHS)**.

- "appropriate child care": **the provider meeting the licensing requirements or minimum health and safety standards established by the Lead Agency.**
- "reasonable distance": **generally, one hour each way of travel from the provider to the particular recipient's/participant's place of employment or education/training.**
- "unsuitability of informal child care": **a provider who is the following: below 18 years old; has been a perpetrator of child abuse or has members of his/her household who have been perpetrators of abuse; is a convicted perpetrator of a criminal offense involving violence, injury to families/children, and certain other offenses; and/or is unable to meet minimum health and safety requirements established by the Lead Agency.**
- "affordable child care arrangements": **child care cost with a co-payment by parents of no more than 20% of the Lead Agency's maximum child care rate for type of care.**

PART 5

ACTIVITIES & SERVICES TO IMPROVE THE QUALITY AND AVAILABILITY OF CHILD CARE

5.1 Quality Targeted Funds and Set-Asides

Federal appropriations law has targeted portions of the CCDF for quality improvement and for services for infants and toddlers, child care resource and referral (CCR&R) and school-age child care. For each targeted fund, provide the following information.

5.1.1 Infants and Toddlers:

Note: For the infant and toddler targeted funds, the Lead Agency must **provide** the maximum age of a child who may be served with such targeted funds (not to exceed 36 months). The State notes in its description of activities for the “Scope of Services” in each contract the maximum age of a child who may be served with these earmarked funds (not to exceed age 36 months.)

- a) **Describe** the activities provided with these targeted funds
- b) **Identify** the entities providing the activities
- c) **Describe** the expected results of the activities.

DHS has an agreement with the State Department of Health to provide subsidies, training and support to families with children who have special needs. This includes behavior intervention, age and developmentally appropriate activities, referral to specialized resources, linkage with private preschools where staff has received training for integrating special needs children into the group experience, etc. This collaborative effort promotes Statewide services for the inclusion of infants and toddlers with developmental disabilities and other special needs into typical settings of child care and preschool services in their communities to encourage mainstreaming the children, rather than segregating them. While some may still require Special Education services through the Department of Education, they will have been provided stimulation through developmental activities to assist their parents to prepare them for the public education program for preschool age children. The target group for this project will be all infants and toddlers in the State of Hawaii who are eligible under Part H of the Individuals with Disabilities Education Act, P.L. 102-119, due to developmental delay, who meet the eligibility criteria under the Child Care and Development Block Grant, and whose parents are in school or working and who desire child care for their children. This project is referred to as “Full inclusion for all Infants and Toddlers”, and limits participation to children from birth to age 36 months. Though the target group is all children that meet these criteria, the project can only serve a limited number of children because of funding limitations.

DHS has an agreement with PATCH to be trained in WestEd’s Program for Infant/Toddler Caregivers (PITC) curriculum and offer it to child care providers in our State. These providers can be informal care providers, licensed Family Child Care Home providers, or staff from licensed Center-Based Care, who serve children from birth to age 36 months.

DHS provides infant and toddler care via contracts on the grounds of certain high schools within the State. These programs are designed to support teen parents in completing their

high school education when they are motivated to be promoted in or graduate from high school, and provide high quality care for their infant children in a setting on or near the high school campus. The teen parents, their own parents, and significant others are involved in the activities at the centers for role-modeling opportunities, and provided information about childhood development. The programs serve children from age six weeks – 36 months.

5.1.2 Resource and Referral Services:

- a) **Describe** the activities provided with these targeted funds
- b) **Identify** the entities providing the activities
- c) **Describe** the expected results of the activities.

CCDF funds are used to contract with an agency to: a) provide information to parents on child care resources and refer them to child care providers in their area; b) collect information in communities about child care needs and the capacity to develop child care services; and c) collaborate with other public and private community agencies and resources assisting young children and their families. Currently, the contract is awarded to PATCH.

The Department staff also perform this function for clients of the Department, e.g. TANF or TAONF through the First-To-Work Program, and those families eligible for a child care subsidy who seek a child care provider when their own resources are not adequate. The PATCH services are available to any family Statewide.

PATCH is expected to maintain a database of DHS-regulated child care providers that is sent by the DHS on a quarterly basis, and conduct a Statewide survey of providers. The annual survey captures information about type of care, size, cost, hours of operation, and demographics that serve as a repository of data to respond to parents who search for child care providers. The DHS analyzes the PATCH data every two years as part of the CCDF requirements for the State's child care market rate survey.

Families who secure a child care provider are enabled to continue employment, attend school or job training, or mandated social services treatment activities.

5.1.3 School-Age Child Care:

- a) **Describe** the activities provided with these targeted funds
- b) **Identify** the entities providing the activities
- c) **Describe** the expected results of the activities.

The Department of Education (DOE) administers a Statewide After-School program called "A+". This program is available to all elementary school-age children in the State public school system regardless of income level. To facilitate participation of low-income families in this program, the Department has an Agreement with the Department of Education to provide subsidy funds for After-School child care services to those elementary-school age children who are eligible for free or reduced lunch at all public elementary schools Statewide when their parents are employed or attending an educational program during those hours. The current Agreement with the Department of Education provides for a payment of \$80 per month, per child. The contract method of payment to the DOE eliminates the need for subsidy workers to authorize individual subsidies for these eligible children. Children of higher income families pay the fee to the Department of Education.

Some sites are operated by private child care providers under subcontracts with the DOE.

The children are thus in substitute supervised care after the regular school day ends, while the parents are working. The staff of the A+ program are required to undergo background checks for criminal and child abuse/neglect history to help meet the safety standards of a child care program.

5.1.4 The law requires that not less than 4% of the CCDF be set aside for quality activities. (658E(c)(3)(B), 658G, §§98.13(a), 98.16(h), 98.51) The Lead Agency estimates that the following amount and percentage will be used for the quality activities (not including targeted funds) during the 1-year period: October 1, 2009 through September 30, 2010:

\$5,003,329 (9 %)

5.1.5 Check each activity in Table 5.1.5 that the Lead Agency will undertake to improve the availability and quality of child care (include activities funded through the 4% quality set-aside as well as the targeted funds for quality activities). (658D(b)(1)(D), 658E(c)(3)(B), §§98.13(a), 98.16(h)). **CHECK ALL THAT APPLY.**

Table 5.1.5 Activities to Improve the Availability and Quality of Child Care

Activity	Check if undertaking/ will undertake	Name and type of entity providing activity	Check if non-governmental entity
Comprehensive consumer education	<input checked="" type="checkbox"/>	University of Hawaii – Center on the Family; government entity	<input type="checkbox"/>
Grants or loans to providers to assist in meeting State and local standards	<input type="checkbox"/>		<input type="checkbox"/>
Monitoring compliance with licensing and regulatory requirements	<input checked="" type="checkbox"/>	DHS; government entity	<input type="checkbox"/>
Professional development, including training, education, and technical assistance	<input checked="" type="checkbox"/>	PATCH; private, non-profit organization	<input checked="" type="checkbox"/>
Improving salaries and other compensation for child care providers	<input checked="" type="checkbox"/>	DHS & University of Hawaii – Center on the Family; government entities	<input type="checkbox"/>
Activities to support a Quality Rating System	<input type="checkbox"/>		<input type="checkbox"/>
Activities in support of early	<input type="checkbox"/>		<input type="checkbox"/>

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Activity	Check if undertaking/ will undertake	Name and type of entity providing activity	Check if non-governmental entity
language, literacy, pre-reading, and early math concepts development			
Activities to promote inclusive child care	<input checked="" type="checkbox"/>	Department of Health – Inclusion Project; government entity	<input type="checkbox"/>
Healthy Child Care America and other health activities including those designed to promote the social and emotional development of children	<input checked="" type="checkbox"/>	University of Hawaii – Department of Pediatrics; government entity	<input type="checkbox"/>
Other quality activities that increase parental choice, and improve the quality and availability of child care. (§98.51(a)(1) and (2))	<input checked="" type="checkbox"/>	University of Hawaii – Center on the Family, Hawaii Association for the Education of Young Children, PATCH, Honolulu Community College; DHS and other government and private, non-profit entities	<input checked="" type="checkbox"/>

5.1.6 For each activity checked in Table 5.1.5, a) **describe** the expected results of the activity. b) If you have conducted an evaluation of this activity, **describe the results**. If you have not conducted an evaluation, **describe** how you will evaluate the activities.

Comprehensive consumer education – The expected results of this activity are that parents will choose the right type of care for their and their child’s needs. Evaluations of this program have shown that parents find the information provided is useful as many had not considered some of the items that were shown to be relevant in making the right choice for their needs.

Monitoring compliance with licensing and regulatory requirements – The expected results of this activity are that parents can be assured that their child is in a safe and healthy environment. This program is evaluated by reviewing the number of substantiated complaints, number of providers that have substantiated child abuse or neglect issues, and the number of providers that remain licensed throughout the year. All results show that the licensing program is effective in preventing injuries to children and maintaining a healthy environment.

Professional development, including training, education, and technical assistance – The expected results of this activity are that child care providers would be better informed about

the kinds of training and education that is available, information regarding scholarships in order to receiving training and/or education, and what kind of training or credits needed in order to promote to a higher position in center-based programs. Evaluation of this activity includes monitoring the number of child care providers that utilize the services, the number that actually promote to a higher level based on the technical assistance received, and the number that do receive additional training or education because of the information received. Preliminary results indicate that there is a growing number of child care providers that are accessing the services offered, and many are seeking additional training and educational opportunities as a result.

Improving salaries and other compensation for child care providers – Upon availability of funding, DHS offers financial incentives to providers who meet certain quality standards on an annual basis. The expected results of this incentive are that providers will utilize the additional income to continue to improve quality in their settings through a number of different ways, such as, increasing professional development opportunities for staff, offering bonuses to staff, purchasing equipment and supplies for the enrolled children, etc. The evaluation of this new program will include a survey of providers to inquire about what type of quality improvement effort was done with the additional incentives received.

Activities to promote inclusive child care – The expected results are that more children will be able to participate in inclusive settings, thereby allowing them to be mainstreamed in the future. The evaluation of this includes the numbers of child care providers that offer an inclusive setting for children. Licensing staff, the Department of Health, and Department of Education all work together to educate providers about enrolling children with disabilities to guide them towards an understanding of the benefits to all children when the inclusive setting is provided.

Healthy Child Care America and other health activities including those designed to promote the social and emotional development of children – The expected results of these activities is that child care providers will have more resources to utilize and a better understanding of the social and emotional development of children. Evaluations of this activity will include the numbers of resources developed for providers to assist them in working with children and that all providers who work with young children are trained in this area.

Activities that increase parental choice – The expected results of this activity are that parents will better understand the types of child care that are offered in the State and how to choose the best activity for their needs. Evaluations of this activity show that our service providers are providing this type of information to more parents throughout our State and that parents seem to be better informed of the types of questions to ask when interviewing potential providers.

Other activities that improve the quality of child care – DHS has contracted with the University of Hawaii – Center on the Family to provide the Quality Care Program. The Center on the Family has sub-contracted with the Hawaii Association for the Education of Young Children (HAEYC), the Honolulu Community College, and PATCH to assist with the implementation of the program. The goal of the program is to improve the quality of care in all settings, and is initially focusing on preschool and home-based types of care. The program provides training and technical assistance in implementing research-based best practices in those settings. The expected results of this project are that more providers will choose to participate in this project, thereby improving the quality of care that their children receive. Evaluations of this project should include information about what providers have done differently as a result of the training and/or technical assistance.

Other activities that improve the availability of child care – Upon availability of funding, DHS offers incentives to child care providers who increase the capacity of licensed child care

through new slots that are created. The expected results are that providers would be motivated to open new child care centers which would create additional care opportunities for families. Evaluation of this activity will include monitoring the numbers of slots created as a result of this incentive.

5.2 Early Learning Guidelines and Professional Development Plans

5.2.1 Status of Voluntary Early Learning Guidelines. Indicate which of the following best describes the current status of the State's efforts to develop, implement, or revise research-based early learning guidelines (content standards) for three-to-five year-olds.

NOTE: Check only one box that best describes the status of your State/Territory's three-to-five-year-old guidelines.

- Planning.** The State is planning for the development of early learning guidelines. Expected date of plan completion: ____ If possible, respond to questions 5.2.2 through 5.2.4.
- Developing.** The State is in the process of developing early learning guidelines. Expected date of completion: ____ If possible, respond to questions 5.2.2 through 5.2.4.
- Developed.** The State has approved the early learning guidelines, but has not yet developed or initiated an implementation plan. The early learning guidelines are included as **Attachment 5.2.1, if available.**
- Implementing.** In addition to having developed early learning guidelines, the State has embarked on implementation efforts which may include dissemination, training or embedding guidelines in the professional development system. The guidelines are included as **Attachment 5.2.1.**
- Revising.** The State has previously developed early learning guidelines and is now revising those guidelines. The guidelines are included as **Attachment 5.2.1.**
- Other. Describe:**

The Hawaii Preschool Content Standards (HCPS) for four year olds and the Developmental Guidelines for children ages birth to three years old had been used to implement the provider incentive program. Should funding become available again to implement the provider incentive program, voluntary implementation of the early learning guidelines will resume.

a) Describe the progress made by the State/Territory in developing, implementing, or revising early learning guidelines for early learning since the date of submission of the 2008-2009 State Plan. Efforts to develop early learning guidelines for children birth to three or older than five may be described here.

The State has developed early learning guidelines for four-year old children referred to as the HCPS. These guidelines have been approved by the School Readiness Task Force and are implemented by centers on a voluntary basis.

The University of Hawaii – Center on the Family has published Developmental Guidelines for children ages birth through three years old, but they have not been approved by the School Readiness Committee to date.

b) If developed, are the guidelines aligned with K-12 content standards or other standards (e.g., Head Start Child Outcomes, State Performance Standards)?

Yes. If yes, **identify standards:**
Head Start Performance Standards, and the Hawaii Public School's General Learner Outcomes and Content and Performance Standards.

No.

c) If developed, are the guidelines aligned with early childhood curricula?

Yes. If yes, **describe:**
The guidelines address the major domains in early childhood education: physical health and well-being, personal and social development, communication, language development and literacy, cognitive development, and creative development.

No.

d) Have guidelines been developed for children in the following age groups:

Birth to three. Guidelines are included as **Attachment 5.2.1**

Birth to five. Guidelines are included as **Attachment 5.2.1**

Five years or older. Guidelines are included as **Attachment 5.2.1**

If any of your guidelines are available on the web, provide the appropriate Web site address (guidelines must still be attached to Plan):

The HPCS can be found at the following website:

<http://www.goodbeginnings.org/pdf/SchoolReadiness/HPCS2004.pdf>

5.2.2 Domains of Voluntary Early Learning Guidelines. Do the guidelines for three-to-five-year-olds address language, literacy, pre-reading, and early math concepts?

Yes.

No.

a) Do the guidelines for children three-to-five-year-olds address other domains such as social/emotional, cognitive, physical, health, or creative arts?

Yes. If yes, **describe.**

The HPCS and Developmental Guidelines include all domains that insure that the curriculum addresses all areas of child development such as social and emotional

growth, physical health and well-being, cognitive development, creative development, and communication.

No.

5.2.3 Implementation of Voluntary Early Learning Guidelines.

a) **Indicate** which strategies the State used, or expects to use, in implementing its early learning guidelines.

Check all that apply:

- Disseminating materials to practitioners and families
- Developing training curricula
- Partnering with other training entities to deliver training
- Aligning early learning guidelines with licensing, core competencies, and/or quality rating systems
- Other. **Describe:**

b) **Indicate** which stakeholders are, or are expected to, actively support(ing) the implementation of early learning guidelines:

Check all that apply:

- Publicly funded (or subsidized) child care
- Head Start
- Education/Public pre-k
- Early Intervention
- Child Care Resource and Referral
- Higher Education
- Parent Associations
- Other. **Describe:**

c) **Indicate** the programs that mandate or require the use of early learning guidelines

- Publicly funded (or subsidized) child care
- Head Start
- Education/Public pre-k
- Early Intervention
- Child Care Resource and Referral
- Higher Education
- Parent Associations
- Other. **Describe:**

d) **Describe** how cultural, linguistic and individual variations are (or will be) acknowledged in implementation.

The HPCS and Developmental Guidelines allow for a variety of cultural and linguistic variations as it focuses on the development of the whole child in the diverse Hawaii communities.

- e) Describe how the diversity of child care settings is (or will be) acknowledged in implementation.

The HPCS is a guide to curriculum planning that describes learning opportunities that should be available to all four-year old children for their optimal development. This allows all four-year old settings to follow the HPCS. Also, the Developmental Guidelines were written to address all settings where children are cared for including, by parents, in home-based settings, and in center-based settings.

Materials developed to support implementation of the guidelines are included as **Attachment 5.2.3**. If these are available on the web, provide the appropriate Web site address (guidelines must still be attached to Plan):

Both of these guidelines are implemented on a voluntary basis through the Quality Care Program. Licensed child care providers can apply for incentives when it is verified that they are implementing a curriculum that is in alignment with the HPCS. Home-based child care providers can also apply for incentives when they complete activities that show that they are implementing best practices for children ages birth to three years old in their care. Included as attachments are brochures for the Quality Care Program (Attachments 5.2.3 and 5.2.3A), the self-assessment kit given to preschools (Attachment 5.2.3B), and Introductory Newsletter for Home-Based Child Care Providers (Attachment 5.2.3C).

5.2.4 Assessment of Voluntary Early Learning Guidelines. As applicable, describe the State's plan for:

- a) Validating the content of the early learning guidelines
- b) Assessing the effectiveness and/or implementation of the guidelines
- c) Assessing the progress of children using measures aligned with the guidelines
- d) Aligning the guidelines with accountability initiatives

The State had implemented voluntary participation in determining whether a preschool has a curriculum in alignment with the Hawaii Preschool Content Standards (HPCS) as part of the provider incentive program. The HPCS has been evaluated to insure that it includes research-based best practices for working with children. The HPCS will be reviewed upon receipt of new research-based information that would warrant revision.

The State will gather data about the need for technical assistance in implementing the HPCS as it may point toward a need for increased training and education in a particular area of child development.

Written reports of these efforts are included as **Attachment 5.2.4**. If these are available on the web, **provide** the appropriate Web site address (reports must still be attached to Plan):

The provider incentive program was discontinued due to a lack of funding, therefore, there is no written reports of the State's effort at this time.

5.2.5 Plans for Professional Development. Indicate which of the following best describes the current status of the Lead Agency’s efforts to develop a professional development plan for early childhood providers that includes all the primary sectors: child care, Head Start, and public education. **NOTE: Check ONLY ONE box that best describes the status of your State’s professional development plan.**

- Planning.** Are steps underway to develop a plan?
 Yes, and **describe** the entities involved in the planning process, the time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.
- No.
- Developing.** A plan is being drafted. The draft or planning documents are included as **Attachment 5.2.5**, if applicable.
- Developed.** A plan has been written but has not yet been implemented. The plan is included as **Attachment 5.2.5**, if applicable.
- Implementing.** A plan has been written and is now in the process of being implemented, or has been implemented. The plan is included as **Attachment 5.2.5**.
- Revising.** The State previously developed a professional development plan and is now revising that plan, or has revised it since submitting the 08-09 State Plan. The revisions or the revised plan are included as **Attachment 5.2.5**.
- Other. Describe:**

a) **Describe** the progress made by the State in planning, developing, implementing, or revising the professional development plan since the date of submission of the 2008-2009 State Plan.

The State’s Hawaii Careers with Young Children (HCYC) is a collaborative effort that includes state agencies, child care organizations, and child care providers. Recently, there has been a staff person assigned to facilitating the HCYC, which includes conducting research on professional development issues to present to the group.

The HCYC has developed a framework of the Professional Development System, a Career Lattice which is implemented on a voluntary basis through the Child Care Provider Registry, and a Training Quality Assurance System (TQAS) document that is being reviewed for current relevancy.

The HCYC is instrumental in the implementation of a child care provider registry that tracks practitioner’s training, articulation of college classes between our State university and community college systems, and a link between training and education to the HPCS.

Members of the HCYC also participate on the ELC’s Qualified Professionals Sub-Committee to insure alignment between the HCYC’s efforts and the Early Learning System being created by the ELC.

b) If developed, does the plan include (**Check EITHER yes or no for each item**):

	Yes	No
Specific goals or desired outcomes	<input type="checkbox"/>	<input type="checkbox"/>
A link to Early Learning Guidelines	<input type="checkbox"/>	<input type="checkbox"/>
Continuum of training and education to form a career path	<input type="checkbox"/>	<input type="checkbox"/>
Articulation from one type of training to the next	<input type="checkbox"/>	<input type="checkbox"/>
Quality assurance through approval of trainers	<input type="checkbox"/>	<input type="checkbox"/>
Quality assurance through approval of training content	<input type="checkbox"/>	<input type="checkbox"/>
A system to track practitioners’ training	<input type="checkbox"/>	<input type="checkbox"/>
Assessment or evaluation of training effectiveness	<input type="checkbox"/>	<input type="checkbox"/>
State Credentials – Please state for which roles (e.g. infant and toddler credential, directors’ credential, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Specialized strategies to reach family, friend and neighbor caregivers	<input type="checkbox"/>	<input type="checkbox"/>

c) For each **Yes** response, **reference** the page(s) in the plan and briefly **describe**.

d) For each **No** response, **indicate** any plans the Lead Agency has to incorporate these components.

e) Are the professional development opportunities described in the plan available:

Note: Check either yes or no for each item):

	Yes	No
Statewide	<input type="checkbox"/>	<input type="checkbox"/>
To Center-based Child Care Providers	<input type="checkbox"/>	<input type="checkbox"/>
To Group Home Providers	<input type="checkbox"/>	<input type="checkbox"/>
To Family Home Providers	<input type="checkbox"/>	<input type="checkbox"/>
To In-Home Providers	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe):	<input type="checkbox"/>	<input type="checkbox"/>

f) **Describe** how the plan addresses early language, literacy, pre-reading, and early math concepts development.

g) Are program or provider-level incentives offered to encourage provider training and education?

- Yes. **Describe**, including any connections between the incentives and training relating to early language, literacy, pre-reading and early math concepts.

When funding was available through DHS, preschools were given financial incentives when they had a certain number of staff that met the professional development standards set forth by the State. The standards do not have a connection to specific training in early language, literacy, pre-reading and early math concepts. The DHS would like to resume implementation of the provider incentive program upon availability of funding.

- No. **Describe** any plans to offer incentives to encourage provider training and education, including any connections between the incentives and training relating to early language, literacy, pre-reading and early math concepts?

h) As applicable, does the State assess the effectiveness of its professional development plan, including the achievement of any specified goals or desired outcomes?

- Yes. **Describe** how the professional development plan's effectiveness/goal is assessed.
- No. **Describe** any plans to include assessments of the professional development plan's effectiveness/goal achievement.

The State currently does not have a formal professional development plan.

i) Does the State assess the effectiveness of specific professional development initiatives or components?

- Yes. **Describe** how specific professional development initiatives or components' effectiveness is assessed.
- No. **Describe** any plans to include assessments of specific professional development initiatives or components' effectiveness.

The State currently does not have a formal professional development plan.

j) As applicable, does (or will) the State use assessment to help shape or revise its professional development plan?

- Yes. **Describe** how assessment informs the professional development plan.

- No. **Describe** any plans to include assessment to inform the professional development plan.

Discussions are on-going with the HCYC as well as members of the Quality Care Project to determine how to measure the effectiveness of training, education, and technical assistance on the quality of care that is provided to children. Once the plan is developed, it will include an evaluation process to determine whether any part of the plan should be amended.

PART 6

HEALTH AND SAFETY REQUIREMENTS FOR PROVIDERS

(Only the 50 States and the District of Columbia complete Part 6.)

The National Resource Center for Health and Safety in Child Care (NRCHSCC) of DHHS's Maternal and Child Health Bureau supports a comprehensive, current, on-line listing of the licensing and regulatory requirements for child care in the 50 States and the District of Columbia. **Note: This database typically contains information on licensing requirements for meeting State or local law to operate (§98.40). This database does not contain registration or certification requirements specific only to participation in the CCDF program.**

In lieu of requiring a State Lead Agency to provide information that is already publicly available, ACF accepts this compilation as accurately reflecting the States' licensing requirements.

The listing, which is maintained by the University of Colorado Health Sciences Center School of Nursing, is available on the World Wide Web at: <http://nrc.uchsc.edu/>.

CCDF regulations (§98.2) define the following categories of care:

- **Center-based child care provider:** Provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless care in excess of 24 hours is due to the nature of the parent(s)' work.
- **Group home child care provider:** Two or more individuals who provide child care services for fewer than 24 hours per day per child, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work.
- **Family child care provider:** One individual who provides child care services for fewer than 24 hours per day per child, as the sole caregiver, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)'s work.
- **In-home child care provider:** Individual who provides child care services in the child's own home.

6.1 Health and Safety Requirements for Center-Based Providers (658E(c)(2)(F), §98.41, §98.16(j))

6.1.1 Are all center-based providers paid with CCDF funds subject to licensing under State law per the NRCHSCC's compilation? **Note:** Some States use the term certification or registration to refer to their licensing regulatory process. Do not check "Yes" if center-based providers simply must *register* or *be certified* to participate in the CCDF program separate from the State regulatory requirements.

Yes. Answer 6.1.2, skip 6.1.3, and go to 6.2.

No. **Describe** which center-based providers are exempt from licensing under State law and answer 6.1.2 and 6.1.3.

Hawaii State Law exempts the following types of center-based providers:

- a. **Multi-service organizations or community associations that are duly incorporated to care for school-age children;**
- b. **Child care programs conducted by the State Department of Education and the County Agencies; and**
- c. **Military-licensed facilities.**

6.1.2 Have center licensing requirements as relates to staff-child ratios, group size, or staff training been modified since approval of the last State Plan?
(§98.41(a)(2)&(3))

Yes, and the changes are as follows:

No.

6.1.3 For center-based care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

a) The prevention and control of infectious disease (including age-appropriate immunizations)

The assigned Child Care Services staff counsels the parents about recommended health care for their children. Eligible families are referred to community health care resources. Parents are provided with written materials for prevention and control of infectious disease and immunization for themselves and their children. The parents are told to share these materials with the child care provider. The provider self-certifies that he/she has had a satisfactory TB or chest x-ray clearance within the past two (2) years.

b) Building and physical premises safety

The provider self-certifies that their facility has an installed smoke detector, unobstructed emergency exits and an emergency exit plan.

c) Health and safety training

Written materials relating to health and safety are given to all parents to pass to their child care providers. In addition, on the self certification form the provider certifies that they are in compliance with twenty-nine separate items covering health and safety. These items are intended to also be training material for providers by delineating the expected minimal health and safety guidelines.

d) Other requirements for center-based child care services provided under the CCDF

A background check for criminal and child abuse/neglect history is conducted on the child care providers, if the program cares for children who receive DHS child care subsidies.

6.2 Health and Safety Requirements for Group Home Child Care Providers

(658E(c)(2)(F), §§98.41, 98.16(j))

6.2.1 Are all group home providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? **Note:** Some States use the term certification or registration to refer to their licensing regulatory process. Do not check "Yes" if group home child care providers simply must *register* or *be certified* to participate in the CCDF program separate from the State regulatory requirements.

Yes. Answer 6.2.2, skip 6.2.3, and go to 6.3.

No. **Describe** which group home providers are exempt from licensing under State law and answer 6.2.2 and 6.2.3.

N/A. Group home child care is not a category of care in this State. Skip to Question 6.3.1

6.2.2 Have group home licensing requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

Yes, and the changes are as follows:

No.

6.2.3 For group home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

a) The prevention and control of infectious disease (including age-appropriate immunizations)

- b) Building and physical premises safety
- c) Health and safety training
- d) Other requirements for group home child care services provided under the CCDF

6.3 Health and Safety Requirements for Family Child Care Providers

(658E(c)(2)(F), §§98.41, 98.16(j))

6.3.1 Are all family child care providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? **Note:** Some States use the term certification or registration to refer to their licensing regulatory process. Do not check “Yes” if family child care providers simply must *register* or *be certified* to participate in the CCDF program separate from the State regulatory requirements.

Yes. Answer 6.3.2, skip 6.3.3, and go to 6.4.

No. **Describe** which family child care providers are exempt from licensing under State law and answer 6.3.2 and 6.3.3.

Hawaii’s laws exempt the following types of family child care providers from licensing requirements:

- a. **A person caring for children related to the caregiver by blood, marriage, or adoption; and**
- b. **A person caring for two or fewer children unrelated to the caregiver by blood, marriage or adoption.**

6.3.2 Have family child care provider requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

Yes, and the changes are as follows:

No.

6.3.3 For family care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- a) The prevention and control of infectious disease (including age-appropriate immunizations)

The assigned Child Care Service staff counsels the parents about recommended health care for their children. Eligible families are referred to community health care resources. Parents are provided with written materials for prevention and control of infectious disease and immunization for themselves and their children. The parents are told to share these materials with the child care provider. The provider self-certifies that he/she has had a satisfactory TB or chest x-ray clearance within the past two (2) years.

b) Building and physical premises safety

The provider self-certifies that their facility has an installed smoke detector, unobstructed emergency exits and an emergency exit plan.

c) Health and safety training

Written materials relating to health and safety are given to all parents to pass to their child care providers. In addition, on the self certification form the provider certifies that they are in compliance with twenty-nine separate items covering health and safety. These items are intended to also be training material for providers by delineating the expected minimal health and safety guidelines.

d) Other requirements for family child care services provided under the CCDF

A background check for criminal and child abuse/neglect history is conducted on the child care providers and their adult household members, if care is provided to children who receive DHS child care subsidies.

6.4 Health and Safety Requirements for In-Home Child Care Providers (658E(c)(2)(F), §§98.41, 98.16(j))

Note: Before responding to Question 6.4.1, **check** the NRCHSCC's compilation of licensing requirements to verify if **in-home child care** as defined by CCDF and your State is covered. If not, **check** no for 6.4.1. Do not check "Yes" if in-home child care providers simply must *register* or *be certified* to participate in the CCDF program separate from the State regulatory requirements.

6.4.1 Are all in-home child care providers paid with CCDF funds subject to licensing under the State law reflected in the NRCHSCC's compilation?

Yes. Answer 6.4.2, skip 6.4.3, and go to 6.5.

No. **Describe** which in-home child care providers are exempt from licensing under State law and answer 6.4.2 and 6.4.3.

Hawaii's laws exempt any person who enters a home in a child caring capacity and only cares for children who are of that household.

6.4.2 Have in-home health and safety requirements that relate to staff-child ratios, group size, or training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

Yes, and the changes are as follows:

No.

6.4.3 For in-home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

a) The prevention and control of infectious disease (including age-appropriate immunizations)

The assigned Child Care Service staff counsels the parents about recommended health care for their children. Eligible families are referred to community health care resources. Parents are provided with written materials for prevention and control of infectious disease and immunization for themselves and their children. The parents are told to share these materials with the child care provider. The provider self-certifies that he/she has had a satisfactory TB or chest x-ray clearance within the past two (2) years.

b) Building and physical premises safety

The provider self-certifies that their facility has an installed smoke detector, unobstructed emergency exits and an emergency exit plan.

c) Health and safety training

Written materials relating to health and safety are given to all parents to pass to their child care providers. In addition, on the self certification form the provider certifies that they are in compliance with twenty-nine separate items covering health and safety. These items are intended to also be training material for providers by delineating the expected minimal health and safety guidelines.

d) Other requirements for child care services provided under the CCDF

A background check for criminal and child abuse/neglect history is conducted on the child care providers, if the program provides care to children who are eligible for DHS child care subsidies.

6.5 Exemptions to Health and Safety Requirements

At Lead Agency option, the following relatives: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care) may be exempted from health and safety requirements. (658P(4)(B), §98.41(a)(1)(ii)(A))

Indicate the Lead Agency's policy regarding these relative providers:

- All** relative providers are subject to the same requirements as described in sections 6.1 - 6.4 above, as appropriate; there are **no exemptions** for relatives or different requirements for them.
- All** relative providers are **exempt** from all health and safety requirements.
- Some or all** relative providers are subject to different health and safety requirements from those described in sections 6.1 - 6.4. The following a) describes those requirements and b) identifies the relatives they apply to:

Federally defined relatives are exempt from fingerprinting requirements, but are subject to the State name check as well as the child abuse/neglect check.

6.6 Enforcement of Health and Safety Requirements

6.6.1 Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d))
Describe how health and safety requirements are effectively enforced, including at a minimum:

a) Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?

- Yes, and **indicate** the provider categories subject to routine unannounced visits and the frequency of those visits:

All DHS licensed child care providers are subject to at least one unannounced site visit annually.

- No.

b) Are child care providers subject to background checks?

- Yes, and **indicate** the types of providers subject to background checks and when such checks are conducted:

All child care providers and providers who care for children who receive CCDF funds are subject to a criminal history clearance and State child abuse/neglect check initially and annually. The criminal history clearance consists of federal and state fingerprinting as well as a State name check. Only federally defined relatives are exempt from fingerprinting requirements, but are subject to the State name check as well as the child abuse/neglect check.

- No.

c) Does the State require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)

Yes, and **describe** the State's reporting requirements and how such injuries are tracked (if applicable):

No.

d) Describe any other methods used to ensure that health and safety requirements are effectively enforced:

Health and safety requirements are monitored for all DHS licensed child care settings. This is accomplished through site visits and investigations of complaints.

6.7 Exemptions from Immunization Requirements

The State assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the State public health agency. (§98.41(a)(1))

The State exempts the following children from immunization (check all that apply):

- Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).
- Children who receive care in their own homes.
- Children whose parents object to immunization on religious grounds.
- Children whose medical condition contraindicates immunization.

PART 7

HEALTH AND SAFETY REQUIREMENTS IN THE TERRITORIES

(Only the Territories complete Part 7)

CCDF regulations (§98.2) define the following categories of care:

- **Center-based care:** Provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless care in excess of 24 hours is due to the nature of the parent(s)' work.
- **Group home child care provider:** Two or more individuals who provide child care services for fewer than 24 hours per day per child, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work.
- **Family child care provider:** One individual who provides child care services for fewer than 24 hours per day per child, as the sole caregiver, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)'s work.
- **In-home child care provider:** Individual who provides child care services in the child's own home.

7.1 Health and Safety Requirements for Center-Based Providers in the Territories (658E(c)(2)(F), §98.41(a), §98.16(j))

7.1.1 For all center-based care, the following health and safety requirements apply to child care services provided under the CCDF for:

- a) The prevention and control of infectious disease (including age-appropriate immunizations)
- b) Building and physical premises safety
- c) Health and safety training
- d) Other requirements for child care services provided under the CCDF

7.2 Health and Safety Requirements for Group Home Child Care Providers in the Territories (658E(c)(2)(F), §98.41(a), §98.16(j))

7.2.1 For all group home child care, the following health and safety requirements apply to child care services provided under the CCDF for:

- a) The prevention and control of infectious disease (including age-appropriate immunizations)
- b) Building and physical premises safety
- c) Health and safety training
- d) Other requirements for child care services provided under the CCDF

7.3 Health and Safety Requirements for Family Child Care Providers in the Territories (658E(c)(2)(F), §98.41(a), §98.16(j))

7.3.1 For all family child care, the following health and safety requirements apply to child care services provided under the CCDF for:

- a) The prevention and control of infectious disease (including age-appropriate immunizations)
- b) Building and physical premises safety
- c) Health and safety training
- d) Other requirements for child care services provided under the CCDF

7.4 Health and Safety Requirements for In-Home Child Care Providers in the Territories (658E(c)(2)(F), §98.41(a), §98.16(j))

7.4.1 For all in-home care, the following health and safety requirements apply to child care services provided under the CCDF for:

- a) The prevention and control of infectious disease (including age-appropriate immunizations)
- b) Building and physical premises safety
- c) Health and safety training

d) Other requirements for child care services provided under the CCDF

7.5 Exemptions to Territorial Health and Safety Requirements

At Lead Agency option, the following relatives may be exempted from health and safety requirements: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care). (658P(4)(B), §98.41(a)(1)(ii)(A)). Indicate the Lead Agency's policy regarding these relative providers:

- All relative providers are subject to the same requirements as described in sections 7.1 - 7.4 above, as appropriate; there are **no exemptions** for relatives or different requirements for them.
- All relative providers are **exempt** from all health and safety requirements.
- Some or all** relative providers are subject to **different** health and safety requirements from those described in sections 7.1 - 7.4 and the following describes those different requirements and the relatives they apply to:

7.6 Enforcement of Territorial Health and Safety Requirements

7.6.1 Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d))
Describe how health and safety requirements are effectively enforced, including at a minimum:

a) Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?

- Yes, and **indicate** the provider categories subject to routine unannounced visits and the frequency of those visits:
- No.

b) Are child care providers subject to background checks?

- Yes, and **indicate** the types of providers subject to background checks and when such checks are conducted:
- No.

c) Does the Territory require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)

Yes, and **describe** the Territory's reporting requirements and how such injuries are tracked (if applicable):

No.

d) Describe any other methods used to ensure that health and safety requirements are effectively enforced:

7.7 Exemptions from Territorial Immunization Requirements

The Territory assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the Territorial public health agency. (§98.41(a)(1))

The Territory exempts the following children from immunization (check all that apply):

- Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).
- Children who receive care in their own homes.
- Children whose parents object to immunization on religious grounds.
- Children whose medical condition contraindicates immunization.

APPENDIX 1
CCDF PROGRAM ASSURANCES AND CERTIFICATIONS

The Lead Agency, named in Part 1 of this Plan, assures (§98.15) that:

- (1) upon approval, it will have in effect a program that complies with the provisions of the Plan printed herein, and is administered in accordance with the Child Care and Development Block Grant Act of 1990 as amended, Section 418 of the Social Security Act, and all other applicable Federal laws and regulations. (658D(b), 658E(a))
- (2) the parent(s) of each eligible child within the State who receives or is offered child care services for which financial assistance is provided is given the option either to enroll such child with a child care provider that has a grant or contract for the provision of the service; or to receive a child care certificate. (658E(c)(2)(A)(i))
- (3) in cases in which the parent(s) elects to enroll the child with a provider that has a grant or contract with the Lead Agency, the child will be enrolled with the eligible provider selected by the parent to the maximum extent practicable. (658E(c)(2)(A)(ii))
- (4) the child care certificate offered to parents shall be of a value commensurate with the subsidy value of child care services provided under a grant or contract. (658E(c)(2)(A)(iii))
- (5) with respect to State and local regulatory requirements, health and safety requirements, payment rates, and registration requirements, State or local rules, procedures or other requirements promulgated for the purpose of the Child Care and Development Fund will not significantly restrict parental choice among categories of care or types of providers. (658E(c)(2)(A), §98.15(p), §98.30(g), §98.40(b)(2), §98.41(b), §98.43(c), §98.45(d))
- (6) that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendation for childhood immunizations of the State public health agency. (§98.41(a)(1))
- (7) that CCDF Discretionary funds are used to supplement, not supplant, State general revenue funds for child care assistance for low-income families. (P.L. 109-149)

The Lead Agency also certifies that:

- (1) it has procedures in place to ensure that providers of child care services for which assistance is provided under the Child Care and Development Fund afford parents unlimited access to their children and to the providers caring for their children during the normal hours of operations and whenever such children are in the care of such providers. (658E(c)(2)(B))

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- (2) it maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request. (658E(c)(2)(C))
- (3) it will collect and disseminate to parents of eligible children and the general public consumer education information that will promote informed child care choices. (658E(c)(2)(D))
- (4) it has in effect licensing requirements applicable to child care services provided in the State. (658E(c)(2)(E))
- (5) there are in effect within the State (or other area served by the Lead Agency), under State or local law, requirements designed to protect the health and safety of children; these requirements are applicable to child care providers that provide services for which assistance is made available under the Child Care and Development Fund. (658E(c)(2)(E))
- (6) procedures are in effect to ensure that child care providers of services for which assistance is provided under the Child Care and Development Fund comply with all applicable State or local health and safety requirements. (658E(c)(2)(G))
- (7) payment rates under the Child Care and Development Fund for the provision of child care services are sufficient to ensure equal access for eligible children to comparable child care services in the State or sub-State area that are provided to children whose parents are not eligible to receive assistance under this program or under any other Federal or State child care assistance programs. (658E(c)(4)(A))

APPENDIX 2 ELIGIBILITY AND PRIORITY TERMINOLOGY

For purposes of determining eligibility and/or priority for CCDF-funded child care services, Lead Agencies must **define** the following *italicized* terms. (658P, 658E(c)(3)(B))

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

physical or mental incapacity (if the Lead Agency provides such services to children age 13 and older) – A physical or mental condition that prevents a child from doing self-care, as determined by a State-licensed physician or psychologist.

- *protective services* – Child welfare services provided by the Department of Human Services, pursuant to chapter §17-790.1 to children and their caretakers and siblings who reside together in their family unit, and are children who are: 1) confirmed to have been abused or neglected, or 2) confirmed to have been threatened with abuse or neglect. The assigned social worker must specify the need for child care services in the family's case plan as ordered by the court.
- *residing with* – An eligible child is living in a home or family setting with the child's eligible caretaker.

special needs child – Documentation verifies that the eligible child, under P.L. 105-7, Part C services, meets one of the conditions that follow: 1) has a physical, developmental, behavioral or emotional health condition that is outside of the normal range; 2) meets the State Department of health criteria for environmental risk as defined in HRS §321-351; 3) resides in a Limited English Proficiency (LEP) household; or 4) is homeless. Per the Department of Health, part C eligibility includes those who are developmentally delayed, or at biological risk (e.g. Down's syndrome) or environmental risk (e.g. parental age is less than 16 years old) for developmental delay.

very low income – Gross income less than 100% of the Federal Poverty Index (FPI).

- **List and define** any additional terminology related to conditions of eligibility and/or priority established by the Lead Agency:
- *working* - Parent or guardian is engaged in an activity for wages or salary, or actively looking for work: a) up to two weeks prior to the scheduled start of employment; or b) up to 30 calendar days during a break in employment, if employment is scheduled to resume within 30 calendar days. Additionally, the parent or guardian is participating in an approved work program and is required to engage in activities that provide work experience and training to individuals to assist them toward

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employment and self-sufficiency. These placements are with the City/County, State, Federal, and private, non-profit organizations.

• **APPENDIX 3: ADDITIONAL CERTIFICATIONS**

CCDF Regulations 45 CFR §98.13(b)(2)-(6) require the following certifications.

1. **Assurance of compliance with Title VI of the Civil Rights Act of 1964:**
<http://www.hhs.gov/forms/HHS690.pdf>
2. **Certification regarding debarment:**
<http://www.acf.hhs.gov/programs/ofs/grants/debar.htm>
3. **Definitions for use with certification of debarment:**
<http://www.acf.hhs.gov/programs/ofs/grants/debar.htm>
4. **HHS certification regarding drug-free workplace requirements:**
<http://www.acf.hhs.gov/programs/ofs/grants/drugfree.htm>
5. **Certification of Compliance with the Pro-Children Act of 1994:**
<http://www.acf.hhs.gov/programs/ofs/grants/tobacco.htm>
6. **Certification regarding lobbying:**
<http://www.acf.hhs.gov/programs/ofs/grants/lobby.htm>

These certifications were obtained in the 1997 Plan and need not be collected again if there has been no change in Lead Agency. If there has been a change in Lead Agency, these certifications must be completed and submitted with the Plan.

REQUIRED ATTACHMENTS

List all attachments included with this Plan.

Attachment #	Description
3.1.1A	DHS 918, “Child Care Certificate and Provider Confirmation Form”
3.1.1B	DHS 948, “Consent to Release For Background Clearances and Disposition of Findings”
3.1.1C	Choosing Child Care Flyer and Handbook
3.1.1D	DHS 919, “Health and Safety Guidelines for Child Care Services Program”
3.1.1E	“Important Notice to Parents: School Health Requirements”
3.2.1	Child Care Rate Table
3.2.3	2007 Market Rate Survey Instrument and Summary of Results
3.2.3A	2009 Market Rate Survey Instrument
3.3.2	Hawaii Administrative Rules §17-798.1-10, “Income Considered in Eligibility Determination”
3.3.2A	Hawaii Administrative Rules §17-798.1-11, “Excluded Monthly Income”
3.5.1	Income Eligibility and Sliding Fee Scale
4.1.1	DHS 911, “Application for Child Care Services”
4.1.1A	DHS 916, “Parent/Guardian Rights and Responsibilities”
5.2.1	Early Learning Guidelines - Hawaii Preschool Content Standards and Developmental Guidelines
5.2.3	Brochure for the Quality Care Program for Center-Based Child Care Providers
5.2.3A	Brochure for the Quality Care Program for Home-Based Child Care Providers
5.2.3B	Self-Assessment Kit for the Quality Care Program for Center-Based Child Care Providers
5.2.3C	Information for applicants of the Quality Care Program for Home-Based Child Care Providers (Introductory Newsletter)