

Child Care and Development Fund (CCDF) Plan For Northern Mariana Islands FFY 2022-2024

1 Define CCDF Leadership and Coordination with Relevant Systems

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

1.1 CCDF Leadership

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

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

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

a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: Department of Community and Cultural Affairs

Street Address: Capitol Hill

City: Saipan

State: MP

ZIP Code: 96950

Web Address for Lead Agency: www.dcca.gov.mp

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: Joseph

Lead Agency Official Last Name: Deleon Guerrero

Title: Secretary

Phone Number: 670-664-2584

Email Address: repdlguerreroj@gmail.com

1.1.2 Who is the CCDF Administrator?

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

a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Maribel

CCDF Administrator Last Name: Loste

Title of the CCDF Administrator: Director

Phone Number: 670-664-2576

Email Address: mlose.cnmiccdf@gmail.com

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

CCDF Co-Administrator First Name: Roselle

CCDF Co-Administrator Last Name: Teregeyo

Title of the CCDF Co-Administrator: Accountant

Description of the Role of the Co-Administrator: Primarily responsible for the federal funds, financial and fiscal reports,

Phone Number: 670-664-2590

Email Address: ccdf.roselleteregeyo@gmail.com

1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or public or private local agencies as long as the Lead Agency retains overall responsibility for the administration of the program (658D(b) and 98.16 (d)(1)). Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

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

- a. All program rules and policies are set or established at the state or territory level. If checked, skip to question 1.2.2.
- b. Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply.

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

A. State or territory

Identify the entity:

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

If checked, identify the entity and describe the eligibility policies the local entity(ies) can set.

C. Other.

Describe:

ii. Sliding-fee scale is set by the:

A. State or territory

Identify the entity:

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

If checked, identify the entity and describe the sliding fee scale policies the local entity(ies) can set.

C. Other.

Describe:

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

A. State or territory

Identify the entity:

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

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

- C. Other.

Describe:

iv. Licensing standards and processes are set by the:

- A. State or territory

Identify the entity:

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

If checked, identify the entity and describe the type of licensing standards and processes the local entity(ies) can set.

- C. Other.

Describe:

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

- A. State or territory

Identify the entity:

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

If checked, identify the entity and describe the type of standards and monitoring processes for license-exempt providers the local entity(ies) can set.

- C. Other.

Describe:

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

A. State or territory

Identify the entity:

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

If checked, identify the entity and describe the eligibility policies the local entity(ies) can set.

C. Other.

Describe:

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

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

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

Who conducts eligibility determinations?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

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

- CCDF Lead Agency

- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who issues payments?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who monitors licensed providers?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who monitors license-exempt providers?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who operates the quality improvement activities?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

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

none.

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

Written agreements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include at a minimum the elements below (98.11(a)(3)).

--Tasks to be performed

--Schedule for completing tasks

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

--Monitoring and auditing procedures

--Indicators or measures to assess performance of those agencies

Any other processes to oversee and monitor other agencies.

the Lead Agency administers and implements all activities

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

Assure by describing how the Lead Agency makes child care information systems (e.g., subsidy, registry, and QRIS systems) available to public agencies in other states.

Procedures for access to the child care information and systems must adhere and comply with the CNMI Open Government Act as well as the Federal (FERPA) information security requirements. The CNMI Open Government Act or Public Law 08-41 describes where the requesting individual or agency must submit their request (Office of the Attorney General), the number of days for response as well as any information that may be exempted per law. An individual who requests through the Open Government Act, must complete a written request and submit this request to the Office of the Attorney General (OAG). Within 10 days after the receipt of the request, the OAG will be able to provide the documents for review or copies may be made provided a fee is collected. Section 19 of the Public Law describes exempted information from review and/or copies.

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

Certify by describing the Lead Agency's policies related to the use and disclosure of confidential and personally identifiable information.

CCDF's Policy on public records requests must be made in accordance with the CNMI 's Open Government Act. including disclosure of confidential and personally-identifiable information about children and families receiving CCDF Assistance. Request must be coursed through the Attorney General Office (AG) and within 10 days, a response will be made to the requester. The Act does state certain exemptions from public disclosure.

1.3 Consultation in the Development of the CCDF Plan

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

(1) Appropriate representatives of units of general purpose local government-(658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are defined by the U.S. Census at https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf.

(2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) (658E(c)(2)(R); 98.15(b)(1)) or similar coordinating body pursuant to 98.14(a)(1)(vii).

(3) Indian tribe(s) or tribal organization(s) within the state. This consultation should be done in a timely manner and at the option of the Indian tribe(s) or tribal organization(s) (658D(b)(1)(E)).

Consultation

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

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

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

The draft state plan was shared with all partner agencies (public and private via email)

and a meeting transpired to discuss the contents of the plan. During the meeting, the CCDF Program presented on the proposed plans and activities for FY 2022-2024. Questions and clarifications were addressed. During the meeting, comments, suggestions, and recommendations were noted.

CCDF Staff members most recently visited the neighboring islands of Rota and Tinian. In the courtesy visits scheduled with the Mayors of Rota and Tinian, CCDF staff members informed of the upcoming State Plan submission, the availability of the draft state plan to be shared with the community via the CCLP website, and an invitation was extended for the public hearings to be conducted in each of the 3 islands. Information was also shared on ways to provide comments regarding the draft state plan.

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

The CNMI does not have a State Advisory Council (SAC). However, partners (government and non-government agencies) were consulted.

Although the CNMI does not have an SAC, it does have a Preschool Development Grant-Birth to Five (PDG B-5) team made up of different early childhood programs and/or social services program. These include the public school system's Early Intervention Program, Sped Program, Elementary grade principal, Head Start Program; the team also include the Maternal Child Health Bureau, Child Care Licensing Program. CCDF provided the partners Information regarding the upcoming submission of the State Plan, the availability of the draft State Plan on the CCLP website, the schedule of public hearings, and ways to provide comments.

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

The CNMI does not have Indian Tribes.

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

None.

1.3.2 Describe the statewide or territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C); 98.16(f)).

Reminder:

Lead Agencies are required to hold at least one public hearing in the state or territory, with sufficient statewide or territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

a) Date of the public hearing. June 1, 2021

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

b) Date of notice of public hearing (date for the notice of public hearing identified in a. May 12, 2021

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

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

The notice for the public hearing was shared via email with partners, posted on government offices bulletin boards, posted on community bulletin boards, published in the newspapers and posted on the Child Care Licensing Program (CCLP) website at www.cnmicclp.gov.mp.

d) Hearing site or method, including how geographic regions of the state or territory were addressed. Public hearing was conducted in all 3 islands of the CNMI. Public hearing was conducted on June 1 and 2 in Saipan, June 4, in Rota, and June 10, in Tinian.

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

The plan was made available for download in the Child Care Licensing website www.cnmicclp.gov.mp; hard copies were also readily available upon request.

f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? Comments were collected during the public hearings. After the public hearing, there was an opportunity for the community to send in their comments via email to CCDF Office

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

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

www.cnmicclp.gov.mp

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

Working with advisory committees.

Describe:

Working with child care resource and referral agencies.

Describe:

Providing translation in other languages.

Describe:

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

Describe:

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

Describe:

Notices about the plan and any plan amendments are posted on www.cnmicclp.gov.mp

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

- Other.

Describe:

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies are required to describe how the state or territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the federal, state/territory, and local levels for children in the programs listed below. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care (98.14(a)(1)).

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

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

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

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

Check the agencies or programs the Lead Agency will coordinate with and describe all that apply.

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

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

The CCDF Program will continue to participate in meetings/or be part of the membership in order to be updated with information from the partners.

CCDF will use courtesy visits with the mayors of Tinian and Rota, especially to provide updated information on CCDF programs and activities. These courtesy visits will be used by CCDF to gather additional information to assist and address the special needs of the other islands related to child care and improving child care. The Child Care and Development Fund (CCDF) Program is under the Department of Community and Cultural Affairs (DCCA). CCDF will work with the resident directors of DCCA Rota and Tinian to also gather information, provide updates, and share data related to CCDF and its programs. Coordination goal is to ensure that relevant information is shared with the local general purpose government and families and the community have many ways to receive the information.

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

The CNMI does not have a State Advisory Council or SAC. However, through the PDG B-5 Grant that the CCDF received in 2019, it was able to put together team members composed of the following: from the Public School System: Special Education, Early

Intervention, Elementary Grade (represented by one of the principals), and Head Start/Early Head Start; Maternal Child Health Bureau is also included which represents Home Visiting, Immunization, WIC; the Child Care Licensing Program is included, as well as higher education represented by the Northern Marianas College (NMC). Most recently, the Northern Marianas Protection and Advocacy System (NMPASI) has joined the group. The coordination goals will include providing updated information/data relevant to families and children served and referral process. The results will include families better served by our programs and families made aware of other programs.

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

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

There are no Indian Tribes in the CNMI.

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

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

The CCDF Program sits as a member of the Interagency Coordinating Council (ICC). Through its memberships, CCDF Program may provide input, feedback, comments to services offered by these partners. The goal is to coordinate services to ensure smooth transition of children and families between program and referral process for children and families who access child care services and services for children with special needs.

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

The CNMI does not have a Head Start State Collaboration.

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

The CCDF Program continues to coordinate with the Commonwealth Health Care Corporation (CHCC/Public Health) in the coordination of services that targets the overall well-being of children. Training and Technical Assistance to child care providers are also areas that the CCDF program has partnered with Public Health. Currently, CCDF has established a yearly training for providers that addresses such topics as SIDS, Medication Administration, Poison Prevention, Immunization, Shaken Baby Syndrome etc. Public Health also conducts Developmental Screenings as part of a family's well baby visits. The goal of the coordination is to ensure that families have access to child care information as well as linking comprehensive services for children and families.

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

The CCDF Program will refer families to the CNMI Department of Labor-Workforce Investment Act (WIA) and to Northern Marianas Trade Institute or NMTI to support families who may need employment and or access to trainings. The goal is coordination so that information regarding these types of programs is easily accessible to the individuals who need the information most.

viii. State/territory agency responsible for public education, including Prekindergarten (PreK). Describe the coordination goals, processes, and results:

The CCDF Program will participate in meetings and other activities that will support activities related to public education. Coordination goals include a smooth transition for families and children from child care setting to school age setting. Process will include sharing of information, through flyers, brochures, announcements, and data as well as participation in activities that will assist in the smooth transition of families.

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

The Child Care Licensing Program or CCLP is under /part of the Child Care and Development Fund (CCDF) which is located within the Lead Agency. There will at a minimum quarterly meeting between CCLP and CCDF to ensure that updated information is shared between programs. At the same time, families will have another agency to receive pertinent information regarding the Child Care and Development Fund

(CCDF) Program. Coordination goal is to ensure that all families accessing out of home care will access related to the health and safety of their children while under the care of other people. Another coordination goal is to ensure that the public is provided information related to CCDF Providers and that this information are easily accessible through the Child Care Licensing Program's website.

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

The CNMI does not have CACFP.

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

The CNMI does not have a McKinney-Vento State Coordinator.

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

The CNMI does not have TANF.

xiii. Agency responsible for Medicaid and the state Children's Health Insurance Program. Describe the coordination goals, processes, and results:

Medicaid information is available in the lobby of the CCDF Program Office. Application forms, as well as informational flyers are also made available. The programs will share information at least quarterly, to ensure that families have access to updated information regarding Medicaid. If and when needed, Eligibility Staff will make referrals to Medicaid. The CNMI does not have the CHIP Program.

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

The CCDF Program will participate in any meetings or activities related to mental health. The coordination goal will center around referral processes for families who may need mental health services. In the CNMI mental health services is provided through the Community Guidance Center. Another coordination goal will also include offering of free trainings to providers on topics related to mental health. Through these trainings,

providers are able to support outcomes for children and families.

xv. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination goals, processes, and results:

The CNMI does not have a child care resource and referral agency or child care consumer education organizations. The CCDF program will work with providers of early childhood education training and professional development, such as the Northern Marianas College (NMC) and CCDF Training Consultant/Coaches in order to support the professional development needs of CCDF Providers. Through this coordination efforts CCDF providers will have the knowledge and skills to best care for children under their supervision. The goal of the coordination with providers of early childhood education training and professional development is to ensure that availability of training and PD are shared with providers and for providers to readily have access to training opportunities that will support their professional development.

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

The CNMI does not have a Statewide afterschool network.

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

The CCDF Program will continue to participate in all meetings and activities related to emergency management and response planning. Coordination goal is to ensure continuity of services to families and children in the event of emergencies and disasters, receive updated information related to emergency management and share this information to CCDF Providers.

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

b. The following are examples of optional partners a state might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and

describe the coordination goals, processes and results.

- i. State/territory/local agencies with Early Head Start - Child Care Partnership grants.

Describe

- ii. State/territory institutions for higher education, including community colleges

Describe

CCDF Program will continue to coordinate and partner with the Northern Marianas College (NMC) to support the training and professional development needs of CCDF Providers.

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

Describe

- iv. State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant.

Describe

The CCDF Program will continue to coordinate and work in partnership with the Maternal and Child Home Visitation Programs to assist in the dissemination of information related to best practices in early childhood education. An example include sharing with parents Safe Sleep Practices/Back to Sleep initiative that is part of the basic health and safety expectations for young children. In addition, Home Visitors may also share the Early Learning Guidelines with families to inform regarding child development. Trainings as well as professional development activities may also be shared between the CCDF and Home Visitation Programs. Lastly, through these coordination, Home Visitors may also refer families to the CCDF Program.

- v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment.

Describe

Partnership between the Early and Periodic Screening, Diagnostic, and Treatment will assist in finding children and families who may need the assistance. This coordination will assist in the referral process and thereby support children with the services they

need.

vi. State/territory agency responsible for child welfare.

Describe

The Division of Youth Services (DYS) is housed under the same department as the Child Care and Development Fund (CCDF). CCDF will partner and coordinate with DHS to ensure that vulnerable children have access for their child care needs.

vii. Provider groups or associations.

Describe

viii. Parent groups or organizations.

Describe

Parent Anonymous or PA is a program under the Division of Youth Services or DHS. CCDF will work with PA to assist in the dissemination of parent engagement initiatives.

ix. Other.

Describe

The CNMI QRIS is administered and implemented by a consulting organization to provide training and technical assistance to licensed CCDF child care providers. Training includes the preservice and ongoing health and safety topics (excluding Pediatric CPR/ First Aid), workshop topics specific to program improvement, developmental screening, family engagement and strengthening, leadership and management, and any additional topics addressing the QRIS standards. A team of coaches work with administrators and teaching staff to provide support for improving infant/ toddler, preschool, and school age care. Under the QRIS, these training and technical assistance activities are mandatory for CCDF providers. However, they are also made available to non-CCDF programs. System of Support for License-Exempt Family, Friend and Neighbor Providers: CCDF partnered with a consulting company to provide a system of support to License-Exempt Family, Friend and Neighbor (LE-FFN) providers to meet Health and Safety trainings, CCDF requirements to become a certified provider, and technical assistance. This partnership resulted in enlisting a total of 11 LE-FFN providers.

Optional Use of Combined Funds:

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

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

https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf

).

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

- No (If no, skip to question 1.5.2)
- Yes. If yes, describe at a minimum:

a) How you define "combine"

b) Which funds you will combine

c. What is your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? Note: Responses should align with the goals, processes and results describe in 1.4.1.

d) How you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?

e) How are the funds tracked and method of oversight

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

Note:

Lead Agencies that use Prekindergarten funds to meet matching requirements must check Prekindergarten funds and public and/or private funds.

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

Use of Private Funds for Match or Maintenance of Effort: Donated funds do not need to be

under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies do need to identify and designate in the state/territory Plan the donated funds given to public or private entities to implement the CCDF child care program (98.55(f)).

- a. N/A - The territory is not required to meet CCDF matching and MOE requirements
- b. Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state/territory-specific funds (tobacco tax, lottery), or any other public funds.
 - i. If checked, identify the source of funds:
- c. Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).
 - i. If checked, are those funds:
 - A. Donated directly to the State?
 - B. Donated to a separate entity(ies) designated to receive private donated funds?
 - ii. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:
- d. State expenditures for PreK programs are used to meet the CCDF matching funds requirement.

If checked, provide the estimated percentage of the matching fund requirement that will be met with Prekindergarten expenditures (not to exceed 30 percent):

 - i. If the percentage is more than 10 percent of the matching fund requirement, describe how the State will coordinate its preK and child care services:
 - ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:
- e. State expenditures for Prekindergarten programs are used to meet the CCDF maintenance-of-effort requirements. If checked,
 - i. Assure by describing how the Lead Agency did not reduce its level of effort in full-day/full-year child care services, pursuant to 98.55(h)(1) and 98.15(a)(6).

ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:

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

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

f. The same funds are used to meet at least some of the CCDF MOE and TANF MOE requirements.

i. If known, what percent of funds used to meet CCDF MOE also is used to meet TANF MOE requirements?

1.6 Public-Private Partnerships

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

1.6.1 Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of the CCDBG Act. Include in the response any public-private partnerships that have emerged from the response to the COVID-19 pandemic (98.16(d)(2)) and if applicable, how those partnerships will be continued post-pandemic.

QRIS: The CARES, CRRSA, and ARPA provided unique opportunities to make funding

available, through grants, to licensed providers. CCDF providers in the QRIS are required to align their grant proposals to their Quality Improvement Plans and to address specific areas of the QRIS standards. Coaches from CCDF's private consulting partner assist providers with identifying/ targeting goals and strategic budget planning. Post-pandemic, coaches will continue to provide assistance with grant awards tied to each of the QRIS quality star levels.

System of Support for License-Exempt Family, Friend and Neighbor Providers: CCDF and its consulting partner was able to provide Emergency Child Care (ECC) through the CARES ACT for Home-Based Family Child Care. This approach provided a unique opportunity for families to avail of emergency child care services during the pandemic. After the pandemic, CCDF and its private partners are planning to transition ECC providers to become LE-FFN providers. This planning process will allow the continuation of home-based family child care.

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

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

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

- Provide parents in the state with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.

- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child

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

- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.

- Collect data and provide information on the supply of and demand for child care services in areas of the state and submit the information to the State.

- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the state and, as appropriate, coordinate their activities with the activities of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

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

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

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

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

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

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

1.8 Disaster Preparedness and Response Plan

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

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

No

Yes

If yes, describe the elements of the plan that were updated: [Click or tap here to enter text.](#)

Due to the Covid-19 pandemic, CCLP/CCDF developed and implemented CDC's guidance relative to daycares. As a result, we implemented the Child Care Licensing Program & Child Care and Development Fund's COVID-19 Prevention and Response Guidance for Reopening Child Care Programs and Child Care Services in the Commonwealth of the Northern Mariana Islands. We have also communicated to the providers that they insert the guidance as an addendum to their existing Emergency Preparedness, Response, and Recovery Plan.

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

- a. The plan was developed in collaboration with the following required entities:
 - i. State human services agency
 - ii. State emergency management agency
 - iii. State licensing agency
 - iv. State health department or public health department
 - v. Local and state child care resource and referral agencies
 - vi. State Advisory Council on Early Childhood Education and Care or similar coordinating body
- b. The plan includes guidelines for the continuation of child care subsidies.
- c. The plan includes guidelines for the continuation of child care services.
- d. The plan includes procedures for the coordination of post-disaster recovery of child care services.
- e. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
 - i. Procedures for evacuation
 - ii. Procedures for relocation
 - iii. Procedures for shelter-in-place
 - iv. Procedures for communication and reunification with families
 - v. Procedures for continuity of operations
 - vi. Procedures for accommodations of infants and toddlers
 - vii. Procedures for accommodations of children with disabilities
 - viii. Procedures for accommodations of children with chronic medical conditions
- f. The plan contains procedures for staff and volunteer emergency preparedness training.
- g. The plan contains procedures for staff and volunteer practice drills.

1.8.3 If available, provide the direct URL/website link to the website where the statewide child care disaster plan is posted:

<http://www.cnmicclp.gov.mp/wp-content/uploads/2019/08/EP-and-RP-CNMI-REVISED->

2 Promote Family Engagement through Outreach and Consumer Education

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

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

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

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

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

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

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

- a. Application in other languages (application document, brochures, provider notices)
- b. Informational materials in non-English languages
- c. Website in non-English languages
- d. Lead Agency accepts applications at local community-based locations
- e. Bilingual caseworkers or translators available
- f. Bilingual outreach workers
- g. Partnerships with community-based organizations
- h. Collaboration with Head Start, Early Head Start, and Migrant Head Start
- i. Home visiting programs
- j. Other.

Describe:

The CCDF Program Staff are all bilingual and speaks the following languages: Chamorro, Carolinian, and Filipino. The Licensing Program Office, also has bilingual staff speaking the following languages of Chamorro, Carolinian, and Filipino. The CCDF currently works with private organizations that employ specialists who are fluent in speaking and/ or writing in Chamorro and Filipino, two of the predominant native language in the CNMI. For example, one QRIS coach can speak in Filipino with

licensed providers. This is the biggest language group among licensed CCDF providers. Another example is the Family and Community Engagement Specialist (FACES), who is fluent in both the native Chamorro and Filipino languages. The FACES is able to translate training content and provide TA to license-exempt family, friend, and neighbor providers in either of those languages.

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

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

Describe:

Partnership with NMPASI (Northern Marianas Protection and Advocacy System, Inc.)

2.2 Parental Complaint Process

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

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

Pursuant to Title 55 of the Department of Community and Cultural Affairs Child Care Licensing Program Administrative Code and more specifically §55-40.1-135 [Licensing Complaints] Child care facilities must provide written information to parents at the time of admission and staff members at the time of employment on how to file a complaint concerning suspected licensing violations. The information must include the complete name, mailing address, and telephone number of the Department of Community and Cultural Affairs, Office of the Secretary, Child Care Licensing Program. Any complaint may also be lodged at the official Child Care Licensing Program website at <http://www.cnmicclp.gov.mp/families/child-care-options/concerns-in-child-care/>

1. A Safety Inspector will conduct his/her preliminary investigation to make a determination whether a code violation has been committed;
2. If a code violation occurred, the Safety Inspector will make recommendations relative to corrective action to bring the provider back to code;
3. The Safety Inspector will give the provider a reasonable amount of time, usually two weeks before conducting another visit to ascertain that the corrective action has been performed;
4. If not, the provider will be issued a Notice of Violation; and
5. If the provider continues to commit the violation code, the Child Care Licensing Program Safety Inspector will issue a citation. The Child Care Licensing Program's contact number is

provided under the Contact Us section of the Consumer Education Website. Additionally, under the same drop-down menu, all CCLP staff email is indicated. See <http://www.cnmicclp.gov.mp/contact-us/> Through email, parents can send their complaints directly to a licensing staff.

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

Once a complaint is lodged with the Child Care Licensing Program, a Health and Safety Inspector conducts an interview with the Complainant. At this point in time, the inspector gathers all the necessary information which covers Who? What? When? Where? Why? and How? This is the screening process wherein the inspector ascertains whether or not the complaint merits further investigation. If it does, then the inspector proceeds (on the same day) to the center to conduct his/her preliminary investigation. Once the inspector concludes his/her preliminary investigation, it is at this point where he/she determines whether or not the complaint is substantiated. If not, a short report is generated for notation and recording purposes. If it is substantiated, a more detailed report is generated and a follow-up monitoring inspection is conducted at a later time to determine if the violation has been corrected. The above process is made applicable to both CCDF and Non-CCDF providers and it should not take more than 30 days.

Link: <http://www.cnmicclp.gov.mp/families/child-care-options/concerns-in-child-care/>

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

The Child Care Licensing Program maintains a hard copy (under lock and key) as well as an electronic (via google drive) copy of all substantiated parental complaints indefinitely. This process of record maintenance is made applicable to both CCDF and Non-CCDF Providers. Information regarding complaints is currently not used to identify trends and/or complaint type.

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

Substantiated complaints are posted on the Consumer Education Website. However, the details of such complaints are not posted; only whether or not there was a substantiated complaint found against the center or provider

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

CCLP NMIAC §55-40.1-135 Licensing Complaints – Child care facilities must provide written information to parents at the time of admission and staff members at the time of employment on how to file a complaint concerning suspected licensing violations. The information must include the complete name, mailing address, and telephone number of the Department of Community and Cultural Affairs, Office of the Secretary, Child Care Licensing Program. See <http://www.cnmicclp.gov.mp/cclp-complaintprocess>. Relative to the responding to complaints, staff are guided by the Child Care Licensing Program's Policy and Procedures under the subheading "Investigation".

The following is an alternate link as the site continue to be worked on.

<http://www.cnmicclp.gov.mp/families/child-care-options/concerns-in-child-care/>

2.3 Consumer Education Website

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

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

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

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

The website contains readily identifiable drop-down menus indicating the categories. For example, "Home; About Us; Daycare Centers;" etc. The categorized drop-down menu makes for a more centralized location to find everything contained within the website. Additionally,

the Child Care Licensing Program along with the Child Care Development Fund exerts a good faith effort in the usage of plain language on the Consumer Education Website. Lastly, the website is very easy to navigate. As a result, it should not take more than two clicks to get to the information you are looking for. Lastly, the website is mobile friendly as well. The website contents can be viewed on a mobile device without distortion. Each external links like a pdf file open on a new tab. This means that you do not have to click on the back button anymore. You simply close the window once it has served its purpose

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

The website is equipped with a multi-language translator.

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

The website contains a built-in icon on the left-hand corner “Explore Your Accessibility Options” Once clicked, it contains a myriad of option such as text reader, magnifier, readable mode, etc. The program assists and supports full or partial blindness using screen reading software such as NVDA or JAWS; motor disabilities such as joint injuries, limb amputation, and more; Parkinson’s disease; seniors with a wide variety of possible disabilities; epilepsy; cognitive disabilities such as memory disorders, dyslexia, people who have suffered stroke, and etc.; and various impairments such as color blindness, cataracts, glaucoma, and more. This makes the website ADA compliant.

2.3.4 Provide the specific website links to the descriptions of the Lead Agency's processes related to child care.

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

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

<http://www.cnmicclp.gov.mp/licensing-and-monitoring-process/>.

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

<http://www.cnmicclp.gov.mp/licensing-and-monitoring-process/>.

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

Due to the site construction, I will input the information here.

Background Check Requirements

Who are subject to the CCDBG Act of 2014 Criminal Background Checks?

Individuals subject to the criminal background checks are those employed by a provider for compensation; contracted employees and self-employed; those who care for, supervise, or have unsupervised access to children in care; and adults living in a family child care home.

When and how often do I have to go through the Criminal Background Checks?

The comprehensive criminal background checks are required prior to employment and must be conducted at least every 5 years thereafter from the initial check. However, if you have been separated from employment as a child care provider for more than 180 days, then you are subject to the full criminal background check.

What checks are required under the CCDBG Act of 2014?

The criminal background checks are broken down into three primary categories.

1. National Background Checks:

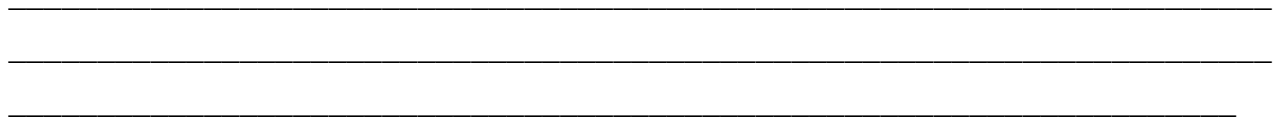
- a. National Federal Bureau of Investigation criminal history check with fingerprint.
- b. National Crime Information Center (NCIC) Sex Offender Registry (NSOR) check.

2. In-state (CNMI) Background Checks:

- a. In-state Criminal History Check, with fingerprint.
- b. In-state Sex Offender Registry Check.
- c. In-state Child Abuse and Neglect Registry Check.

3. Inter-state (out of the CNMI) Background Checks:

- a. Inter-state Criminal History Check.
- b. Inter-state Sex Offender Registry Check.
- c. Inter-state Child Abuse and Neglect Registry Check



Background Check Procedures

1. Current/potential child care providers must complete the Consent and Release Form for Fingerprinting and Comprehensive Criminal Background Check/Review. The officer taking your prints will need to sign off on the form. Your fingerprint is needed in order to commence the background check.

2. You must sign the Consent and Release Form for Fingerprinting and Comprehensive Criminal Background History Check/Review. Incomplete forms will not be accepted and will be returned.

3. Payments must be made at the CNMI Treasury. In the interim, all current/potential providers must indicate that the payment is for PSS fingerprinting purposes.

4. After payments are made, proceed to DPS' Records Office in Susupe to have your fingerprint rolled through the ink and paper process. Please bring on your person your

official identification card which contains your social security information, place of birth, citizenship, etc. This will expedite the process with DPS.

5. Once your fingerprints have been rolled on to the fingerprint card, DPS will provide you with a prepaid envelope with your fingerprint card in it already. The envelope will be addressed to the proper federal agency in the United States.

6. Deliver the envelope to the US Postal Service located in the village of Chalan Kanoa.

7. Upon completing the above procedures, you must provide the Child Care Licensing Program a copy of your signed Consent and Release form.

8. Once the Child Care Licensing Program receives the results of the comprehensive background check from the proper federal agency through the Department of Public Safety, you will be notified as well as the center's Director or its designee.

9. If the background check shows no criminal history, the Child Care Licensing Program will notify the potential provider that he/she cleared the background check. The clearance is active for a five-year period.

10. If the background check shows criminal history, the Child Care Licensing Program reviews the background check and decides whether the potential provider may work in a child care setting subject to the disqualifying crimes under the CCDBG Act of 2014. Once a decision is made, the licensing office notifies the potential provider and the center's Director or its designee.

a. If the potential provider is allowed to work in a child care setting, the clearance is good for five years.

b. If the potential provider is denied, he/she will receive information on how to file an appeal.

<http://www.cnmicclp.gov.mp/wp-content/uploads/2021/08/AMENDED-BACKGROUND-CHECK-REQUIREMENTS-8-16-2021.pdf>

<http://www.cnmicclp.gov.mp/wp-content/uploads/2021/08/BACKGROUND-CHECK-PROCEDURES-8-16-2021.pdf>

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

<http://www.cnmicclp.gov.mp/wp-content/uploads/2021/05/INTERIM-CBC-CONSENT-AND-RELEASE-FORM-FOR-PROVIDERS-5-18-2021.pdf>

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

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

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

<http://www.cnmicclp.gov.mp/child-care-licensing-day-care-centers/>.

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

- i. License-exempt center-based CCDF providers
- ii. License-exempt family child care (FCC) CCDF providers
- iii. License-exempt non-CCDF providers
- iv. Relative CCDF child care providers

v. Other.

Describe

Only licensed centers and family child care homes are listed.

c) Identify what informational elements, if any, are available in the searchable results.

Note: Quality information (if available) and monitoring results are required on the website but are not required to be a part of the search results.

All Licensed Providers

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

License-Exempt CCDF Center-based Providers

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

License-Exempt CCDF Family Child Care Home Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation

- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt Non-CCDF Providers

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

Relative CCDF Providers

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

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providers must be searchable by ZIP Code.

d. Other information included for:

i. All Licensed providers.

Describe

*Director

*Contact Information

*Location

ii. License-exempt CCDF center-based providers.

Describe

None

iii. License-exempt CCDF family child care providers.

Describe

None

iv. License-exempt, non-CCDF providers.

Describe

*Director

*Contact Information

*Location

v. Relative CCDF providers.

Describe

None

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

individual provider.

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

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

Describe

Link to the CCDF provider directory and star level

<http://www.cnmicclp.gov.mp/wp-content/uploads/2021/03/2021-CCDF-Providers-Directory.pdf>

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

- i. Licensed CCDF providers.

Describe the quality information:

The quality rating will include Star levels of each CCDF providers.

- ii. Licensed non-CCDF providers.

Describe the quality information:

- iii. License-exempt center-based CCDF providers.

Describe the quality information:

- iv. License-exempt FCC CCDF providers.

Describe the quality information:

v. License-exempt non-CCDF providers.

Describe the quality information:

vi. Relative child care providers.

Describe the quality information:

vii. Other.

Describe

It will also describe if a non-CCDF provider is participating voluntarily in the QRIS activities.

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

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

Certify by responding to the questions below:

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

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

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

If checked, provide a direct URL/website link to the website where a blank checklist is posted.

<http://www.cnmicclp.gov.mp/inspection-reports/>

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

- Date of inspection
- Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider.

Describe how these health and safety violations are prominently displayed:

The inspector provides citation(s) of the violations on his/her Inspection Checklist and Summary Report.

- Corrective action plans taken by the state and/or child care provider.

Describe:

<http://www.cnmicclp.gov.mp/inspection-reports/>

- A minimum of 3 years of results, where available.

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

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

<http://www.cnmicclp.gov.mp/inspection-reports/>

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

The report posting is timely when it is completed within 15 working days and no later than 30 calendar days.

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

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

Plain Language is writing that is clear, to the point, concise, and well-organized. If the reader understands it the first time he/she reads it, then we have achieved our goal of plain writing.

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

The inspection and monitoring report contains plain language in that the inspector avoids the usage of the licensing organizational jargons as well as gobbledygook. The usage of lengthy word fillers and complex vocabularies are highly discouraged.

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

Any inaccuracies in the summary reports are corrected immediately by amending the initial report(s) and indicating what part of the report is amended and the new reflection of that amendment.

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

-- filing the appeal

-- conducting the investigation

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

* Filing the appeal A Notice of Proposed Action for Denial, Suspension, Revocation of Child Care License, and Hearing is prepared. The same is applicable to any and all contestation of the findings in an Inspector's summary report.

- The notice includes a statement of the reasons for the proposed action and informs the Provider the right to appeal the decision to the Office of the Secretary, Department of Community and Cultural Affairs, no later than ten (10) working days after acknowledgement of the notice of proposed action.

- The Provider has twenty days from receipt of the notice of proposed action to make a written request for a hearing.

- The Department of Community and Cultural Affairs Secretary will issue a written notice of the time and place for the hearing before a hearing officer.

- Based on evidence adduced at the hearing, the hearing officer shall make the final decision of the Department as to whether the Provider's child care license shall be denied, suspended, or revoked.
- The Provider may be represented by counsel and that the Provider has the right to call, examine, and cross-examine witnesses.
- That if no timely written request for a hearing is made, the child care license shall be suspended or revoked as of the termination of the ten-day period.
- That such notice be given either by person, certified mail with return receipt, or registered mail with return receipt to the address indicated in the application for a child care license.

* Conducting the investigation o In most instances, the Child Care Licensing Program conducts its investigation immediately, which involves the following:

a. Observation

- 1.Observing and inspecting on-site.
- 2.Observing and documenting the interactions between caregivers and the children and the interaction between the Director and the caregiver.

b. Interview

- 1.Interviewing the alleged victim if possible.
- 2.Interviewing witnesses.

c. Record and document review

- 1.Reviewing licensing records.
- 2.Reviewing facility records.
- 3.Reviewing facility record keeping process.

d. Documentation

- 1.Date, time, location of observation, etc.
- 2.Factual description of the observation.
- 3.Recording and documenting information gained through the physical senses:
 - i. Sight - What was seen?
 - ii. Smell - Any concerns with the odors?
 - iii. Hearing - What was heard?
 - iv. Touch - Touching or moving something and/or

v. Taste - Whenever applicable.

e. Investigation Report must consist of the following requirements:

1. Be concise - avoid flowery language and institutional jargons.
2. Be factual - avoid including opinions, conclusions, assumptions, and hearsay.
testimony
3. Be objective
4. Complete
5. Clear Evidence is a fact that support findings and are collected/recorded accordingly.

Types of Evidence

- a. Real Evidence - this evidence is in the form of a physical object. For example, a jagged edge of a playground slide is a real evidence indicating licensing violation relative to a playground safety/injury.
- b. Documentary Evidence - this evidence includes any form of written document, such as payroll record, license application, login record, etc.
- c. Testimonial Evidence - this evidence is a person's statement or deposition.
- d. Demonstrative Evidence - this evidence includes maps, diagrams, and charts.

* Removal of any violations from the website determined on appeal to be unfounded. Any and all violation(s) determined on appeal to be unfounded are removed from the website immediately.

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

Every electronic and hard copy record generated in the course of the Child Care Licensing Program's business must be retained for a period of five (5) years before being destroyed. No records or documents may be destroyed before the maturation year as stated above. This is the existing policy in place for the Child Care Licensing Program.

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

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

a. Certify by providing:

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

Within 24 hours, excluding weekends and holidays, of the occurrence of a critical incident at the facility, the Director or its Designee must report in writing to the Child Care Licensing Program the following critical incidents involving a child in the care of the facility or a staff member on duty at the time. NMIAC §55-40.1-125:

A. The death of a child or staff member as a result of an accident, suicide, assault, or any natural cause while at the facility, or while on authorized or unauthorized leave from the facility.

B. An injury to a child or staff member that requires emergency medical attention by a health care professional or admission to a hospital.

C. A mandatory reportable illness, as required by the Department of Public Health, of a child or staff member that requires emergency medical attention by a health care professional or admission to a hospital.

D. The above section of the Child Care Licensing Program's Administrative Code allows the compilation of aggregate data.

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

Substantiated child abuse in child care setting defined - is any physical or sexual abuse, neglect, or maltreatment that was investigated and found to be true.

iii. The definition of "serious injury" used by the Lead Agency for this requirement.

Serious injury in child care setting defined - is an injury to a child or staff member that requires emergency medical attention by a health care professional or admission to a hospital.

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

- i. the total number of serious injuries of children in care by provider category/licensing status
- ii. the total number of deaths of children in care by provider category/licensing status
- iii. the total number of substantiated instances of child abuse in child care settings
- iv. the total number of children in care by provider category/licensing status

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

<http://www.cnmicclp.gov.mp/three-years-of-monitoring-data/>;

<http://www.cnmicclp.gov.mp/death-in-the-child-care-settings/>;

<http://www.cnmicclp.gov.mp/injuries-in-the-child-care-settings/>; and

<http://www.cnmicclp.gov.mp/child-abuse-cases-in-the-child-care-settings/>.

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

The CNMI does not have resource and referral organizations.

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

From the main menu, parents can click on “About Us”. From there, a drop-down menu appears; click on “Contact Us”. Once opened, the parents are able to see all the staff along with their contact numbers and email addresses.

<http://www.cnmicclp.gov.mp/contact-us/>

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

www.cnmicclp.gov.mp

2.4 Additional Consumer and Provider Education

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

In questions 2.4.1 through 2.4.5, certify by describing:

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

The consumer education website contains CCDF's information relative to Parent's Eligibility and Child's Eligibility. Other ways that information is provided to eligible parents, the general public and/if applicable, child care providers are through newspaper ads, informational flyers and brochures as well as direct communications. Informational flyers and brochures of the many different service providers (government agencies as well as private organizations) are also made available in the CCDF Office Lobby. These informational flyers and brochures are also included as part of the parent packets distributed during mandatory orientations.

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

a. Temporary Assistance for Needy Families program:

The CNMI does not have TANF.

b. Head Start and Early Head Start programs:

Information regarding this program include, eligibility, eligibility process, required documents, application forms. Information is shared by making available Head Start and Early Head Start Program informational flyers, brochures, and application forms in the CCDF Office lobby. Informational flyers, brochures, and application forms are also

made available in the Child Care Licensing Program Office. The CCLP Website also have the information on HS and EHS.

c. [Low Income Home Energy Assistance Program \(LIHEAP\):](#)

Information regarding this program include, eligibility, eligibility process, required documents, application forms. Information is shared by making available informational flyers and brochures and forms in the CCDF and CCLP Office Lobby. The CCLP Website also have the information on LIHEAP.

d. [Supplemental Nutrition Assistance Programs \(SNAP\) Program:](#)

The CNMI does not have SNAP, but does have Nutrition Assistance Program or NAP. This information is provided through the Consumer Education Website. Information regarding this program include, eligibility, eligibility process, required documents, application forms. Information is shared by making available NAP informational flyers and brochures. Informational flyers and brochures are also made available in the Child Care Licensing Program Office. The CCLP Website also have the information on NAP.

e. [Women, Infants, and Children Program \(WIC\) program:](#)

This information is provided through the Consumer Education Website. Information regarding this program include, eligibility, eligibility process, required documents, application forms. Information is shared by making available WIC informational flyers and brochures. Informational flyers and brochures are made available in the Child Care Licensing Program Office and CCDF Program Office Lobbies. The CCLP Website also has the information on WIC.

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

The CNMI does not have CACFP.

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

This information is provided through the Consumer Education Website. Information regarding this program include, eligibility, eligibility process, required documents, application forms. Information is shared by making available Medicaid informational flyers and brochures. Informational flyers and brochures are made available in the

Child Care Licensing Program Office and CCDF Program Office Lobbies. The CCLP Website also has the information on Medicaid.

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

This information is provided through the Consumer Education Website. Information regarding this program include, eligibility, eligibility process, required documents, application forms. Information is shared by making available IDEA Part B, Section 619 and Part C informational flyers and brochures. Informational flyers and brochures are made available in the Child Care Licensing Program Office and CCDF Program Office Lobbies. The CCLP Website also has the information on these programs and services.

2.4.3 Describe how the Lead Agency makes information available to parents, providers and the general public on research and best practices concerning children's development, including physical health and development, particularly healthy eating and physical activity and information about successful parent and family engagement. The description should include:

- what information is provided
- how the information is provided
- how the information is tailored to a variety of audiences, including:
 - parents
 - providers
 - the general public
- any partners in providing this information

Description:

The information on research and best practices concerning children's development and supporting best outcomes for children are shared through direct communication, flyers, mandatory orientation of parents, training opportunities and sharing/outreach with the

community on child care resources. The Child Care and Development Fund (CCDF) Program also makes available to parents such resources as the CNMI Early Learning Guidelines (book) to parents and the community free of charge. Trainings are also made available to parents related to child development and the use of the Early Learning Guidelines. These trainings are cost shared between Maternal Child Health Bureau (MCHB) and Home Visiting Programs. The CCDF Program, along with partners, such as MCHB, Child Care Licensing Program (CCLP), Division of Youth Services (DYS), Evergreen Learning (EGL), and Public Health, initiated an annual Infant/Toddler and Early Childhood Conference. The primary audience for this conference are parents. The purpose of this conference is to provide parents with information related to issues affecting the community. For example, on conference focused on health and obesity. Public Health presented on data collected on health and obesity in the CNMI. After the main presentation was completed, parents break out in small groups to attend” mini-sessions” related to the main topic. Main sessions included: meal portioning, exercise, and healthy food.

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

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

Description:

The information on research and best practices concerning children's development and supporting best outcomes for children are shared through direct communication, flyers,

mandatory orientation of parents, training opportunities and sharing/outreach with the community on child care resources. The Child Care and Development Fund (CCDF) Program also makes available to parents such resources as the CNMI Early Learning Guidelines (book) to parents and the community free of charge. Trainings are also made available to parents related to child development and the use of the Early Learning Guidelines. These trainings are cost shared between Maternal Child Health Bureau (MCHB) and Home Visiting Programs. The CCDF Program, along with partners, such as MCHB, Child Care Licensing Program (CCLP), Division of Youth Services (DYS), Evergreen Learning (EGL), and Public Health, initiated an annual Infant/Toddler and Early Childhood Conference. The primary audience for this conference are parents. The purpose of this conference is to provide parents with information related to issues affecting the community. For example, in another year, the conference focused on Mental Health. Our partner from the System of Care presented on this topic. After the main presentation was completed, parents break out in small groups to attend” mini-sessions” related to the main topic. Mini sessions included: infant massage, parent mental health, ways to engage with young children while exploring the digital world, and a Parent Café.

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

The CNMI CCDF Program’s policy to prevent the suspension and expulsion of children ages birth to 5 are described in a memo (Memo FY16No.2) that states ”all CCDF providers should not expel, suspend, or otherwise limit the amount of services provided to a child or family on the basis of challenging behaviors...). The memo was shared and discussed with providers, it is included in provider initial and renewal orientation. The content of the memo is shared with parents in their orientation packets.

Link: <http://www.cnmicclp.gov.mp/wp-content/uploads/2021/08/FY16-No.-2-Preventing-Expulsion-Suspension-and-other-Limitati.pdf>

2.5 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings to parents, the general public and, when applicable, child care providers. Information should include: Existing resources and services that the state can use in conducting developmental screenings and providing referrals to services for children who receive child care assistance. Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)). This information about the resources can include the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)). Information on developmental screenings, as other consumer education information, should be accessible for individuals with limited English proficiency and individuals with disabilities.

2.5.1 Certify by describing:

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

. The DCCA CCDF Program works in partnership with Maternal Child Health Bureau to collect, gather, and disseminate information relative to developmental screenings. Currently, all children accessing public health services, especially those going through well baby visits are provided developmental screenings (Public Health/Children's Clinic Operating Policy Code: N9007). MCHB provides brochures, flyers, information related to these screenings and this information are provided in the DCCA CCDF and CCLP Office Lobby. The CCDF Program also has in policy (Memo FY16 No. 3) that states, "...all CCDF providers must incorporate Daily Health Checks and Use of Developmental

Screenings and Referrals...at least once annually, CCDF providers must complete Developmental Screenings of all children in their programs". The screening is completed of all children regardless of whether the children are receiving CCDF subsidy or not.

b) The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program - carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) - and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.). Information and referring families to the Early and Periodic Screening Diagnosis and Treatment program under the Medicaid Program as well as developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act are provided in the CCDF Office. Information flyers are made available in the CCDF Office as well as contact information for both programs. Informational flyers are also included in the Mandatory Orientation Packets provided to families during the Mandatory Orientation activities.

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

Information related to developmental screenings are provided during the Mandatory Orientation offered by the CCDF Program. Information provided include the tool used, where the developmental screenings could be done (at their provider's site or at their baby's well baby visits at Public Health) in partnership with the Maternal Child Health Bureau.

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

CCDF families and child care providers are able to access developmental screening during well baby visits at Public Health. For families who may not access Public Health, developmental screenings must be conducted within 45 days from enrollment at their provider's site.

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

In partnership with MCHB, annual trainings are made available on developmental screening topics and information. Providers also may access the information through their coaching activities.

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

Public Health/Children's Clinic Operating Policy Code: N9007 and CCDF Memo FY16 No. 3.

2.6 Consumer Statement for Parents Receiving CCDF Funds

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

2.6.1 Certify by describing:

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

During the mandatory orientation of all eligible parents, CCDF provides a Consumer Statement and also included in the discussion, power point slide, and provided in the CCDF Parent Orientation Handout Packets.

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

- Health and safety requirements met by the provider
- Licensing or regulatory requirements met by the provider
- Date the provider was last inspected
- Any history of violations of these requirements
- Any voluntary quality standards met by the provider
- How CCDF subsidies are designed to promote equal access
- How to submit a complaint through the hotline
- How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

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

www.cnmicclp.gov.mp

3. Provide Stable Child Care Financial Assistance to Families

3. Provide Stable Child Care Financial Assistance to Families

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

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

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

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

3.1 Eligible Children and Families

3.1 Eligible Children and Families

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

3.1.1 Eligibility criteria: Age of children served

a) The CCDF program serves children

from 6

(weeks/months/years)

through 12

years (under age 13). Note: Do not include children incapable of self-care or under court supervision, who are reported below in (b) and (c).

b) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are physically and/or mentally incapable of self-

care?(658E(c)(3)(B), 658P(3))

- No
 Yes,

and the upper age is 18

(may not equal or exceed age 19).

If yes, Provide the Lead Agency definition of physical and/or mental incapacity:

Physical incapacity incapable of self-care as verified by a medical physician
Mental incapacity incapable of self-care as verified by a medical physician; child has a current IFSP or IEP.

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

- No.
 Yes

and the upper age is 18

(may not equal or exceed age 19)

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

i. "residing with":

children who are physically living with the natural, foster or adoptive parents, legal guardians, or a person acting in the place of a parent

ii. "in loco parentis":

birth, foster, or adoptive parent, guardian or a person acting in the place of a parent

3.1.2 Eligibility criteria: Reason for care

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

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

Working is defined as a parent or legal guardian engaged in an activity in exchange for wage or salary for at least 30 hours a week;

A parent or legal guardian who may experience a break in employment is eligible up to a maximum of 90 calendar days of subsidized child care for each occurrence, provided the parent or legal guardian is actively seeking employment.

A parent or legal guardian who may need an off-island treatment as recommended by a medical physician is eligible for subsidized child care up to what is prescribed by the medical physician. The parent should provide an official written letter/documentation describing the need for the off-island treatment and the maximum number of days needed for the treatment. The parent will also need to provide employer certification regarding the number of days the parent will be under medical/personal leave.

Parent or legal guardians who may need medical or maternity leave as verified and prescribed by a medical physician maybe eligible for subsidized child care while on sick leave, maternity leave, or family leave as defined by the Family and Medical Leave Act of 1993 if documented as necessary from a physician and employer. The parent should provide an official written letter/documentation describing the need for medical and/or maternity leave and the maximum number of days needed for the treatment. The parent will also need to provide employer certification regarding the number of days the parent will be under medical/personal leave.

In the event of a federal or state declared emergency or disaster (whether related to natural or health), work will be defined as an activity in exchange for wage or salary for at least 10 hours a week. Activity will include rebuilding of one's primary residence, place of work/employment, is a volunteer on recovery efforts or community work to assist with the emergency as verified by the organization through a written document the parent is a volunteer for, and/or a first responder as defined by the CNMI. This definition of work will remain in effect for a maximum of 6-months or 180- days from the date of declaration of the disaster or emergency. Immediately after the 6-months or 180 days or once the declaration is lifted whichever is earlier, the definition of work will immediately revert back to 30 hours a week. Individuals defined by the territory as front liner and/or essential workers for the disaster and/or emergency is considered a

priority for services. Eligibility for front liners/essential workers will be provided 6 months of child care services from the date of approval. If special funds are provided, the frontliner's eligibility maybe extended for another 6 months for as long as these special funds are still available. After a total of 12 months of services, the frontliner will need to go through a redetermination.

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

Parents or legal guardians who are attending a job training, certification, or diploma program for at least 10 hours per week or 40 hours per month maybe eligible for subsidized child care. These job trainings maybe sanctioned by the Public School System, Workforce Investment Agency (WIA), the Northern Marianas College and/or the Northern Marianas Trade Institute (NMTI) and any other accredited and/or recognized vocational training program by the CNMI Department of Labor and/or CNMI Scholarship Office. The parent or legal guardian is formally enrolled in the institution, has an educational plan, projected graduation date, identified coursework hours that need to be completed every month, quarterly, or semester.

In the event of a federal or state declared emergency or disaster (whether related to natural or health), job training will be defined as activity at least 5 hours a week. Activity will include rebuilding of one's primary residence, place of work/employment, is a volunteer on recovery efforts or community work to assist with the emergency as verified by a volunteer organization through a written document the parent is a volunteer for, and/or a first responder. This definition of job training will remain in effect for a maximum of 6- months or 180- days from the date of declaration of the disaster or emergency. Immediately after the 6-months or 180 days or once the declaration is lifted whichever is earlier, the definition of job training will immediately revert back to 10 hours a week.

Individuals defined by the territory as front liner and/or essential workers for the disaster and/or emergency is considered a priority for services. Eligibility for front liners/essential workers will be provided a maximum of 12 months of child care services from the date of approval if special funds are provided. After a total of 12 months of services, the frontliner will need to go through a redetermination.

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

Parents or legal guardians who are attending an educational program on a full-time basis as defined by the Northern Marianas College or NMC, CNMI Public School System (PSS), or NMC Adult Basic Education (ABE). Educational program may also include: clinical, internship, practicum, work/study as defined by these agencies or government entity. Parents or legal guardians attending Distance learning/online course or education via electronic media maybe eligible for subsidized child care provided: the distance learning institution is recognized and accredited by the US Department of Education(<http://ope.ed.gov/accreditation>), the parent or legal guardian is formally enrolled in the institution, has an educational plan, projected graduation date, identified course work hours that need to be completed every month, quarterly, or semester. Child Care services will be provided on a full-time basis, depending on the enrollment status of the parent in the online course. In cases where it is the parent's last semester in an educational program, he/she will be considered full time for child care purposes.

The main campus of the Northern Marianas College is located in the island of Saipan. Residents of Rota and Tinian must stay in Saipan in order to fully participate in college education. Therefore, parents or legal guardians who are residents of Rota and Tinian who are full time students and staying in Saipan maybe eligible for subsidized child care provided the parent has maintained his/her residency in Rota or Tinian.

In the event of a federal or state declared emergency or disaster (whether related to natural or health), education will be defined as activity at least 5 hours a week. Activity will include rebuilding of one's primary residence, place of work/employment, is a volunteer on recovery efforts or community work to assist with the emergency as verified by the organization through a written document the parent is a volunteer for, and/or a first responder. This definition of education will remain in effect for a maximum of 6-months or 180- days from the date of declaration of the disaster or emergency. Immediately after the 6-months or 180 days or once the declaration is lifted whichever is earlier, the definition of education will immediately revert back to what is considered full time by the institution. Individuals defined by the territory as front liner and/or essential workers for the disaster and/or emergency is considered a priority for services. Eligibility for front liners/essential workers will be provided for a

maximum of 12 months from the date of approval. if special funds are provided. After a total of 12 months of services, the frontliner will need to go through a redetermination.

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

Attending means that the individual is participating in an activity that is related to the completion of the job training or educational program. This may include such activities as doing research in the library, or online research, participating in class work outside of the classroom provided written documentation is available that indicates the work that needs to be completed-homework, study groups, lab experiences, outside class study time; attending job training at least 10 hours every week with a specific course work; attending education full time as defined by the institution. the institution or organization should be recognized by the following government agencies: Department of Labor (DOL), Northern Marianas Scholarship Office. Institution currently recognized by DOL and Scholarship Office include: Northern Marianas Trade Institute(NMTI) and Northern Marianas Collage (NMC). In the event additional organizations are identified, the parent will need to submit a written document from DOL and/or Scholarship Office that such organization is recognized as providing job training.

3.1.2 Eligibility criteria: Reason for care

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

Yes

No,

If no, describe the additional work requirements.

3.1.2 Eligibility criteria: Reason for care

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

No.

Yes. If yes:

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

1. Teen Parent: an unmarried, minor parent under the age of 19 who has not obtained a high school diploma or GED equivalent, who lives at the home of his/her parents, an adult relative, or a legal guardian and is attending education full time; Co-payments are waived in this instance.

2. Military deployment: a parent or legal guardian who has been deployed off island due to military activities. The children will continue to be eligible to receive child care services regardless of the needs of the persons acting in locos parent;

3. Off island treatment: a treatment that is medically necessary and not available on island, as verified and with written recommendation or documentation by a medical physician or Medical Referral Office; the children will continue to receive child care services regardless of the needs of the persons acting in locos parentis. Child Care services will be provided based on need and as verified through the written physician documentation and employer documentation of the leave of absence due to medical off island treatment. Co-payments will be waived in this instance.

4. Homelessness: individuals who lack a fixed (stationary, permanent, and not subject to change), regular (used on a predictable, routine, or consistent basis), and adequate nighttime (sufficient for meeting both the physical and psychological needs typically met in home environments) residence and includes children and youths who are sharing the housing of other persons due to loss of housing, economic hardship similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings;

5. On a case-by-case basis families affected by a federally or state declared

disaster who may be at risk of disaster related environmental, health, and mental health hazards. During a federally or state declared disaster, the following will fall under protective services:

- A. families caring for a family member with a serious disaster related medical condition.
- B. families who are rebuilding their homes and/or are now temporarily living in shelters
- C. Homeless families as defined above
- D. families assisting in the rebuilding of their place of work or employment
- E. Volunteers and First responder/essential workers who are assisting in rebuilding the community and/or ensuring the community is safe
- F. Emergency responders or essential workers as defined by the territory
- G. Families who are on Job Search for a maximum of 90 calendar days for each occurrence.
- H. Children under ward of court who are not placed in a foster home

Families under this definition are exempted from co-payments

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

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

- No
- Yes

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

- No
- Yes

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

No

Yes

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

No

Yes

3.1.3 Eligibility criteria: Family Income Limits

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

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

Gross income means any benefit in cash which is received by the individual as a result of current or past labor or services (before deductions), business activities, interest in real or personal property or as a contribution from persons, organizations, or assistance from agencies such as wages and salary. The following are not considered income: child support and/or SSI benefits as well as any money/support received as a result of a pandemic or emergency, such as stimulus funds.

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

	(i)	(ii)	(iii)	(iv)
Family Size	100% of	85% of SMI	(IF APPLICABLE)	IF APPLICABLE)

	(i) SMI(\$/Month)	(ii) (\$/Month) [Multiply (a) by 0.85]	(iii) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower Than 85% of Current SMI	(iv) (% of SMI) [Divide (iii) by (i), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	2394.00	2035.00		
2	2394.00	2035.00		
3	2785.00	2367.00		
4	4096.00	3482.00		
5	4846.00	4119.00		

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

Income limits are set statewide.

d. SMI source and year. Bankruptcy Forms 122A-1 and 122C-1 for cases filed between May 1, 2020 to October 31, 2020.

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

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

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

Saipan

f. What is the effective date for these eligibility limits reported in 3.1.3 b? Oct. 1, 2021

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

<http://www.cnmicclp.gov.mp/wp-content/uploads/2021/08/CCDF-Income-Guidelines-Effective-Oct.-1-2021-to-Sept.-30-2024.pdf>

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

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

Upon submission of a complete application, the family member must complete a Family Asset Certification.

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

No.

Yes.

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

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

a. eligibility determination.

During a declared federal or territory disaster or emergency, children of emergency or essential workers are defined as priority.

b. eligibility redetermination.

During a declared federal or territory disaster or emergency, children of emergency or essential workers are defined as priority.

3.1.6 Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Lead Agencies are reminded that authorized child care services are not required to be

strictly based on the work, training, or education schedule of the parent (98.21 (g)).
Check the approaches, if applicable, that the Lead Agency uses when considering children's development and promoting continuity of care when authorizing child care services.

- a. Coordinating with Head Start, Prekindergarten, other early learning programs, or school-age programs to create a package of arrangements that accommodates parents' work schedules
- b. Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)
- c. Establishing minimum eligibility periods greater than 12 months
- d. Using cross-enrollment or referrals to other public benefits
- e. Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services
- f. Working with entities that may provide other child support services.
- g. Providing more intensive case management for families with children with multiple risk factors;
- h. Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities
- i. Other.
Describe:

3.1.7 Fluctuation in earnings.

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

- Average the family's earnings over a period of time (i.e. 12 months).
- Request earning statements that are most representative of the family's monthly income.
- Deduct temporary or irregular increases in wages from the family's standard income level.

Other.

Describe:

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

Applicant identity.

Required at Initial Determination

Required at Redetermination

Describe:

Applicant identity. The Eligibility Specialist (ES) will cross reference the name of the applicant to submitted documents such as a current and Valid photo ID (CNMI Driver's License/Mayor's ID/Passport); in the event a question may arise from the document submitted, the ES will ask for additional document to verify the applicant's identity.

Applicant's relationship to the child.

Required at Initial Determination

Required at Redetermination

Describe:

The Eligibility Specialist will cross reference the names of the applicant and relationship to the child based on submitted documents such as Birth Certificate; in the event a question may arise from the document submitted, the ES will ask for additional documents to verify the applicant's relationship to the child. Court documents related to guardianship.

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

Required at Initial Determination

Required at Redetermination

Describe:

The Eligibility Specialist will cross reference the child's information to submitted documents such as Birth Certificate/Passport, SSS card; in the event a question may arise from the submitted documents, the ES will ask for additional documents to verify the child's information for determining eligibility. Court documents related to guardianship.

Work.

Required at Initial Determination

Required at Redetermination

Describe:

The Eligibility Specialist (ES) will cross reference the submitted document with the applicant's application to verify work information, such as 3 Most recent pay stubs, CCDF Employment Verification (prescribed), Most recent 1040 tax form. The Pay Stubs should include the employer's complete information (name, address, contact information), the employee's complete name, hours worked, hourly rate and gross income. in the event a question may arise from the submitted documents, the ES will ask for additional documents to verify the applicant's work eligibility. The ES will also request for copies of a current and valid CW work permit. A USCIS Receipt indicating a WAC number will be requested when and if needed. Documentation maybe be requested to identify applicants falling under "long term" definition, if applicable.

Job training or educational program.

Required at Initial Determination

Required at Redetermination

Describe:

The ES will cross reference submitted School certification/current class schedule/Acceptance letter (for Newly enrolled students) documents to the completed application. School certification should include Course Description, start date, projected graduation date, total number of credits, etc.; if a question may arise from the submitted documents, the ES will ask for additional documents that will verify applicant's job training or educational program.

Family income.

Required at Initial Determination

Required at Redetermination

Describe:

The ES will cross reference the information contained in the application with 3 Most recent pay stubs, CCDF Employment Verification (prescribed), Most recent 1040 tax form/Child Support statement/. In the event a question may arise, the ES will ask for additional documentations that will verify the applicant's family income.

Household composition.

Required at Initial Determination

Required at Redetermination

Describe:

The ES will cross reference the information contained in the application with Birth Certificate, current 1040 tax. In the event a question may arise, the ES will ask for additional documentations that will verify the applicant's household composition.

Applicant residence.

Required at Initial Determination

Required at Redetermination

Describe:

The ES will cross reference the information submitted in the application and Map to residence, current CW Permits, Green Card. In the event a question may arise, the ES will ask for additional documentations to verify the applicant's residence. Additional documents that maybe requested will include but is not limited to Commonwealth Utilities Corp (CUC) bills, Lease/Apt. Rental agreements, etc.

Other.

Required at Initial Determination

Required at Redetermination

Describe:

Other documents that maybe requested to cross reference information may include, but is not limited to the following: current CW 1 permits, Green Card, Individual

Education Plan (IEP), Individualized Family Service Plan (IFSP), SSI documents, WIC documents, Medicaid Documents, any and all documents pertaining to income, court documents related to custody, foster care documents, letter of referrals from partner agencies related to homelessness, and Affidavit of Living Arrangements.

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

Time limit for making eligibility determinations

Describe length of time:

15 calendar days from receipt of a complete application packet.

Track and monitor the eligibility determination process

Other.

Describe:

None

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

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

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

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

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

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

a. Identify the TANF agency that established these criteria or definitions: The CNMI does not have TANF

b. Provide the following definitions established by the TANF agency:

i. "Appropriate child care":

The CNMI does not have TANF

ii. "Reasonable distance":

The CNMI does not have TANF

iii. "Unsuitability of informal child care":

The CNMI does not have TANF

iv. "Affordable child care arrangements":

The CNMI does not have TANF

c. How are parents who receive TANF benefits informed about the exception to the individual penalties associated with the TANF work requirements?

i. In writing

ii. Verbally

iii. Other.

Describe:

The CNMI does not have TANF

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

The CNMI does not have TANF

3.2 Family Contribution to Payments

3.2 Family Contribution to Payments

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

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

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

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

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	Lowest initial or First Tier Income Level where family is first charged co-pay (greater than \$0)	What is the monthly co-payment for a family of this size based on the income level in (a)?	What percentage of income is this co-payment in (b)?	Highest initial or First Tier Income Level before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (d)?	What percentage of income is this co-payment in (d)?
1	\$1.00	\$18.00	1800%	2035.00	18.00	.8%
2	\$1.00	\$18.00	1800%	2035.00	18.00	.8%
3	\$1.00	\$31.00	3100%	2367.00	31.00	1.3%
4	\$1.00	\$43.00	4300%	3482.00	43.00	1.2%

	(a)	(b)	(c)	(d)	(e)	(f)
5	\$1.00	\$54.00	5400%	4119.00	54.00	1.3%

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

i. N/A. Sliding fee scale is statewide

ii. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart above.

Saipan

iii. Describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).

None.

c. What is the effective date of the sliding-fee scale(s)? Oct. 1, 2021

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

<http://www.cnmicclp.gov.mp/wp-content/uploads/2021/08/CCDF-Income-Guidelines-Effective-Oct.-1-2021-to-Sept.-30-2024.pdf>

3.2.2 How will the family's contribution be calculated, and to whom will it be applied?

Check all that apply under a. or b.

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

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

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

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

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

v. The fee is per family.

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

Describe:

vii. Other.

Describe:

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

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

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

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

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

v. The fee is per family.

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

Describe:

vii. Other.

Describe:

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

No.

Yes, check and describe those additional factors below.

a. Number of hours the child is in care.

Describe:

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

Describe:

c. Other.

Describe:

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

- No, the Lead Agency does not waive family contributions/co-payments.
- Yes, the Lead Agency waives family contributions/co-payments. If yes, identify and describe which families have their family contributions/co-payments waived.

a. Families with an income at or below the Federal poverty level for families of the same size.

Describe the policy and provide the policy citation.

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

Describe the policy and provide the policy citation.

The following families identified to be receiving or needing to receive protective services will have their co-payments waived:

- a. Teen Parent
- b. Military parents/legal guardians who are deployed
- c. Parents who are off island due to medical reasons
- d. Families who are considered to be homeless
- e. Families who are affected by a local or federally declared disaster or emergency.

f. Families who are on Job Search

Policy Citations: FY15No.4 Aug. 25,2015; FY15 No. 10 Dec. 15, 2015.

Teen Parent: an unmarried, minor parent under the age of 19 who has not obtained a high school diploma or GED equivalent, who lives at the home of his/her parents, an adult relative, or a legal guardian and is attending education full time; Military deployment: a parent or legal guardian who has been deployed off island due to military activities. The children will continue to be eligible to receive child care services regardless of the needs of the persons acting in locos parentis parent is Off island treatment: a treatment that is medically necessary and not available on island, as verified and recommended by a medical physician or Medical Referral Office; the children will continue to receive child care services regardless of the needs of the persons acting in locos parentis. Child Care services will be provided for at least 90 calendar days. Homelessness: individuals who lack a fixed (stationary, permanent, and not subject to change), regular (used on a predictable, routine, or consistent basis), and adequate nighttime (sufficient for meeting both the physical and psychological needs typically met in home environments) residence and includes children and youths who are sharing the housing of other persons due to loss of housing, economic hardship similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; On a case-by-case basis families affected by a federally or state declared disaster who may be at risk of disaster related hazards such as environmental, health and mental health. During a federally or state declared disaster, the following will fall under protective services: 1. families caring for a family member with a serious disaster related medical condition. 2. families who are rebuilding their homes and/or are now temporarily living in shelters 3. Homeless families as defined above 4. families assisting in the rebuilding of their place of work or employment 5. volunteers and first responders who are assisting in rebuilding the community 6. all families affected by a federally or territory declared emergency or disaster. 7. Families who are on Job Search.

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

Describe the policy.

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

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

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

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

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

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

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

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

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

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

A. Describe the policies and procedures.

B. Provide the citation for this policy or procedure.

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

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

B. Describe how the second eligibility threshold:

1. Takes into account the typical household budget of a low-income family:

2. Is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:

3. Reasonably allows a family to continue accessing child care services without unnecessary disruption:

4. Provide the citation for this policy or procedure related to the second eligibility threshold:

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

No

Yes

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

ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? *(Note: Additional reporting requirements are also discussed in section 3.4.3 of the plan.)*

No.

Yes.

Describe:

3.3 Increasing Access for Vulnerable Children and Families

3.3 Increasing Access for Vulnerable Children and Families

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

Note:

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

3.3.1 Describe how the Lead Agency defines:

a) "Children with special needs":

Children who have been tested and determined to need special education and/or related services. These children should have a formal and current Individual Family Service Plan (IFSP) and/or Individual Educational Plan (IEP). These children will be a high priority over other CCDF-Eligible children.

b) "Families with very low incomes":

Families with gross monthly income that does not exceed 85% of the SMI. These families prioritized after children with special needs and children experiencing homelessness. Families who are engaged in full time education and/or training with zero income will have their co-payments waived and will be considered a high priority within this group.

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

Note: If waiving co-payments is checked, Lead Agencies will need to provide further information in question 3.2.4. Paying higher rates for accessing higher quality care is addressed in 4.3.3 and using grants or contracts to reserve spots is addressed in 4.1.6.

a) Indicate how the identified populations are prioritized or targeted.

i. Indicate how services are prioritized for children with special needs. Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

ii. Indicate how services are prioritized for families with very low incomes. Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

iii. Indicate how services are prioritized for children experiencing homelessness, as defined by the CCDF. Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

iv. Indicate how services are prioritized, for families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF (98.16(i)(4)).

Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

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

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

Front liners, emergency workers, and/or essential workers as defined by the territory will be included in the priority groups.

3.3.4 Describe how the Lead Agency prioritizes services for the additional priority groups identified in 3.2.3.

Front liners, Emergency and essential workers will be given highest priority followed by families with special needs, families experiencing homelessness, and low income families.

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

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

Children experiencing homelessness will be accommodated as soon as eligibility is determined and placed in a Star 3, 4, or Star 5 level provider. At a minimum, the CCDF Program will ask for the IDs of the children. In cases where the child is under Wards of Court (DYS), within 10 working days after the wardship to DHS, the Case Worker will contact the CCDF Program for placement of the child in a CCDF provider site. The Case Worker will complete an application with the following attachments: Court Documents, Birth Certificate, Immunization Card. Upon receipt of the application and documents, CCDF Staff will prepare the Certificate of Confirmation within 2 workdays. Upon completion of all signatures, the child is placed in a CCDF Provider.

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

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

- ii. Partnerships with community-based organizations
- iii. Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care
- iv. Other

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

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

Note:

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

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

i. Children experiencing homelessness (as defined by Lead Agency's CCDF)

Children who are experiencing homelessness will be provided the grace period of 15 calendar days to comply with immunization and other health and safety requirements. This was in consultation with the Division of Youth Services (DYS) who works with the territory health agency.

Provide the citation for this policy and procedure.

Memo FY16 No.9 and Memo FY17 No. 1

ii. Children who are in foster care.

Children under foster care or wards of court will be enrolled for child care services while waiting for their immunization and other health requirements. They will have 15 calendar days to comply.

Provide the citation for this policy and procedure.

Memo FY16 No.9 and Memo FY17 No. 1

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

The CCDF Program will work closely with the provider, and Licensing program to ensure that families comply with immunization and other health and safety requirements. As the family is going through eligibility procedures, CCDF ES will contact the CCLP Office to inform that such family is being assisted who might need the grace period to comply with immunization.

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

No.

Yes.

Describe:

3.4 Continuity for Working Families

3.4.1 Minimum 12-month eligibility.

3.4.1 Minimum 12-month eligibility.

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

regardless of changes in income. Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold but not the federal threshold of 85 percent of state median income (SMI).regardless of temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)).The Lead Agency may not terminate assistance prior to the end of the minimum 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. Any temporary change cannot have a time limit (e.g. 60 days, 90 days, etc.). A temporary change in eligible activity includes, at a minimum:

any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illnessany interruption in work for a seasonal worker who is not workingany student holiday or break for a parent participating in a training or educational programany reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational programany other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agencya child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1)any changes in residency within the state, territory, or tribal service area

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

Eligible families will be provided at a minimum a 12-month eligibility period at initial eligibility determination and redetermination.

Section 55-60-201 (c)(10)

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

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

- i. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness.

Describe or define your Lead Agency's policy:

Care will be to the maximum as indicated in the employed parent's documentation, such as approved Leave of Absence. Lead Agency will also request from the family member's physician documentation of the length of time needed for medical

attention.

Citation:

Section 55-60-201 (5)

MemoFY19No.15.3. UPDATE THIS!!!!

- ii. Any interruption in work for a seasonal worker who is not working.

Describe or define your Lead Agency's policy:

Need child care for up to 90 calendar days during a break in employment

Citation:

Section 55-60-201 (5)

MemoFY19No.15.3

- iii. Any student holiday or break for a parent participating in a training or educational program.

Describe or define your Lead Agency's policy:

Need child care for up to 90 calendar days during a break in employment

Citation:

Section 55-60-201 (5)

MemoFY19No.15.3

- iv. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.

Describe or define your Lead Agency's policy:

Need child care for up to 90 days during a break in employment

Citation:

Section 55-60-201 (5)

MemoFY19No.15.3

- v. Any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by

the Lead Agency.

Describe or define your Lead Agency's policy:

Need child care for up to 90 days during a break in employment

Citation:

Section 55-60-201 (5)

MemoFY19No.15.3

- vi. A child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1).

Describe or define your Lead Agency's policy:

All children who turn 13 YO within their eligibility will continue to be eligible until their next re-determination.

Citation:

Memo FY19No.15.1

- vii. Any changes in residency within the state, territory, or tribal service area.

Describe or define your Lead Agency's policy:

A child's eligibility will continue regardless of movement within the CNMI.

Citation:

Memo FY19No.15.2

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

None.

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

a. Does the Lead Agency consider seeking employment (engaging in a job search) an eligible activity at initial eligibility determination (at application) and at the minimum 12-month eligibility

redetermination? (Note: If yes, Lead Agencies must provide a minimum of three months of job search.)

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

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

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

No.

Yes.

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

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

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

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

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

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

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

iv. Provide the citation for this policy or procedure.

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

i. Not applicable.

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

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

6 or more absences each month for a cumulative total of 3 months within any given 12-month eligibility. A child/family who has excessive absences is considered unable to use child care and a child/family who is unable to use child care does not need child care services. Even if the family is able to provide a written explanation of the reason for absences, if the child/family meets this definition of unexplained absence, the child/family will be terminated from the subsidy program. Exemptions will be provided for cases such as medical reasons with a written physician's certification and once during any 12-month eligibility for vacation reason. For vacation purposes, a written notice must be presented stating the reason and the number of days the child will be absent. These 2 reasons will not count towards this definition of unexplained absences.

B. Provide the citation for this policy or procedure:

Memo FY17No2 (Nov. 22, 2016); Memo FY18 No. 5 (May 1, 2018); Memo FY18 No. 5 (May 1, 2018)

- iii. A change in residency outside of the state, territory, or tribal service area.

Provide the citation for this policy or procedure:

Section 55- 60-015 Geographical Location

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

Describe the violations that lead to discontinued assistance and provide the citation for this policy or procedure.

Memo FY17No.4 (March 1, 2017); Memo FY18 No. 7 (updated May 1, 2018); Intentional Program Violation (IPV) Non-Payment of monthly co-payment. Any parent who fails to pay their monthly co-payment is considered to be committing an Intentional Program Violation. Any parents who fail to make their monthly co-payment with a cumulative total of 3 incidences within a 12-month period will be terminated from the program. Exemption to this violation will include reasoning based on medical challenges that a family is experiencing provided a medical certification is provided. Other exemptions maybe considered on a case-to-case basis provided a family submits a written explanation. Co-payments are set such that this is not a burden to the family. Co-payments are minimal and set as based on family and not per child.

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

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

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

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

Families are required to report a change to the Lead Agency at any time during the 12-month

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

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

No

Yes

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

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

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

Describe:

Families are required to report to the CCDF Office, within 10 calendar days when income exceeds 85% of the State Median Income (Income Guidelines). This is reported using a prescribed form. Report maybe submitted directly to the CCDF Office, via FAX, and/or via email to the parents' eligibility specialist.

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

Describe:

Families are required to report to the CCDF Office, within 10 calendar days, when household contact information changes, these may include but is not limited to the following: change in address, household location, contact numbers, etc.

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

Describe:

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

- i. Phone
- ii. Email
- iii. Online forms
- iv. Extended submission hours
- v. Postal Mail
- vi. FAX
- vii. In-person submission
- viii. Other.

Describe:

d) Families must have the option to voluntarily report changes on an ongoing basis during the minimum 12-month eligibility period. Lead Agencies are required to act on information reported by the family if it will reduce the family's co-payment or increase the family's subsidy. Lead Agencies are prohibited from acting on information reported by the family that would reduce the family's subsidy unless the information reported indicates that the family's income exceeds 85 percent of SMI after considering irregular fluctuations in income or, at the option of the Lead Agency, the family has experienced a non-temporary change in eligible activity.

i. Describe any other changes that the Lead Agency allows families to report.

NONE.

ii. Provide the citation for this policy or procedure.

N/A

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

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

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

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

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

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

Describe:

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

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

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

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

4.1 Maximize Parental Choice and Implement Supply Building Mechanisms

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either receiving a child care certificate or, if available, enrolling their child with a provider that has a grant or contract for providing child care services (658E(c)(2)(A); 98.30(a)). Even if a parent chooses to enroll their child with a provider who has a grant or contract, the parent will select the provider, to the extent practicable. If a parent chooses to use a certificate, the Lead Agency shall provide information to the parent on the range of provider options, including care by sectarian providers and relatives. Lead Agencies must require providers chosen by families to meet health and safety standards and has the

option to require higher standards of quality. Lead Agencies are reminded that any policies and procedures should not restrict parental access to any type of care or provider (e.g. center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.) (98.15 (a)(5)).

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

Interested applicants are assisted by the Eligibility Specialists or ES through a pre-eligibility assessment. During the pre-eligibility process the parents are only asked of the minimum requirements, such as income, job training, and/or education information. Once a parent is deemed "pre-eligible" based on the minimum requirements, the parent may submit all documents related to the application. The parent submits a completed application along with the required documents. After the processing of the application, the parent participates in a mandatory orientation. During the orientation, the parent is provided with the information about the Child Care Certificate along with a list of CCDF provider. The parent then selects the provider, have the provider sign on the certificate and returns to CCDF Office to complete the processing of the certificate. Information included in the certificate are: type of provider, eligibility dates, names and ages of children covered by the certificate.

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

- a. Certificate provides information about the choice of providers
- b. Certificate provides information about the quality of providers
- c. Certificate is not linked to a specific provider, so parents can choose any provider
- d. Consumer education materials on choosing child care
- e. Referrals provided to child care resource and referral agencies

- f. Co-located resource and referral staff in eligibility offices
- g. Verbal communication at the time of the application
- h. Community outreach, workshops, or other in-person activities
- i. Other.

Describe:

The Certificate will also include maximum number of hours for child care services, the family is eligible for (full time) and the CCDF Consumer Statement is also attached.

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

a. Describe how parents have access to the full range of providers eligible to receive CCDF:

A directory of CCDF Providers are made available in the lobby of the CCDF Office. This same directory is provided as part of the mandatory packet given to families during orientation. Families are also informed aside from the License center base provider options, that they may choose to also select a license-exempt family (relative), friend, or a trusted neighbor as a child care provider. The range of provider choices are indicated on the Certificate of Confirmation and shared during the Mandatory Orientation process for all approved families.

Currently, there are a total of 24 licensed providers. Of that number, a total of 10 are CCDF approved or certified. Parents also may choose to place their children in License Exempt providers which could be a family (relative), friend or neighbor (non-relative).

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

Currently, there are a total of 24 license center base providers in the CNMI. Of the 24 there are 10 CCDF approved sites in Saipan, none in Tinian or Rota. There are a total of 22 license exempt family, friend, and neighbor care providers.

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

The CCDF subsidy program currently pays at least at the 80th percentile of the Market Rate Survey. The CCDF program pays at the beginning of each month, following standard practice of timeliness of payments. However, for the islands of Rota and Tinian, where there is a higher cost of commodities, the payment rates may not be adequate.

Additional barriers include the length of time for processing business permits which may take a minimum of 15 days as well as the fees associated to the requirements, such as business permit fee, zoning, fee, health clearance fees, Pediatric CPR, and Police Clearance.

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

The Child Care Licensing Program or CCLP includes requirements that all licensed programs must have a policy in place that describes parent's unlimited access to children whenever their children are in the care of a provider (Section 55-40.1-150 Parent Accessibility). CCDF Rules and Regulations Section 55- 60-201 (d)(1)(ii) requires that all CCDF providers to have a description in their policy manuals of parents' unlimited access to their children when their child is with the child care provider. CCDF Providers also acknowledges in their application form that they must afford parents unlimited access when their program is open. Providers are required to submit a copy of their policy manuals to CCDF Office and CCLP Office as part of their provider application packet.

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

No.

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

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

Describe:

Providers must care for the minimum number of children to meet the Fair Labor Standards Act or minimum wage.

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

Describe:

Provider must be at least 18 years old.

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

Describe:

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

Describe:

e. Restricted to care for children with special needs or a medical condition.

Describe:

The children being cared for has special needs as documented through an IEP or IFSP or a written physicians' certification.

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

Describe:

Must meet the CCDF Health and Safety Self Certification Checklist and verified by the Health and Safety Inspector or authorized CCDF representative. And will be subjected to at a minimum one announced and one unannounced visits a year.

g. Other.

Describe:

All limits must be present in order for an in-home provider to be approved.

4.1.6 Child care services available through grants or contracts.

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

No. If no, skip to 4.1.7.

Yes, in some jurisdictions but not statewide.

If yes, describe how many jurisdictions use grants or contracts for child care slots.

Yes, statewide. If yes, describe:

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

ii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers) and how grants or contracts are promoted by the Lead Agency:

iii. How rates for contracted slots are set through grants and contracts and if they are viewed by providers as a vehicle for stabilizing payments.

4.1.6 Child care services available through grants or contracts.

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

No

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

i. Grants or Contracts are used in Child Care Programs that serve Children with disabilities:

To increase the supply of care

To increase the quality of care

ii. Grants or Contracts are used in Child Care Programs that serve Infants and toddlers:

To increase the supply of care

To increase the quality of care

iii. Grants or Contracts are used in Child Care Programs that serve School-age children:

To increase the supply of care

To increase the quality of care

iv. Grants or Contracts are used in Child Care Programs that serve Children needing non-traditional hour care:

To increase the supply of care

To increase the quality of care

v. Grants or Contracts are used in Child Care Programs that serve Children experiencing homelessness:

To increase the supply of care

To increase the quality of care

vi. Grants or Contracts are used in Child Care Programs that serve Children with diverse linguistic or cultural backgrounds:

To increase the supply of care

To increase the quality of care

vii. Grants or Contracts are used in Child Care Programs that serve Children in underserved areas:

To increase the supply of care

To increase the quality of care

viii. Grants or Contracts are used in Child Care Programs that serve Children in urban areas:

To increase the supply of care

To increase the quality of care

ix. Grants or Contracts are used in Child Care Programs that serve Children in rural areas:

To increase the supply of care

To increase the quality of care

x. Grants or Contracts are used in Child Care Programs that serve Other populations, please specify :

To increase the supply of care

To increase the quality of care

Describe

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

a. In child care centers.

We will use data sources from the monthly capacity reports provided by centers to the Licensing Program. Currently, our data shows that infant and toddler classrooms as well as afterschool classrooms are needed. We will work with the QRIS coaches in identifying areas of training support in increasing high quality child care providers and will use also use their data in identifying targeted technical assistance.

We will also look at reports generated through the CCDF Data base of families qualifying in the subsidy program.

b. In child care homes.

We will use data sources from our System of Support initiative. Currently, families with young children (infants and toddlers) opt to find relatives to care for their children. We will work with the Family and Community Engagement Specialists (FACES) to identify targeted support/technical assistance to increase high quality child care homes.

c. Other.

None.

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

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

- i. Grants and contracts (as discussed in 4.1.6).

Describe:

Support will be provided through a grant application process for providers to assist in their efforts towards maintaining and/or improving quality care. These grants will support action plans created and implemented as a result of the QRIS observations and/or check in.

- ii. Targeted Family Child Care Support such as Family Child Care Networks.

Describe:

We will use our System of Support for Licensed Exempt Family, Friend, or Neighbor (LE-FFN) to increase supply and/or improve quality of these providers.

- iii. Start-up funding.

Describe:

CCDF will provide support in terms of payment for initial license/business requirements for LE FFN providers. CCDF will provide support for educational materials to these providers based on need or survey not to exceed \$5,000.00 per approved provider if funds are available.

iv. Technical assistance support.

Describe:

All types of providers will be supported through coaching to improve quality.

v. Recruitment of providers.

Describe:

vi. Tiered payment rates (as in 4.3.3).

Describe:

Tiered reimbursements are tied to Reach Higher, CNMI -QRIS.

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

Describe:

Free training will be offered to support improving business practices.

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

x. Mental Health Consultation.

Describe:

CCDF program will support child and provider mental health consultation by providing such resources as free training and technical assistance.

xi. Other.

Describe:

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

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

i. Grants and contracts (as discussed in 4.1.6).

Describe:

Grants will be offered to infant and toddler programs to support maintaining and/or improving infant and toddler programs. Quality Improvement Plans or QIPs will be created and implemented.

ii. Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

License exempt family, friend, or neighbor (LE-FFN) providers will be supported by initial reimbursements on fees to start their business. All CCDF approved LE FFN providers will be supported with a maximum of \$5,000.00 educational materials (if funds are available) based on their need or a survey.

iv. Technical assistance support.

Describe:

All licensed and licensed-exempt providers will be provided technical support, such as coaching to assist in maintaining and/or improving infant and toddler programs.

v. Recruitment of providers.

Describe:

Non-CCDF infant and toddler programs will be supported through the free training and technical assistance support and resources. Non-CCDF infant and toddler programs may also voluntarily participate in the CNMI QRIS System.

vi. Tiered payment rates (as in 4.3.3).

Describe:

Tiered rates will be supported for infant and toddler programs under the QRIS

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

Describe:

Free trainings will be provided for business practices for CCDF and non-CCDF providers.

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

CCDF will offer and/or provide support for child care health consultations. These supports may include, but is not limited to free trainings and/or technical assistance or educational materials.

x. Mental Health Consultation.

Describe:

Mental health consultation support will be provided for all licensed and licensed exempt providers. These supports may include training and technical assistance.

xi. Other.

Describe:

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies

should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

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

i. Grants and contracts (as discussed in 4.1.6).

Describe:

ii. Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

LE-FFN providers will be supported by initial reimbursements on fees to start their business. All CCDF LE FFN approved providers will be supported with a maximum of \$5,000.00 educational materials (if funds are available) based on their need or a survey.

iv. Technical assistance support.

Describe:

Coaching will be provided free of charge for providers to maintain and/or improve quality care especially in the area of children with special needs.

v. Recruitment of providers.

Describe:

vi. Tiered payment rates (as in 4.3.3).

Describe:

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

Describe:

Free training will be provided to improve provider business practices.

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

Trainings and technical assistance support will be offered free of charge.

x. Mental Health Consultation.

Describe:

Mental health consultation (training and/or technical assistance) will be offered free of charge to providers.

xi. Other.

Describe:

As part of the QRIS incentive program, providers will be provided a monetary incentives for CCDF families with children with special needs that are enrolled in their programs.

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

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

i. Grants and contracts (as discussed in 4.1.6).

Describe:

ii. Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

LE-FFN providers will be supported by initial reimbursements on fees to start their business. All CCDF approved providers will be supported with a maximum of \$5,000.00 educational materials (if funds are available) based on their need or a survey.

iv. Technical assistance support.

Describe:

Coaching will be provided free of charge for providers to maintain and/or improve quality care especially in the area of children needing care during non-traditional hours.

v. Recruitment of providers.

Describe:

vi. Tiered payment rates (as in 4.3.3).

Describe:

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

Describe:

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

x. Mental Health Consultation.

Describe:

xi. Other.

Describe:

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

e. Other. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

ii. Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

v. Recruitment of providers.

Describe:

vi. Tiered payment rates (as in 4.3.3).

Describe:

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

Describe:

viii. Accreditation supports.

Describe:

- ix. Child Care Health Consultation.

Describe:

- x. Mental Health Consultation.

Describe:

- xi. Other.

Describe:

CCDF supports the physical and mental health and wellness of providers. Free training and resources will be offered to all providers in this area. Incentives to improve physical and mental well-being of all types of providers will be implemented. Some examples of incentives may include-vouchers or gift certificates for healthy snacks, sugar free drinks, free participation in community-based health and wellness/exercise events, and gift certificate for maintaining a healthy weight/living, and free blood pressure and sugar check.

CCDF will also be able to support providers to increase quality through the ARPA stabilization grants. The CNMI plans to the roll out of these funds in 3 phases and will be offered to all Licensed and License exempt providers that meet the ARPA requirements. Phase One will be grants focused on program operations and expenses. Phase Two will focus on improving quality and Phase Three will focus on premium bonuses/pay.

Through Phase One, grants will focus in stabilizing child care programs- providing support for their day to day operations (such as salaries, benefits, etc.).

Phase Two will support providers' efforts to increasing their quality, such as addressing their Quality Improvement Plans as identified in their last QRIS observation results.

Phase Three will support additional bonuses/pay for providers.

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

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

These would be areas or places that have a high number of families enrolled/receiving Nutrition Assistance Program (NAP) or Food Stamp or combinations of other programs such as WIC, LIHEAP, etc.

b) Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have high-quality programs
Through our community advocates, outreach activities will be conducted in these areas of need to identify the families and get them to apply and once approved, support them in identifying a high quality program that will best suit their child care need.

4.2 Assess Market Rates and Analyze the Cost of Child Care

4.2 Assess Market Rates and Analyze the Cost of Child Care

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

data at the facility or program level to measure the costs (or inputs used) to deliver childcare services (CCDF-ACF-PI-2018-01).

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

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

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

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

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

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

a. MRS.

When was your data gathered (provide a date range, for instance, September - December, 2019)?

b. ACF pre-approved alternative methodology.

Identify the date of the ACF approval and describe the methodology:

No, a waiver is being requested in Appendix A.

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

i. MRS.

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

The CNMI plans to conduct an MRS.

We will begin by reviewing and updating (if needed) the MRS instrument. The MRS instrument will be shared with partners, including child care providers to get feedback-we anticipate for this activity (review and feedback) to be completed around 60 days. Once it is finalized, it will be provided to child care providers CNMI wide to be completed and returned. This will be completed within 30 days. Once returned and analyzed, the CCDF program will prepare the results and finalize its payment rates. This will be completed between 60-90 days. Posting of the Rates and the summary of the MRS will be completed within 30 days from the completion of the MRS.

ii. ACF pre-approved alternative methodology.

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

b. If a waiver is requested, Lead Agencies will need to respond to questions 4.2.2- 4.5.2 based on data collected for the FY 2019-2021 CCDF Plan or any data collected since then. Identify the date of the Lead Agencies' most recent and complete Market Rate Survey or ACF pre-approved alternative methodology that will provide data to inform responses to questions 4.2.2 - 4.5.2. 01/30/2018

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

Describe how the Lead Agency consulted with the:

a) State Advisory Council or similar coordinating body:

The CNMI does not have a State Advisory Council, but the Market Rate Survey instrument was shared with partners such as MCHB, CCLP, WIC, to get their feedback. Partners were also informed of the availability of the MRS Instrument and results of the MRS on the Child Care Licensing website.

b) Local child care program administrators:

The Market Rate Survey instrument was provided/shared with to the child care program directors.

c) Local child care resource and referral agencies:

The CNMI does not have child care resource and referral agencies.

d) Organizations representing caregivers, teachers, and directors:

The instrument was provided to the Child Care Association for their feedback.

e) Other. Describe:

None.

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

methodology meets the following:

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

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

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

i. Represent the child care market: Click or tap here to enter text.

All types of providers were included in the survey.

ii. Provide complete and current data:

The survey requested information that is current from the respondents.

iii. Use rigorous data collection procedures:

The CCDF program followed rigorous data collection by ensuring that the procedures were consistent and were strict in the collection of data.

iv. Reflect geographic variations:

Instrument was sent to all providers in the CNMI (Rota, Tinian, and Saipan).

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

All information and data presented in the instrument were considered.

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

No

Yes.

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

Not applicable.

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

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

The instrument distributed in all 3 islands of the CNMI.

b) Type of provider. Describe:

The instrument included questions related to the type of provider.

c) Age of child. Describe:

The survey instrument was distributed to providers who serve varying ages of children ranging from young infants (6 weeks) to afterschool age children (12 years old)

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

None.

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

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

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

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

b. How the methodology addresses the cost of child care providers' implementation of health, safety, quality and staffing requirements (i.e. applicable licensing and regulatory requirements, health and safety standards, training and professional

development standards, and appropriate child to staff ratio, groups size limits, and caregiver qualification requirements (98.45 (f)(ii)(A)).

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

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

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

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

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

a. Date the report containing results was made widely available - no later than 30 days after the completion of the report. May 30, 2018

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

The summary of the CNMI 2018 Market Rate Survey was posted on the Child Care Licensing Program (CCLP) website. It was also shared with the child care providers during a meeting held on June 15, 2018.

<http://www.cnmicclp.gov.mp/wp-content/uploads/2021/08/Summary-Report-of-2018-MRS.pdf>

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

Report containing the result of the Market Rate Survey (MRS) was initially made available to providers during a meeting held on June 15, 2018. At this meeting the maximum rates were explained to the providers. Comments related to the summary report were noted. The detailed report of the results was then made available on the <http://www.cnmicclp.gov.mp>.

4.3 Establish Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or ACF pre-approved alternative methodology, as identified in 4.2.1, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF assistance. Lead Agencies must also consider the costs of base and higher quality care at each level as part of its rate setting. The Lead Agency must re-evaluate its payment rates at least every 3 years.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.

Lead Agencies are required to provide a summary of data and facts in their Plan to demonstrate how its payment rates ensure equal access. The preamble to the final rule (81 FR, p. 67512), indicates that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible children have access to three out of four child care slots.

The 75th percentile benchmark applies to the base rates. Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes). Further, base rates must be sufficient to ensure that minimum health and safety and staffing requirements are covered.

Percentiles are not required if the Lead Agency conducted an ACF pre-approved alternative methodology, but must be reported if the Lead Agency conducted a MRS. For states that conduct an ACF pre-approved alternative methodology, report the base payment rates based on a full-time weekly rate.

The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please use the most populous geographic region (defined as the area serving highest number of CCDF children) to report base payment rates below.

- a. Provide the base payment rates and percentiles based on either the statewide rates or the most populous area of the state (area serving highest number of children accessing CCDF). To facilitate compiling state by state payment rates, provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

i. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Center care:

Base payment rate:500.00

Full-time weekly base payment rate: 116.28

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 100th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

ii. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Center care:

Base payment rate:500.00

Full-time weekly base payment rate: 116.28

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 100th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

iii. Age of child in what type of licensed child care setting (All rates are full-time) - Preschooler (4 years) Center care:

Base payment rate:400

Full-time weekly base payment rate: 93.02

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 82th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

iv. Age of child in what type of licensed child care setting (All rates are full-time) - School-age child (6 years) Center care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:400

Full-time weekly base payment rate: 93.02

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 82th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

v. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Family Child Care:

Base payment rate:500

Full-time weekly base payment rate: 116.28

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 100th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

vi. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Family Child Care:

Base payment rate:500

Full-time weekly base payment rate: 116.28

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 100th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

vii. Age of child in what type of licensed child care setting (All rates are full-time) - Preschooler (4 years) Family Child Care:

Base payment rate:400

Full-time weekly base payment rate: 93.02

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 82th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

viii. Age of child in what type of licensed child care setting (All rates are full-time) - School-age child (6 years) Family Child Care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:400

Full-time weekly base payment rate: 93.02

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 82th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

b. If the Lead Agency does not publish weekly rates then how were these rates calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)?

Monthly rates divided by 4.3

c. Describe how the Lead Agency defines and calculates part-time and full-time care.

All families are approved based on the need of child care by the parent. For example, a parent who is employed full time (at least 30 hours per week) will be approved for full time care (maximum of 207 hours). The number of hours of care for a child does not change during the family's eligibility period.

d. Provide the date these current payment rates became effective (i.e., date of last update based on most recent MRS as reported in 4.2.1). Oct. 1. 2018

e. If applicable, identify the most populous area of the state (area serving highest number of children accessing CCDF) used to complete the responses above.

Saipan

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

<http://www.cnmicclp.gov.mp/wp-content/uploads/2021/08/FY19No.9-Updated-Max-Rates-Eff.-Oct.-1-2018.pdf>

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

Payment rates are set by the Lead Agency for the whole CNMI, including Rota, Tinian, and Saipan.

4.3.2 Describe how and on what factors the Lead Agency differentiates payment rates.

Check all that apply.

a. Geographic area.

Describe:

Established rates are currently the same within the 3 islands of Rota, Tinian, and Saipan.

b. Type of provider.

Describe:

Established rates are currently the same for all provider types-license center and license exempt family, friend, or neighbor provider.

c. Age of child.

Describe:

Payment rates are differentiated based on age of children.

d. Quality level.

Describe:

Base rates are the same for all CCDF providers. For those with Star level 2 to 5, tiered reimbursements will also be added.

e. Other.

Describe:

4.3.3 Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children). Lead Agencies may pay providers more than their private pay rates as an incentive or to cover costs for higher quality care (81 FR, p. 67514).

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

No.

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

a. This option should not be selected if the answer above is "Yes" -- Tiered or differential rates are not implemented.

Describe:

b. Differential rate for non-traditional hours.

Describe:

c. Differential rate for children with special needs, as defined by the state/territory.

Describe:

d. Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on.

Describe:

- e. Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on.

Describe:

- f. Differential rate for higher quality, as defined by the state/territory.

Describe:

- g. Other differential rates or tiered rates.

Describe:

Tiered rates are included as part of the Reach Higher, CNMI (QRIS). Tiered rates begin at Star 2 level and it increases at each higher star level. Rates are based on the current MRS. Tiered rates are provided as additional percentage to the total base rate. Additional percentage range begin from 10%.

Aside from the tiered %, CCDF also provides for additional one time incentives for children with special needs.

4.3.4 Establishment of adequate payment rates.

a. Describe how base payment rates are adequate and enable providers to meet health, safety, quality, and staffing requirements under CCDF, and how they were established based on the most recent MRS or ACF pre-approved alternative methodology and the Narrow Cost Analysis, as reported in 4.2.1 and 4.2.5.. In determining compliance with the Act for the equal access provisions in the FY2019-2021 CCDF Plan, the OCC reviewed all the states with payment rates below the 75th percentile benchmark. Of those states, the half with the lowest payment rates were considered non-compliant and placed on a corrective action plan (CAP). These states all had rates below the 25th percentile for either some or all categories of care. The 25th percentile is not to be viewed as a benchmark or a long-term solution to gauge equal access. It is also not to be viewed as sufficient for compliance in future plan cycles. OCC expects to continue to take action against states with the lowest rates in future plan cycles in an effort to keep payment rates moving upward toward ensuring equal access. Note: Per the preamble (81 FR p.

67512), in instances where an MRS or ACF pre-approved alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

Base rates are set at 100th percentile for Infants, Toddlers, and above the 75th percentile for preschool and afterschool school age children. Because infant and toddler care is more expensive, base rates for infants and toddlers are set at a higher percentile. This will also assist in addressing health and safety requirements as a result of the covid pandemic.

b) Describe how payment rates are adequate and have been established based on the most recent MRS or alternative methodology . Note: Per the preamble (81 FR 67512), in instances where a MRS or alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

Currently, the rates that will be followed are the rates provided in the last State Plan. Increased costs and providers fees due to Covid-19 pandemic was not included but will be considered once a new Market Rate Survey is conducted.

Incentives are also included in the QRIS beginning Star 1.

The incentives include:

Star 1: Incentives for Professional Development or Training

Star 2: Tiered Reimbursement of at least 7% from the base monthly payment; Incentives for families with special needs child; Incentives for Staff; Program Incentives; and Incentives for Professional/Training

Star 3: Tiered Reimbursement of at least 10% and the same incentives as described in Star 2 at an increase amount

Star 4: Tiered Reimbursement of at least 12% and the same incentives as described in Star 2 at an increased amount;

Star 5: Tiered reimbursement of at least 15%, the same incentives as described in Star 2 at an increased amount, and contracted slots for infants and toddlers.

4.3.5 Describe how the Lead Agency took the cost of higher quality, as determined in 4.2.5, into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the

estimated cost of care at each level of quality. Note: For states without a QRIS, the states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, or state-defined quality measures).

All CCDF providers are required to participate in the QRIS. Included in the QRIS system are staff incentives, program incentives, and tiered reimbursements.

4.3.6 Identify and describe any additional facts that the Lead Agency considered in determining its payment rates ensure equal access. If applicable, provide a description of how any additional health and safety costs, because of the COVID-19 pandemic are included in rate setting.

None.

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(l)(2)).

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded

assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(l)(3)). Responses may also identify any additional health and safety fees providers are charging as a result of COVID-19.

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

4.4.1 Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.

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

i. Paying prospectively prior to the delivery of services.

Describe the policy or procedure.

CCDF providers submit their Invoice on the 1st working day of each month for the current month's service. For example: Invoice for the month of July is submitted on July 1st. Provider checks which is processed from the Department of Finance and released through the Treasury. Checks are picked up by the CCDF Staff member from Treasury and released to providers from the CCDF Office.

ii. Paying within no more than 21 calendar days of the receipt of a complete invoice for services.

Describe the policy or procedure.

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

Agency is to choose at least one of the following):

- i. Paying based on a child's enrollment rather than attendance.

Describe the policy or procedure.

CCDF will pay based on the child's enrollment. If the child is enrolled on a full-time basis, the provider will be paid the full-time rate for that month regardless of the child's absences.

- ii. Providing full payment if a child attends at least 85 percent of the authorized time.

Describe the policy or procedure.

- iii. Providing full payment if a child is absent for five or fewer days in a month.

Describe the policy or procedure.

- iv. Use an alternative approach for which the Lead Agency provides a justification in its Plan.

If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.

c. The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).

- i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time).

Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time).

All parents are approved under full time care which is a total of 207 hours each month.

- ii. Paying for reasonable mandatory registration fees that the provider charges to

private-paying parents.

Describe the policy or procedure.

CCDF will pay for the one-time mandatory registration fees for the family. For each new family that is enrolled in the program, the provider will include a billing for registration fees and will attach/include that billing to the monthly invoice for services. In order to determine the amount and occurrences for such mandatory registration fees, this information will be gathered in the cost survey that CCDF will conduct.

d. The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, including fees related to COVID 19, and the dispute-resolution process. Describe:

New providers and ongoing providers attend an orientation that describes the CCDF provider requirements as well as payment processes. Providers are also given a copy of the submission invoice deadlines. Providers are informed of what to submit on a monthly basis for purposes of reimbursement as well as what CCDF will reimburse them-such as new family's registration fees.

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

Describe:

The provider is informed of any changes to the family's eligibility via email and a call within the day the CCDF Program becomes aware of the change.

f. The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe:

Any payment inaccuracies are addressed and resolved the following month and the amount in question is included in the following month's payment. CCDF is able to address inaccuracies not to exceed 60 calendar days.

g. Other. Describe:

none.

4.4.2 Do payment practices vary across regions, counties, and/or geographic areas?

No, the practices do not vary across areas.

Yes, the practices vary across areas.

Describe:

4.4.3 Describe how Lead Agencies' payment practices described in subsection 4.4 support equal access to a full range of providers.

There are a total of 24 license center based providers in the CNMI of this number, there are a total of 10 CCDF providers. and there are a total of 19 CCDF license exempt family, friend, or neighbor (LE-FFN) providers. Generally, providers who do not accept CCDF families collect payment from parents at the beginning of each month's service. For instances where there are absences or long vacation (more than a week) parents are provided a discount or reimbursed. Parents also pay for registration fees.

CCDF Program follows the generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies by having CCDF approved families submit Provider Invoices at the beginning of each month for that month's service, paying based on enrollment rather than attendance, and paying for the registration fees. CCDF families do not get any form of discounts regardless of the number of children in a family.

4.5 Establish Affordable Co-Payments

Family co-payments are addressed in Section 3 related to minimum 12-month eligibility and the graduated phase-out provision and also in this subsection, because they are an important element for determining equal access. If a Lead Agency allows providers to charge amounts more than the required family co-payments, the Lead Agency must provide a rationale for this

practice, including how charging such additional amounts will not negatively impact a family's ability to receive care they might otherwise receive, taking into consideration a family's co-payment and the provider's payment rate.

4.5.1 How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF services (98.16 (k))? Check all that apply

a. Limit the maximum co-payment per family.

Describe: .

Copayments are set per family.

b. Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and

c. Minimize the abrupt termination of assistance before a family can afford the full cost of care ('the cliff effect') as part of the graduated phase-out of assistance discussed in 3.2.5.

d. Other.

Describe:

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

No

Yes. If yes:

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

CCDF Providers generally follow the CCDF base rate to charge parents. Although CCDF allows providers to charge CCDF families additional amounts, more often than not these are not collected from CCDF families, or discounted, or pro-rated.

CCDF also currently pays for the mandatory registration per family.

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

Based on submitted provider contracts to the CCDF Office, providers generally charge families with registration fees that range between \$50 to \$100 per child or per family. CCDF has not collected data on the size and frequency that providers actually collect from CCDF families. However, based on conversations with CCDF families during renewal orientations, families acknowledges that registration fees are often waived or discounted. Registration fees are also often collected from new families only and not for ongoing families. CCDF does pay for registration fees for new families. The registration fee is included as part of the provider invoice for the first month of service. In order to gather more data on this, CCDF will include questions related to frequency and size of amounts in the MRS. CNMI CCDF plans to contract the MRS and the announcement should be out on or before December 30, 2021. We anticipate completing the activities related to the MRS on or before July 30, 2022. A waiver is being requested in the collection of data related this in Appendix 1.

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

The CCDF Office has not received any negative comments from CCDF parents regarding additional charges imposed by their providers. The comments often received by the office is that additional charges have been "waived".

5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings

Lead Agencies are required to certify that there are in effect licensing requirements applicable to all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must

describe how such licensing exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children whether they are licensed or license-exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

The organization of this section begins with a description of the licensing system for all child care providers in a state or territory and then moves to focus specifically on CCDF providers who may be licensed, or those exempt from licensing. The next section addresses child-staff ratios, group size limits, and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children. The section then covers the health and safety requirements; standards, training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Finally, Lead Agencies are asked to describe any exemptions for relative providers (98.16(l)). In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt. In either case, Lead Agencies are expected to identify and describe health and safety requirements for all providers receiving CCDF.

Note: When responding to questions in this section, the OCC recognizes that each state/territory identifies and defines its own categories of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care.

Criminal background check requirements are included in this section (98.16(o)). It is important to note that these requirements apply to all child care staff members who are licensed, regulated, or registered under state/territory law and all other providers eligible to deliver CCDF services.

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

5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)).

5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below? Check, identify, and describe all that apply, and provide a citation to the licensing rule.

a. Center-based child care.

i. Identify the providers subject to licensing:

Day Care Centers, Group Child Care Homes, Before and After School Programs;
Infant and Toddler Child Care Centers.

ii. Describe the licensing requirements:

The following licensing requirements must be submitted for review and approval by the Child Care Licensing Program:

Facility Requirements:

1. CNMI Business License
2. DPW Occupancy Permit
3. Sanitary Permit
4. Fire Permit
5. Liability Insurance
6. Policy/Handbook

7. Valid Lease Agreement
8. Children's Daily Activity Schedule
9. Staff Schedule
10. Children Roster

Staffing Requirements:

1. Consent for Release of Information
2. Valid Identification with Photo
3. Superior Court Criminal Record Clearance
4. Health Certificate or Food Handlers Certificate (If food is handled)
5. CPR Certificate
6. Academic Diploma with an Official Transcript
7. Resume
8. SORNA Clearance with the CNMI Department of Public Safety

iii. Provide the citation:

1. NMIAC 55-40.1 PART 200.
2. NMIAC 55-40.1 PART 400.

b. Family child care. Describe and provide the citation:

i. Identify the providers subject to licensing:

Family Child Care Homes or Family Child Care that are NOT related to the children.

ii. Describe the licensing requirements:

The following licensing requirements must be submitted for review and approval by the Child Care Licensing Program:

Facility Requirements: .

1. CNMI Business License
2. DPW Occupancy Permit
3. Sanitary Permit
4. Fire Permit
5. Liability Insurance
6. Policy/Handbook
7. Valid Lease Agreement
8. Children's Daily Activity Schedule

9. Staff Schedule
10. Children Roster

Staffing Requirements:

1. Consent for Release of Information
2. Valid Identification with Photo
3. Superior Court Criminal Record Clearance
4. Health Certificate or Food Handlers Certificate (If food is handled)
5. CPR Certificate
6. Academic Diploma with an Official Transcript
7. Resume
8. SORNA Clearance with the CNMI Department of Public Safety.

iii. Provide the citation:

1. NMIAC 55-40.1 PART 300.

c. In-home care (care in the child's own) (if applicable):

i. Identify the providers subject to licensing:

Not Applicable

ii. Describe the licensing requirements:

Not Applicable

iii. Provide the citation:

Not Applicable

5.1.2 Identify the CCDF-eligible providers who are exempt from licensing requirements. Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Describe how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). Do not include exempt relative care providers, this information will be collected in Section 5.6.

a. License-exempt center-based child care. Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible center-based child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

Not Applicable

ii. Provide the citation to this policy:

Not Applicable

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

Not Applicable

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

i. Identify the CCDF-eligible family child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

License-exempt providers are those who care for 4 or less children. These providers maybe a family, friend, or neighbor.

ii. Provide the citation to this policy:

Not Applicable

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

Although exempted from licensing requirements these providers must still meet minimum requirements. These include getting a business license, police clearance, SORNA clearance (for all family members in the household who are at least 18 YO, who maybe in the home while the CCDF eligible child is in care), health clearance, must complete the 12-preservice training topics, must complete a minimum number of

annual training hours, and must complete a Health and Safety Checklist. The health and safety checklist are verified. There is also a one unannounced a

c. In-home care (care in the child's own home by a non-relative): Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible in-home child care (care in the child's own home by a non-relative) providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption.

In home care is only allowed if the provider is related to the child.

ii. Provide the citation to this policy:

Memo FY21No.1

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

Although exempted from licensing requirements these providers must still meet minimum requirements. These include getting a business license, police clearance, SORNA clearance (for all family members in the household who are at least 18 YO, who maybe in the home while the CCDF eligible child is in care), health clearance, must complete the 12-preservice training topics, must complete a minimum number of annual training hours, and must complete a Health and Safety Checklist. The health and safety checklist is verified. There is also a one unannounced and one announced monitoring visits conducted within the provider's approval.

5.2 Standards for Ratios, Group Size and Qualifications for CCDF Providers

Lead Agencies are required to have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency

categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.6.

5.2.1 Describe how the state/territory defines the following age classifications. For instance, Infant: 0-18 months.

a. Infant. Describe:

Infant means children who are newborn up to age one or 6 weeks to 12 months of age.

b. Toddler. Describe:

Toddler mean a child who is twelve to thirty-six months of age.

c. Preschool. Describe:

No definition is provided by the Child Care Licensing Program's Administrative Code. However, K-2/K-3/K-4/K-5 aged children would fall under this category.

d. School-Age. Describe:

Chronological age of children enrolled in Elementary, Junior High, and High School.

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

a) Licensed CCDF center-based care

i. Infant

A. Ratio:

1:3; 1:4

B. Group size:

6 & 8

ii. Toddler

A. Ratio:

1:3; 1:4; 1:5; 1:6

B. Group size:

6; 8; 10; 12

iii. Preschool

A. Ratio:

K2 (Pre-Kinder 2 years old) [1:7]; K3 (Pre-Kinder 3 years old) [1:7]; K4 (Pre-Kinder 4 years old) [1:10]; and K5 (Pre-Kinder 5 years old) [1:10]

K2 means Pre-Kinder 2 years old

K3 means Pre-Kinder 3 years old

K4 means Pre-Kinder 4 years old

K5 means Pre-Kinder 5 years old

B. Group size:

K2 & K3: 48-55, K4 & K5: 55-65

K2 means Pre-Kinder 2 years old

K3 means Pre-Kinder 3 years old

K4 means Pre-Kinder 4 years old

K5 means Pre-Kinder 5 years old

iv. School-age

A. Ratio:

K-5 [1:10]

K5 means Pre-Kinder 5 years old

B. Group size:

55-65

v. Mixed-Age Groups (if applicable)

A. Ratio:

Unless specific instructional curriculum and related provisions specify mixing the ages and excepting nap time, the number of children assigned to a staff member shall be determined by the age of the youngest child in the group.

B. Group size:

None specified

vi. If any of the responses above are different for exempt child care centers, describe the ratio and group size requirements for license-exempt providers.

Not Applicable

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

b. Licensed CCDF family child care home providers:

i. Mixed-Age Groups

A. Ratio:

A family child care home shall provide care for no more than six children at the same time.

B. Group size:

6

ii. Infant

A. Ratio:

No more than two children under eighteen months of age shall be permitted in the family child care home at the same time. Should there be additional adult help in the home, there may be up to four children under eighteen months of age.

B. Group size:

4

iii. Toddler

A. Ratio:

Not Applicable

B. Group size:

Not Applicable

iv. Preschool

A. Ratio:

Not Applicable

B. Group size:

Not Applicable

v. School-age

A. Ratio:

Not Applicable

B. Group size:

Not Applicable

vi. If any of the responses above are different for exempt child care homes, describe the ratio and group size requirements for license-exempt family child care home providers.

Not Applicable

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

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

i. Mixed-Age Groups (if applicable)

A. Ratio:

1:7

B. Group size:

7

ii. Infant (if applicable)

A. Ratio:

1:4

B. Group size:

8

iii. Toddler (if applicable)

A. Ratio:

1:7

B. Group size:

7

iv. Preschool (if applicable)

A. Ratio:

1:10

B. Group size:

20

v. School-age (if applicable)

A. Ratio:

Not applicable

B. Group size:

Not Applicable

vi. Describe the ratio and group size requirements for license-exempt in-home care.

Mixed age group. maximum group size is 4. Ratio is 1:4

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

a. Licensed Center-Based Care

i. Describe the teacher qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care:

A teacher shall meet one of the following qualifications: (1) A degree in child development or early childhood education from an accredited college or university, and six months working experience in an early childhood program; or (2) Post-secondary credential in child development associate program or organized two-year (sixty credit) college program and certificate in early childhood education, plus one-year supervised teaching experience in an early childhood program; or (3) Baccalaureate (bachelor's degree) in elementary education from an accredited college or university plus six months working in an early childhood program, plus six credit-semester or equivalent approved child development or early childhood training courses, (may be included as part of bachelors or arts or bachelors of science

degree); or (4) Baccalaureate (bachelor degree) any field from an accredited college or university plus six months working in an early childhood program, plus twelve credits-semester or equivalent approved child development or early childhood training courses, (may be included as part of bachelors of arts or bachelor of science degree).

ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed:

The director of a facility licensed for six or more children shall have the following qualifications: (1) A bachelor's degree from an accredited college or university preferably with courses in early childhood education, child development, or related fields, and two years of experience working with children; or (2) Combination of two years of college education or child development associate certification and four years of experience in work with children; and (3) In either case, at least one year of experience shall be with children of the appropriate age for the child care center being directed.

iii. If any of the responses above are different for license-exempt child care centers, describe which requirements apply to exempt centers:

Not Applicable

iv. If applicable, provide the website link detailing the center-based teacher and director qualifications.

<http://www.cnmiclp.gov.mp/wp-content/uploads/2019/04/CCLPADMINISTRATIVE-CODE-4-22-2019.pdf>. See specifically NMIAC 55-40.1-226(g)(h).

b. Licensed Family Child Care

i. Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care:

(a) Each provider shall be qualified through training experience, and personal qualities for the age group with which the person works. (b) All provider other than volunteers assisting providers shall be at least eighteen years old. (c) Written reference from two of the following categories of persons shall be submitted to the Department with an application: (1) A neighbor or personal friend; (2) A person in a professional capacity such as a teacher, doctor, minister, or social worker, (3) The parent of any child who

has previously been in the provider's care, if applicable.

ii. If any of the responses above are different for license-exempt family child care homes, describe which requirements apply to exempt homes:

Not Applicable

iii. If applicable, provide the website link detailing the family child care home provider qualifications:

<http://www.cnmicclp.gov.mp/wp-content/uploads/2019/04/CCLPADMINISTRATIVE-CODE-4-22-2019.pdf>. See specifically NMIAC § 55-40.1-326.

c. Regulated or registered In-home Care (care in the child's own home by a non-relative)

i. Describe the qualifications for licensed in-home child care providers (care in the child's own home) including any variations based on the ages of children in care:

Not Applicable. In-home child care providers are exempt providers.

ii. If any of the responses above are different for license-exempt in-home care providers, describe which requirements apply to exempt in-home care providers:

License exempt providers must be at least 18 years old with at least a high school diploma. License exempt providers will only be able to care for a maximum of 4 children.

5.3 Health and Safety Standards and Training for CCDF Providers

5.3 Health and Safety Standards and Training for CCDF Providers

The state/territory must describe its requirements for pre-service or orientation training and ongoing training. Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served. This training must address the required health and safety topics (658E(c)(2)(l)(i)) and the content area of child development. Lead Agencies have flexibility in determining the number of training hours to require, and they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training

requirements.

Lead Agencies must also have ongoing training requirements for caregivers, teachers, and directors who are caring for children receiving CCDF funds (658E(c)(2)(l)(i); 98.44(b)(1)(iii)). Lead Agencies are to report the total number of ongoing training hours that are required each year, but they do not have to report these hours out by topic (658E(c)(2)(G)(iii)). Ongoing training requirements will be addressed in 5.3.13.

Both preservice/orientation and ongoing trainings should be a part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory.

States and territories must have health and safety standards

for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined in 98.2. Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)). Exemptions for relative providers' standards and training requirements will be addressed in question 5.6.3.

To certify, describe the following health and safety requirements for programs serving children receiving CCDF assistance on the following topics (98.16(l)) identified in questions 5.3.1 - 5.3.12. Note: Monitoring and enforcement will be addressed in subsection 5.4.

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Programs are required to have written policies for handwashing, diapering procedures, isolating sick children, and immunization requirements. Handwashing procedures

must be posted, and should include when and for which activities handwashing is required.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

All CCDF providers are required to complete the 12 Health and Safety Pre-Service Training Topics within 90 days of receiving their providers certification. The 12 Health Safety Trainings include Prevention of Sudden Infant Death Syndrome and the use of Safe-Sleep Practices, Prevention of Shaken Baby Syndrome, Abusive Head Trauma, and Child Maltreatment, Administration of Medication, Child Development, Recognition and Reporting of Child Abuse and Neglect, Emergency Preparedness and Response Recovery Plan, Precautions in Transporting Children, Building and Physical Premises Safety, Handling and Storage of Hazardous Materials and the Appropriate Disposal of Bio-contaminants, Prevention of and Response to Emergencies due to Food and Allergic Reactions, Prevention and Control of Infectious Diseases Including Immunization, and Pediatric First Aid/CPR.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Under CCDF Title 55 Part 200 Eligibility: 55-60-201 Eligibility Requirements for Child Care Services Page 11 #6; 55-40.1-232 Evidence of Child's Health •55-40.1-238 Admission of Ill Children •55- 40.1-240 Non-admission of Ill Children •55-40.1-249 Hand Washing Policy for Children •55-40.1-250 Providers' Health Standards •55-40.1-251 Hand Washing Policy for Staff •55-40.1-252 Personal Health Habits of Staff •55-40.1-268 Cleaning of Premises

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Title 55-60 Child Care and Development Fund Rules and Regulations Part 200 Eligibility Section 55-60-201 Eligibility Requirements for Child Care Services Page 11 #6.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

All CCDF providers (licensed and license-exempt) must complete the pre-service training topics. Licensed centers must complete 30 hours of ongoing health and safety training topics based on the children they care for (Memo FY21No.7); Licensed exempt providers will complete 15 hours of annual health and safety training hours based on the ages of the children they care for (Memo21No.7.1)

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

For both licensed and license-exempt providers, an orientation is required before certification and renewal of CCDF Provider Certification. Updates are also shared through ongoing training. The new content/ updates are embedded in the ongoing modules and made explicit to the providers during trainings. When applicable, Health and Safety Checklist for LEFFN is updated to reflect the changes in information/ standards.

5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Programs are required to implement safe sleep practices that include spacing/ positioning of sleeping children, use and storage of beddings, and clearing infant cribs of any injury hazards.

Written policies on safe sleep practices must be in place.

CCDF providers via memo FY16 No.4 (24) must follow Caring for Our Children 3rd Ed. Definition of Sleeping, Safe Sleep policy, areas used for sleeping/napping, sleep equipment and bed linens.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

For LEFFN providers, a Health and Safety Checklist has been implemented to address the sleeping area under checklist section 7 (i.e. 7-a, 7-b, & 7-c); for licensed centers, they must implement CFoC 3rd Ed standards based on Memo FY16.No.4 (24)

Safe sleep practices are implemented for all infant, toddler, and preschool aged children. School-aged children in after school care do not typically have nap routines.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Memo FY16.No.4 (24) Under CCDF Title 55 Part 200 Eligibility: 55-60-201 Eligibility Requirements for Child Care Services Page 11 #6 stated that all new providers must complete within 90 days 10 hours of Pre-Service Trainings. The lead agency and its partner monitors and track the training of new providers by documenting the providers

attendance and providing them a certification letter of completion of the training. The trainings are made available to the new providers in advance to accommodate their schedule and needs. Additionally, the Health and Safety standards are monitored and enforced with the LEFFN through a Health and Safety Checklist conducted by the inspector.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

CCDF Title 55-60 Child Care and Development Fund Rules and Regulations Part 200 Eligibility Section 55-60-201 Eligibility Requirements for Child Care Services Page 11 #6.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

All new teaching staff are required to take the training within 3 months of hire as a preservice training. Only ongoing infant and toddler teachers are required to take the training annually thereafter.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

For both licensed and license-exempt providers, an orientation is required before certification and renewal of CCDF Provider Certification. Updates are also shared through ongoing training. The new content/ updates are embedded in the ongoing modules and made explicit to the providers during trainings. When applicable, Health and Safety Checklist for LEFFN is updated to reflect the changes in information/ standards.

5.3.3 Administration of medication, consistent with standards for parental consent.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Programs must have a written policy for the allowance and admission of sick children into the facility, including a care plan for the administration of medication. Policies and guidelines are in place for medication to be physician-prescribed and how medication will be stored and disposed.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

For LEFFN providers, a Health and Safety Checklist has been implemented to address the administration of medication under checklist section 3Child's File (i.e. 3-a, 3-b, 3-c, & 3- d). The Health and Safety Checklist is provided to the LEFFN providers and monitored by an inspector.

No variations in standards for licensed providers. These required practices apply across the care for children in all age groups.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Under CCDF Title 55 Part 200 Eligibility: 55-60-201 Eligibility Requirements for Child

Care Services Page 11 #6; Child Care Licensing Admin. Code 55-40.1-238 Admission of Ill Children.

Under CCDF Title 55 Part 200 Eligibility: 55-60-201 Eligibility Requirements for Child Care Services Page 11 #6 stated that all new providers must complete within 90 days 10 hours of Pre-Service Trainings. The lead agency and its partner monitors and track the training of new providers by documenting the providers attendance and providing them a certification letter of completion of the training. The trainings are made available to the new providers in advance to accommodate their schedule and needs. Additionally, the Health and Safety standards are monitored and enforced with the LEFFN through a Health and Safety Checklist conducted by the inspector.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Title 55-60 Child Care and Development Fund Rules and Regulations Part 200 Eligibility Section 55-60-201 Eligibility Requirements for Child Care Services Page 11 #6; Child Care Licensing Admin. Code 55-40.1-238 Admission of Ill Children

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

All ongoing teaching staff and directors take the training every 3 years (MemoFY21No.7).

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

For both licensed and license-exempt providers, an orientation is required before certification and renewal of CCDF Provider Certificate. Updates are also shared through ongoing training. The new content/ updates are embedded in the ongoing modules and made explicit to the providers during trainings. When applicable, Health and Safety Checklist for LEFFN is updated to reflect the changes in information/ standards.

5.3.4 Prevention of and response to emergencies due to food and allergic reactions.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Programs are required to have a written care plan for notifying parents and emergency personnel once an EpiPen has been administered. Staff are trained in responding to and preventing allergic reactions and must post children's information in an area that is discreet, but accessible to staff.

55-40.1-266 [Food Protection] - Food protection shall be carried out as follows: a. Policies and practices shall be developed and carried out in a manner that ensures that all food is protected from contamination during storage, preparation, and service; and b. Food protection policies shall comply with accepted practices of local sanitary codes and shall be adapted to fit the needs of the program except as indicated in the rules in this chapter.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in

care.

NO variations by category of care. For LEFFN providers, a Health and Safety Checklist has been implemented to prevent and respond to emergencies due to food and allergic reactions under checklist section 3 Child's File (i.e. 3-a, 3-b, 3-c, & 3-d). The Health and Safety Checklist is provided to the LEFFN providers and monitored by an inspector.

No variations in standards for licensed providers. These required practices apply across the care for children in all age groups.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Under CCDF Title 55 Part 200 Eligibility: 55-60-201 Eligibility Requirements for Child Care Services Page 11 #6; Child Care Licensing Admin. Code 55-40.1-266 [Food Protection]

Under CCDF Title 55 Part 200 Eligibility: 55-60-201 Eligibility Requirements for Child Care Services Page 11 #6 stated that all new providers must complete within 90 days 10 hours of Pre-Service Trainings. The lead agency and its partner monitors and track the training of new providers by documenting the providers attendance and providing them a certification letter of completion of the training. The trainings are made available to the new providers in advance to accommodate their schedule and needs. Additionally, the Health and Safety standards are monitored and enforced with the LEFFN through a Health and Safety Checklist conducted by the inspector.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

CCDF Title 55 Part 200 Eligibility: 55-60-201 Eligibility Requirements for Child Care Services

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

All directors and teaching staff must take the training annually as part of their ongoing training requirements.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

For both licensed and license-exempt providers, an orientation is required before certification and renewal of CCDF Provider Certificate. Updates are also shared through ongoing training. The new content/ updates are embedded in the ongoing modules and made explicit to the providers during trainings. When applicable, Health and Safety Checklist for LEFFN is updated to reflect the changes in information/ standards.

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

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Child care programs are expected to conform to the CNMI's zoning, building, electrical and plumbing codes. Both indoor and outdoor premises must be clear of environmental hazards, with adequate space (according to the Department of Public Work's building occupancy codes) to meet the needs of children and minimal hazards from furniture,

equipment, and toys.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

For LEFFN providers, a Health and Safety Checklist has been implemented to address building and physical premises safety under checklist section 12 Playground/Outdoor Space (i.e., 12-a, 12-b, 12-c, etc.). The Health and Safety Checklist is provided to the LEFFN providers and monitored by an inspector.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Under CCDF Title 55 Part 200 Eligibility: 55-60-201 Eligibility Requirements for Child Care Services Page 11 #6; 55-40.1-272 [Building Codes and Space Requirements]; 55-40.1-256 [Accidental Injury Precautions] 55-40.1-258 [Environmental Hazards]

Under CCDF Title 55 Part 200 Eligibility: 55-60-201 Eligibility Requirements for Child Care Services Page 11 #6 stated that all new providers must complete within 90 days 10 hours of Pre-Service Trainings. The lead agency and its partner monitors and track the training of new providers by documenting the providers attendance and providing them a certification letter of completion of the training. The trainings are made available to the new providers in advance to accommodate their schedule and needs. Additionally, the Health and Safety standards are monitored and enforced with the LEFFN through a Health and Safety Checklist conducted by the inspector.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

CCDF Title 55 part 200 Eligibility: 55-60-201 Eligibility Requirements for Child Care Services

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status

(i.e. licensed, license-exempt), or the age of the children in care?

This training is required only as a preservice training. There is no additional requirements for ongoing providers.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

For both licensed and license-exempt providers, an orientation is required before certification and renewal of CCDF Provider Certificate. Updates are also shared through ongoing training. The new content/ updates are embedded in the ongoing modules and made explicit to the providers during trainings. When applicable, Health and Safety Checklist for LEFFN is updated to reflect the changes in information/ standards.

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Programs are required to have staff trained and knowledgeable of strategies for

copied with a crying, fussing or distraught child. Written policies and information are in place regarding shaken baby syndrome, including procedures for preventing shaken baby syndrome/ abusive head trauma, and recognizing potential signs of trauma.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

The standards are more appropriately applied to infant and toddler care, although all providers are required to undergo the initial preservice training.

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Under CCDF Title 55 Part 200 Eligibility: 55-60-201 Eligibility Requirements for Child Care Services Page 11 #6; Memo FY16 No. 4 (25)

Under CCDF Title 55 Part 200 Eligibility: 55-60-201 Eligibility Requirements for Child Care Services Page 11 #6 stated that all new providers must complete within 90 days 10 hours of Pre-Service Trainings. The lead agency and its partner monitors and track the training of new providers by documenting the providers attendance and providing them a certification letter of completion of the training. The trainings are made available to the new providers in advance to accommodate their schedule and needs. Additionally, the Health and Safety standards are monitored and enforced with the LEFFN through a Health and Safety Checklist conducted by the inspector.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

CCDF Title 55 Part 200 Eligibility: 55-60-201 Eligibility Requirements for Child Care Services

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

All new providers are required to complete the training as part of their preservice requirements. Only infant and toddler teachers and directors are required to complete the training annually as part of their ongoing requirements.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

For both licensed and license-exempt providers, an orientation is required before certification and renewal of CCDF Provider Certificate. Updates are also shared through ongoing training. The new content/ updates are embedded in the ongoing modules and made explicit to the providers during trainings. When applicable, Health and Safety Checklist for LEFFN is updated to reflect the changes in information/ standards.

5.3.7 Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with

disabilities, and children with chronic medical conditions.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Programs are required to have written policies and procedures for preparing for and responding to emergencies, whether natural or man-made. Practice drills must be conducted and documented.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

For LEFFN providers, a Health and Safety Checklist has been implemented to address emergency preparedness and response plan under checklist section 4 Emergency Preparedness and Response Plans (EPRP) (i.e., 4-a, 4-b, 4-c, & 4-d). The Health and Safety Checklist is provided to the LEFFN providers and monitored by an inspector.

No variations in standards for licensed providers. These required practices apply across the care for children in all age groups.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Under CCDF Title 55 Part 200 Eligibility: 55-60-201 Eligibility Requirements for Child Care Services Page 11 #655-40.1-254 [Disaster Plan for Emergencies].

Under CCDF Title 55 Part 200 Eligibility: 55-60-201 Eligibility Requirements for Child Care Services Page 11 #6 stated that all new providers must complete within 90 days 10 hours of Pre-Service Trainings. The lead agency and its partner monitors and track the training of new providers by documenting the providers attendance and providing them a certification letter of completion of the training. The trainings are made available to the new providers in advance to accommodate their schedule and needs. Additionally, the Health and Safety standards are monitored and enforced with the

LEFFN through a Health and Safety Checklist conducted by the inspector.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

CCDF Title 55 Part 200 Eligibility: 55-6-201 Eligibility Requirements for Child Care Services

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations. Providers, regardless of age of children serviced, must complete the training as a preservice.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

For both licensed and license-exempt providers, an orientation is required before certification and renewal of CCDF Provider Certificate. Updates are also shared through ongoing training. The new content/ updates are embedded in the ongoing modules and made explicit to the providers during trainings. When applicable, Health and Safety Checklist for LEFFN is updated to reflect the changes in information/ standards.

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Storage of hazardous materials, including cleaning supplies, must be in a secured area which is inaccessible to children. Programs are required to have written policies for the type of disinfectant/ cleaning agents used, methods for cleaning, storage of the materials, and disposal of soiled items and spilled body fluids. Labeling and dating of hazardous materials are also required. Included sanitation standards address the disposal of soiled diapers.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

For LEFFN providers, a Health and Safety Checklist has been implemented to address handling and storing of hazardous materials and the appropriate disposal of bio- contaminants under checklist section 5 (Practices that Prevent Hazards and Illness), section 8 (Toileting area) and Section 9 (Diapering Area) (i.e., 5-a, 8-a, 8-g, 9-a, 9-b, 9-c,etc.). The Health and Safety Checklist is provided to the LEFFN providers and monitored by an inspector.

No variations in standards for licensed providers. These required practices apply across the care for children in all age groups.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Under CCDF Title 55 Part 200 Eligibility: 55-60-201 Eligibility Requirements for Child Care Services Page 11 #6; 55-40.1-258 ii. 55-40.1-360 iii. 55-40.1-462

Under CCDF Title 55 Part 200 Eligibility: 55-60-201 Eligibility Requirements for Child Care Services Page 11 #6 stated that all new providers must complete within 90 days 10 hours of Pre-Service Trainings. The lead agency and its partner monitors and track the training of new providers by documenting the providers attendance and providing them a certification letter of completion of the training. The trainings are made available to the new providers in advance to accommodate their schedule and needs. Additionally, the Health and Safety standards are monitored and enforced with the LEFFN through a Health and Safety Checklist conducted by the inspector.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

CCDF Title 55 Part 200 Eligibility: 55-6-201 Eligibility Requirements for Child Care Services;. 55-40.1-258 ii. 55-40.1-360 iii. 55-40.1-462

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are

able to maintain and update the health and safety practices as described in the standards above.

For both licensed and license-exempt providers, an orientation is required before certification and renewal of CCDF Provider Certificate. Updates are also shared through ongoing training. The new content/ updates are embedded in the ongoing modules and made explicit to the providers during trainings. When applicable, Health and Safety Checklist for LEFFN is updated to reflect the changes in information/ standards.

5.3.9 Precautions in transporting children (if applicable).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Programs are required to have written policies regarding transporting children, obtaining written parental consent, appropriate conduct to ensure safe transportation, driver and automobile qualifications/ compliance, ensuring adult-child ratio, recording logging children's information, and provisions for children with allergic reactions.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

No variations in standards for licensed providers. These required practices apply across the care for children in all age groups.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Under CCDF Title 55 Part 200 Eligibility: 55-60-201 Eligibility Requirements for Child Care Services Page 11 #6; i. 55-40.1-216 [Transportation Provision]

Under CCDF Title 55 Part 200 Eligibility: 55-60-201 Eligibility Requirements for Child

Care Services Page 11 #6 stated that all new providers must complete within 90 days 10 hours of Pre-Service Trainings. The lead agency and its partner monitors and track the training of new providers by documenting the providers attendance and providing them a certification letter of completion of the training. The trainings are made available to the new providers in advance to accommodate their schedule and needs. Additionally, the Health and Safety standards are monitored and enforced with the LEFFN through a Health and Safety Checklist conducted by the inspector.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

CCDF Title 55 Part 200 Eligibility: 55-60-201 Eligibility Requirements for Child Care Services; i.

55-40.1-216 [Transportation Provision]

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

For both licensed and license-exempt providers, an orientation is required before certification and renewal of CCDF Provider Certificate. Updates are also shared through ongoing training. The new content/ updates are embedded in the ongoing modules and made explicit to the providers during trainings. When applicable, Health and Safety Checklist for LEFFN is updated to reflect the changes in information/ standards.

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Providers are required to be trained in CPR and first aid practices that are specifically geared towards the care of young children.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

No variations in standards for licensed providers. These required practices apply across the care for children in all age groups.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Under CCDF Title 55 Part 200 Eligibility: 55-60-201 Eligibility Requirements for Child Care Services Page 11 #6

Under CCDF Title 55 Part 200 Eligibility: 55-60-201 Eligibility Requirements for Child Care Services Page 11 #6 stated that all new providers must complete within 90 days 10 hours of Pre-Service Trainings. The lead agency and its partner monitors and track the training of new providers by documenting the providers attendance and providing them a certification letter of completion of the training. The trainings are made available to the new providers in advance to accommodate their schedule and needs.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

CCDF Title 55 Part 200 Eligibility: 55-60-201 Eligibility Requirements for Child Care Services

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations and all infants and toddler must complete and be current in their certification. At least 1 provider will be with a current certification for each age group present while the children are in care.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

For both licensed and license-exempt providers, an orientation is required before certification and renewal of CCDF Provider Certificate. Updates are also shared through ongoing training. The new content/ updates are embedded in the ongoing modules and made explicit to the providers during trainings. When applicable, Health and Safety Checklist for LEFFN is updated to reflect the changes in information/ standards.

5.3.11 Recognition and reporting of child abuse and neglect. Note: The description must include a certification that child care providers within the state comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Programs are required to be mandatory reporters of child abuse. Requirements include recognizing signs of abuse and neglect (including physical, mental, sexual) and written procedures for reporting to administration and authorities.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

No variations in standards for licensed providers. These required practices apply across the care for children in all age groups.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Under CCDF Title 55 Part 200 Eligibility: 55-60-201 Eligibility Requirements for Child Care Services Page 11 #655-40.1-125 [Report of a Critical Incident]; ii. 55-40.1-130 [Reporting Child Abuse].

Under CCDF Title 55 Part 200 Eligibility: 55-60-201 Eligibility Requirements for Child Care Services Page 11 #6 stated that all new providers must complete within 90 days 10 hours of Pre-Service Trainings. The lead agency and its partner monitors and track the training of new providers by documenting the providers attendance and providing them a certification letter of completion of the training. The trainings are made available to the new providers in advance to accommodate their schedule and needs.

Additionally, the Health and Safety standards are monitored and enforced with the LEFFN through a Health and Safety Checklist conducted by the inspector.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

CCDF Title 55 Part 200 Eligibility: 55-60-201 Eligibility Requirements for Child Care Services;55-40.1-125 [Report of a Critical Incident]; ii. 55-40.1-130 [Reporting Child Abuse].

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variation and all child care providers must take this training annually.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

For both licensed and license-exempt providers, an orientation is required before certification and renewal of CCDF Provider certificate. Updates are also shared through ongoing training. The new content/ updates are embedded in the ongoing modules and made explicit to the providers during trainings. When applicable, Health and Safety Checklist for LEFFN is updated to reflect the changes in information/

standards.

5.3.12 PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

a. PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

i. Please enter 'NA' below

NA

ii. Please enter 'NA' below

NA

iii. Please enter 'NA' below

NA

5.3.12 Child Development. Lead Agencies are required to describe in their plan how training addresses child development principles, including the major domains of cognitive, social, emotional, physical development and approaches to learning (98.44(b)(1)(iii)).

b. Pre-Service and Ongoing Training

i. Describe the training content and provide the citation(s) for the training requirement(s). Include citations for both licensed and license-exempt providers

Child development training includes typical developmental milestones (across the domains: physical, social, emotional, language/ literacy) and developmentally appropriate teaching practices and strategies.

ii. Describe any variations in training requirements for this topic. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations in standards for licensed providers. These required practices apply across the care for children in all age groups.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding this topic? This description should include methods to ensure that providers are able to maintain and update their understanding of child development principles as described in the topic above.

For both licensed and license-exempt providers, an orientation is required before certification and renewal of CCDF Provider certificate. Updates are also shared through ongoing training. The new content/ updates are embedded in the ongoing modules and made explicit to the providers during trainings. When applicable, Health and Safety Checklist for LEFFN is updated to reflect the changes in information/ standards.

5.3.13 Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):

a. Licensed child care centers:

30 hours annually

b. License-exempt child care centers:

NA

c. Licensed family child care homes:

30 hours annually

d. License-exempt family child care homes:

15 hours annually

e. Regulated or registered In-home child care:

15 hours annually

f. Non-regulated or registered in-home child care:

NA

5.3.14 In addition to the required standards, does the Lead Agency require providers to comply with the following optional standards? If checked, describe the standards, how often the training is required and include the citation. (Please check all that apply)

a. Nutrition:

Describe:

b. Access to physical activity:

Describe:

c. Caring for children with special needs:

Describe:

d. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)).

Describe:

5.4 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.4.1 Enforcement of licensing and health and safety requirements.

Lead agencies must certify that procedures are in effect to ensure that all child care providers caring for children receiving CCDF services comply with all applicable state and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers, or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.4.2.

a. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Standards as described in Section 5.3.

All license CCDF providers must go through and meet the following regulatory agency requirements:

1. Dept. of Public Safety (DPS) Fire Division
2. Bureau of Environmental Health (BEH) Sanitation
3. Dept. of Public Works (DPW) Building Safety Code

All CCDF providers are visited/monitored at least twice a year for an unannounced and announced visits. License providers are monitored by the Safety Inspector from the Child Care Licensing Program, while License exempt family, friend, or neighbor provider is monitored by a CCDF contractor (Family and Community Engagement Specialist or FACES). Follow up visits for compliance is scheduled if needed. Each monitoring visit for both license and license exempt providers is completed using a checklist of all required standards, trainings, and background checks to be reviewed for compliance.

Monitoring checklist is found at this link:

<http://www.cnmicclp.gov.mp/wp-content/uploads/2021/09/2021.07.23.-CCLP-Monitoring-Checklist.pdf>

b. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Training as described in Section 5.3.

Using a monitoring checklist, each visits with a CCDF provider will look at required standards, trainings, and background checks to be reviewed for compliance.

All new license providers are required to meet 12 Pre-Service Training topics iwthin 90

days of employment; and all ongoing providers must meet 30 hours of annual trainings. All new license exempt (LE) providers must also meet the 12 Pre-Service Training topics within 90 days of employment, and all ongoing (LE) providers must meet 15 hours annually.

c. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards.

All licensed providers must complete an initial or annual Child Care Licensing Program application. Included in the application are the approval from the Dept. of Public Safety, Fire Division, from the Department of Public Works for occupancy permit and from Public Health, Sanitation. Reports from these regulatory agencies must be attached to the application and posted in the respected child care facilities.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

a. Licensed CCDF center-based child care

i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards.

CCLP staff members inspect child care facilities/operations to assess the risk to children in care, in accordance with Child Care Standards Act of 1985 and the administrative code. To determine compliance, Licensing staff: observe the facility's operational performance; review the records and files maintained by the facility; cite the facility's deficiencies, based on the minimum standards as specified in the Child Care Standards Act of 1985 and the administrative code; document observations to capture scope and severity of deficiencies, if any; consider the risks posed by the violations of the minimum health and safety standards; use critical thinking to assess the facility's overall compliance history; and help the licensee identify problems that contribute to deficiencies and provide technical assistance to help the licensee understand how to comply with the minimum standards.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care center providers.

Unannounced Inspections are conducted once a year. The Providers are not informed of the date and time of the such inspection. The following are detailed procedures: Providers and children must be present during each inspection. Inspections are conducted at different times of the day to ensure a variety of activities and services are evaluated by the Health and Safety Inspector. If a program offers care during non-traditional hours, it too will undergo the same amounts of inspections during the fiscal year as the rest of the centers operating on traditional business hours. During each inspection, the Health and Safety Inspector walks through all of the following areas in the operation: Indoor and outdoor activity areas; Areas where meals are prepared and served; Restrooms accessible to children; Sleeping areas; Electrical; Signage; Emergency; Sanitary; Capacity; Health; Documents; and Others. During the walk through of the operation, the Health and Safety Inspector must assess the risk to children related to obvious violations of the licensing statutes, administrative rules, or minimum standards including the: supervision of children, and staff-child ratio. Use the inspection checklist to document all inspections. The provider will sign/acknowledge the checklist at the end of the visit. Inspector informs the provider that a copy of the

completed checklist and a summary report will be provided at a later time. Before leaving the program, the Health and Safety Inspector conducts an exit interview with the Director or the person in charge at the time, to share a summary of findings pertaining to all areas of compliance or noncompliance prior to completing the summary report. The Health and Safety Inspector must provide recommendations and technical assistance relative to achieving compliance. After that, the inspector prepares a written summary report for each inspection. The inspection checklist includes the name(s) of the inspector, the date and time of the inspection and purpose of the inspection. Listing of names of the person(s) in charge of the program during the inspection inclusive of all the teachers and their respective classrooms. Cite the standard number(s) evaluated. Document your observation and conclusion (compliance or noncompliance). If violations were observed, notify the Director or the supervisor immediately and advise to take immediate action to correct the violation(s).

iii. Identify the frequency of unannounced inspections:

- A. Once a year
 B. More than once a year

Describe:

Once a year

iv. If applicable, describe the differential monitoring process and how these inspections ensure that child care center providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

The Child Care Licensing Program only utilizes differential monitoring for centers that are problematic. In which case, the frequency of monitoring is increased and technical assistance is implemented to correct the noncompliance or the problem area.

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

NMIAC 55-40.1-110

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

b. Licensed CCDF family child care home

i. Describe your state/territory's requirements for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards

CCLP staff members inspect child care facilities/operations to assess the risk to children in care, in accordance with Child Care Standards Act of 1985 and the administrative code. To determine compliance, Licensing staff: observe the facility's operational performance; review the records and files maintained by the facility; cite the facility's deficiencies, based on the minimum standards as specified in the Child Care Standards Act of 1985 and the administrative code; document observations to capture scope and severity of deficiencies, if any; consider the risks posed by the violations of the minimum health and safety standards; use critical thinking to assess the facility's overall compliance history; and help the licensee identify problems that contribute to deficiencies and provide technical assistance to help the licensee understand how to comply with the minimum standards

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF family child care providers.

Unannounced Inspections are conducted once a year. The Providers are not informed of the date and time of the such inspection. The following are detailed procedures: Providers and children must be present during each inspection. Inspections are conducted at different times of the day to ensure a variety of activities and services are evaluated by the Health and Safety Inspector. If a program offers care during non-traditional hours, it too will undergo the same amounts of inspections during the fiscal year as the rest of the centers operating on traditional business hours. During each inspection, the Health and Safety Inspector walks through all of the following areas in the operation: Indoor and outdoor activity areas; Areas where meals are prepared and served; Restrooms accessible to children; Sleeping areas; Electrical; Signage; Emergency; Sanitary; Capacity; Health; Documents; and Others. During the walk through of the operation, the Health and Safety Inspector must assess the risk to children related to obvious violations of the licensing statutes, administrative rules, or minimum standards including the: supervision of children, and staff-child ratio. Use the inspection checklist to document all inspections. The provider will sign/acknowledge the checklist at the end of the visit. Inspector informs the provider that a copy of the completed checklist and a summary report will be provided at a later time. Before leaving the program, the Health and Safety Inspector conducts an exit interview with the Director or the person in charge at the time, to share a summary of findings pertaining to all areas of compliance or noncompliance prior to completing the summary report. The Health and Safety Inspector must provide recommendations and technical assistance relative to achieving compliance. After that, the inspector prepares a written summary report for each inspection. The inspection checklist includes the name(s) of the inspector, the date and time of the inspection and purpose of the inspection. Listing of names of the person(s) in charge of the program during the inspection inclusive of all the teachers and their respective classrooms. Cite the standard number(s) evaluated. Document your observation and conclusion (compliance or noncompliance). If violations were observed, notify the Director or the supervisor immediately and advise to take immediate action to correct the violation(s).

iii. Identify the frequency of unannounced inspections:

- A. Once a year
- B. More than once a year

Describe:

iv. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

The Child Care Licensing Program only utilizes differential monitoring for centers that are problematic. In which case, the frequency of monitoring is increased and technical assistance is implemented to correct the non-compliance or the problem area.

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers

NMIAC 55-40.1-110

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

c) Licensed in-home CCDF child care

i. Does your state/territory license in-home child care (care in the child's own home)?

- No (Skip to 5.4.3 (a)).
- Yes. If yes, answer A-D below:

A. Describe your state/territory's policies and practices for pre-licensure inspections of licensed in-home care (care in the child's own) providers for compliance with health, safety, and fire standards.

B. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care in-home care (care in the child's own home) providers.

C. Identify the frequency of unannounced inspections:

1. Once a year

2. More than once a year

Describe:

D. If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

E. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers

Child Care Licensing Program under the Department of Community and Cultural Affairs

5.4.3 Inspections for license-exempt center-based and family child care providers.

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Inspections for relative providers will be addressed in question 5.6.4. At a minimum, the health and safety requirements to be inspected must address the standards listed in subsection 5.3 (98.41(a)).

To certify, describe the policies and practices for the annual monitoring of:

a. License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

There is no licensed exempt center based in the CNMI.

i. Provide the citation(s) for this policy or procedure

b. License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

License-exempt family child care CCDF providers undergo an Initial Announce (IA), Follow Up Announce (FA), or Unannounced (U) Health and Safety Checklist Inspection.

There is a minimum of 2 home inspections annually.

i. Provide the citation(s) for this policy or procedure

CCDF Title 55-60 Child Care and Development Fund Rules and Regulations Part 200
- Eligibility Section 55-60-201 Eligibility Requirements for Child Care Services Page 10

(iv) Submits to an initial and annual inspection and approval.

5.4.4 Inspections for license-exempt in-home care (care in the child's own home).

Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. A child's home may not meet the same standards as other child care facilities and this provision gives Lead Agencies flexibility in conducting more streamlined and targeted on-site inspections. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection (98.42(b)(2)(iv)(B)).

a. To certify, describe the policies and practices for the annual monitoring of license-exempt in-home care, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used.

License-exempt in-home family child care CCDF providers undergo an Initial Announce (IA), Follow Up Announce (FA), or Unannounced (U) Health and Safety Checklist Inspection. There is a minimum of 2 home inspections annually.

b. Provide the citation(s) for this policy or procedure.

CCDF Title 55-60 Child Care and Development Fund Rules and Regulations Part 200
- Eligibility Section 55-60-201 Eligibility Requirements for Child Care Services Page 10

(iv) Submits to an initial and annual inspection and approval.

c. List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers:

CCDF approved consultants

5.4.5 Licensing Inspectors (or qualified inspectors designated by the Lead Agency).

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the state's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

- a. To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers

Office of Personnel Management Position Description Number 6164 All employees of the government when applying for a position must meet the minimum requirements as described in the announcement and Office of Personnel Management. Additional support is provided once the individual is hired, in this case, all newly hired employee of the Child Care Licensing Program must complete all PreService Training Topics. They must also have their Infant and Child CPR certificates. As an ongoing training, all health and safety inspectors must attend any and all trainings on island, such as those facilitated by the Emergency Management Office or EMO and off island trainings, such as those under the National Association for Regulatory Administration or NARA.

- b. To certify, describe how inspectors and monitors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

All employees of the government when applying for a position must meet the minimum requirements as described in the announcement and Office of Personnel Management. Additional support is provided once the individual is hired, in this case, all newly hired employee of the Child Care Licensing Program must complete all Pre-Service Training Topics. They must also have their Infant and Child CPR certificates. As an ongoing training, all health and safety inspectors must attend any and all trainings on island, such as those facilitated by the Emergency Management Office or

EMO and off island trainings, such as those under the National Association for Regulatory Administration or NARA.

c. Provide the citation(s) for this policy or procedure.

Office of Personnel Management Position Description Number 6164

5.4.6 The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

a. To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

Office of Personnel Management Position Description 6164 indicates that the ratio for health and safety inspectors to providers is 1:25. Currently, there are 3 Health and Safety Inspectors for a total licensed providers of 25.

b. Provide the policy citation and state/territory ratio of licensing inspectors.

Office of Personnel Management Position Description Announcement 6164

5.5 Comprehensive Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or

supervision of children; or who has unsupervised access to children (98.43(2)). For family child care homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)). Exemptions for relative providers will be addressed in 5.6.5.

A comprehensive background check must include eight (8) separate and specific components (98.43(2)(b)), which encompass three (3) in-state checks, two (2) national checks, and three (3) interstate checks (if the individual resided in another state in the preceding 5 years).

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

a. Components of In-State Background Checks

i. Criminal registry or repository using fingerprints in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

NMIAC 55-40.1- 226(d) et. al with the exception of **fingerprint**. A Police Clearance is required for all care providers under this category. This is a name based check.

All other providers eligible to deliver CCDF Services

Citation:

C NMIAC 55- 40.1-226(d) et. al with the exception of **fingerprint**. A police clearance is required for all child care providers under this category. This is a name based check.

ii. Sex offender registry or repository check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

NMIAC 55-40.1- 226(d) et. al. All providers under this category are required to

complete a Sex Offender Registry (SORNA) under the Department of Public Safety (DPS).

All other providers eligible to deliver CCDF Services

Citation:

NMIAC 55-40.1- 226(d) et. al) All providers under this category are required to complete a Sex Offender Registry (SORNA) under the Department of Public Safety (DPS).

iii. Child abuse and neglect registry and database check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

None-the CNMI does not currently have a child abuse and neglect registry and data base.

All other providers eligible to deliver CCDF Services

Citation:

none-the CNMI does not currently have a child abuse and neglect registry and database.

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

b. Components of National Background Check

i. FBI Fingerprint Check

Licensed, regulated, or registered child care providers

Citation:

NMIAC 55-40.1- 226(d) et. al

All other providers eligible to deliver CCDF Services

Citation:

CCDF Title 55-60 Child Care and Development Fund Rules and Regulations Part 200 Eligibility Section 55-60- 201 Page 10 (e) (2)

ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search

Licensed, regulated, or registered child care providers

Citation:

NMIAC 55-40.1- 226(d) et. al

All other providers eligible to deliver CCDF Services

Citation:

CCDF Title 55-60 Child Care and Development Fund Rules and Regulations Part 200 Eligibility Section 55-60- 201 Page 10 (e) (2)

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check

components, ensuring that these requirements are in place for

all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services

(e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

c. Components of Interstate Background Checks

i. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional.

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

Licensed, regulated, or registered child care providers

Citation:

None.

All other providers eligible to deliver CCDF Services

Citation:

ii. Sex offender registry or repository in any other state where the individual has resided in the past 5 years.

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) to mitigate any gaps that may exist between the two sources.

Licensed, regulated, or registered child care providers

Citation:

All other providers eligible to deliver CCDF Services

Citation:

iii. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years

Note: This is a name-based search

Licensed, regulated, or registered child care providers

Citation:

All other providers eligible to deliver CCDF Services

Citation:

5.5.2 Procedures for a Provider to Request a Background Check.

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. Family child care home providers must also submit background check requests for all household members over the age of 18. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per Â§ 98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other state or territory may submit a background check request, are published on the web site of the state or territory as described in Â§ 98.43(g) and the web site of local lead agencies.

a. Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check component, please include that in this description.

- 1. The provider obtains a Consent and Release Form for Fingerprinting and Comprehensive Criminal Background History Check/Review from the Child Care Licensing Program to initiate the process.**
- 2. Current/potential staff proceeds to the Department of Public Safety and state the purpose of their visit.**
- 3. The current/potential staff pays a nominal administrative fee with the CNMI Treasury.**
- 4. The current/potential staff proceeds to DPS to have his/her prints rolled.**
- 5. DPS prepares the package in a prepaid envelope.**
- 6. Current/potential staff mails the package via the US Postal Service.**
- 7. DPS receives the results from the FBI and then forwards to the Child Care Licensing Program ("CCLP").**
- 8. CCLP receives/reviews and informs the current/potential staff of the results.**
- 9. CCLP will inform the current/potential staff of the appeal process..**

b. The state/territory must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor.

What are the fees and how do you ensure that these fees do not exceed the actual cost of processing and administering the background checks? Lead Agencies can report that no fees are charged if applicable (98.43(f)).

CCDF will cover the administrative fee of \$48.00 for all child care providers who will undergo the comprehensive criminal background check for the first time. However, ever check thereafter must be shouldered by the individual or by the center. The cost information was provided to CCDF by the Department of Public Safety (DPS) and that is the cost for the background checks.

c. Describe the state/territory policy(ies) related to prospective staff members working on a provisional basis. Pending completion of all background check components in 98.43(b), the prospective staff member must be supervised at all times by an individual who received a qualifying result on a background check described in 98.43(b) within the past 5 years (98.43(c)(4)) and the prospective staff member must have completed and received satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the prospective staff member resides. Describe and include a citation for the Lead Agency's policy:

Provided the prospective applicant has submitted and is clear with the following:

- 1. CNMI Police Clearance**
- 2. DPS Sorna**

prospective applicant may work on a provisional basis while waiting for the completion of their CBC provided they are supervised by another person who has completed the CBC. The prospective staff member is never alone with the children.

Policy citation: Memo FY20No.19 Provisional Status of Child Care Employee While Waiting for completion of all CBC requirements

d. Describe the procedure for providers to request background checks for staff members that resided in another state within the previous 5 years.

All request for background checks are coursed through the Department of Public Safety (DPS). At the moment, the CNMI is not doing interstate checks but we

anticipate that the procedure will be similar to (a) above. When the CNMI requests for an NCIC check, it will include a nationwide check within the US Department of Justice System. It will also check with the Nation Sex Offender Registry or NSOR, and the Tribe and Territory Sex Offender Registry or TTSOR. In addition, it will also check within the US Department of Justice System, what is called the Joint Automated Booking System or JABS. JABS will check if an individual has been incarcerated in any US Correctional Facility and report back on the NCIC.

e. Describe the procedure to ensure each staff member completes all components of the background check process at least once during each 5-year period. If your state enrolls child care staff members in the FBI Rap Back Program or a state-based rap back program, please include that in this description. Note: An FBI Rap Back program only covers the FBI Fingerprint component of the background check. If child care staff members are enrolled in a state-based rap back, please indicate which background check components are covered by this service.

The CNMI is not enrolled in either the FBI Rap Back Program or the State-Based Rap Back Program. Additionally, all currently and potential staff members must go through the comprehensive background check once every 5 years.

f. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check.

All new/potential staff will be screened as to their last comprehensive background check. If detected that 180 has lapsed since the last time he/she was employed in a child care setting; he/she must undergo another comprehensive background check.

g. Provide the website link that contains instructions on how child care providers should initiate background check requests for a prospective employee (98.43(g)).

<http://www.cnmicclp.gov.mp/background-check-requirement/>

5.5.3 Procedures for a Lead Agency to Respond to and Complete a Background Check.

Once a request has been initiated, the state shall carry out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted. The Lead Agency shall make the determination whether the prospective staff member is eligible for employment in a child care program (98.43(e)(1)). Lead Agencies must ensure the privacy of background checks by providing the results of the criminal background check to the requestor or identified recipient in a statement that indicates whether a child care staff member (including a prospective child care staff member or a family child care household member over the age of 18) is eligible or ineligible for employment, without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual. In the following questions, describe the Lead Agency's procedures for conducting background checks. These responses should include:

- The name of the agency that conducts the investigation; include multiple names if multiple agencies are involved in different background check components
- How the Lead Agency is informed of the results of each background check component
- Who makes the determinations regarding the staff member's eligibility? Note: Disqualification decisions should align to the response provided in 5.5.7.
- How the Lead Agency ensures that a background check request is carried out as quickly as possible and not more than 45 days after a request is submitted.

a. Describe the procedures for conducting In-State Background Check requests and making a determination of eligibility.

CCDF as part of its initiative on supporting license exempt family, friend, and neighbor (LEFFN) providers have solicited a contractor. The contractor is responsible for ensuring that the LEFFN provider is assisted in getting their requirements met. The contractor is responsible in providing the orientation to the prospective provider, providing the necessary forms to obtain business license, police clearance, health clearance, pediatric CPR and home inspections and monitoring. The contractor will also assist in the Sex Offender Registry and Notification Act or SORNA clearance of the applicant as well as the clearance of all family members 18 years old and older living in the home to the Department of Public Safety (DPS).

In-State Background Checks are done through the Child Care Licensing Program. As part of the requirements, CCLP expects each and every provider to submit an updated Police Clearance issued by the CNMI Superior Court. This is not accompanied by a fingerprint check because the CNMI does not currently have that capability. At the same token, CCLP obtains personal identifiable information on each current or potential provider. That information is then emailed to DPS SORNA for clearance. Cleared or not, DPS provide a Memorandum to CCLP indicating so. As to the Child Abuse and Repository Check, the CNMI's lead agency, in this case DCCA's Division of Youth Services continues to work on such repository.

The CNMI does not currently have a Child Abuse and Neglect Registry repository.

[b. If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here.](#)

1. Current/potential child care providers must complete the Consent and Release Form for Fingerprinting and Comprehensive Criminal Background Check/Review.
2. Current/potential child care providers must sign the Consent and Release Form for Fingerprinting and Comprehensive Criminal Background History Check/Review.
3. Payments for fingerprinting purposes must be made at the CNMI Treasury.
4. After payments are made, DPS rolls the fingerprints through the ink and paper process.
5. Once the fingerprints have been rolled on to the fingerprint card, DPS will provides a prepaid envelope for mailing purposes to the proper federal agency in the United States.
6. Once the Child Care Licensing Program receives the results of the comprehensive background check from the proper federal agency through the Department of Public Safety, the provider/potential provider will be notified as well as the center's Director or its designee.
9. If the background check shows no criminal history, the Child Care Licensing Program will notify the potential provider that he/she cleared the background check. The clearance is active for a five-year period.
10. If the background check shows criminal history, the Child Care Licensing Program reviews the background check and decides whether the potential provider may work in a child care setting subject to the disqualifying crimes under the CCDBG Act of 2014. Once a decision is made, the licensing office notifies the potential provider and the center's

Director or its designee.

a. If the potential provider is allowed to work in a child care setting, the clearance is good for five years.

b. If the potential provider is denied, he/she will receive information on how to file an appeal.

c. Describe the procedures for conducting Interstate Background Check requests and making a determination of eligibility. (Note this response should detail how a state conducts an interstate check for a provider who currently lives in their state or territory but has lived in another state(s) within the previous five years).

The Child Care Licensing Program (CCLP) through the Department of Public Safety (DPS) does not currently have a procedure relative to conducting Interstate Background Check requests.

d. Describe the procedure the Lead Agency has in place to make an eligibility determination in the event not all the components of the background check are completed within the required 45-day timeframe.

In the event that DPS does not receive the results of the national check within the required 45 days, CCLP will, in the interim allow current/potential providers to work under the supervision of a person who has completed his or her comprehensive background check on the following conditions: 1. That they have cleared with the CNMI Superior Court Police Clearance and the SORNA clearance with the Department of Public Safety.

e. Describe procedures for conducting a check when the state of residence is different than the state in which the staff member works.

This CNMI will not have this problem because the island in which the provider resides, is the same island where the provider works.

5.5.4 State designation as a "Compact State" and participation in the National Fingerprint File program.

a. "Compact States" are states that have ratified the National Crime Prevention and Privacy Compact Act of 1998 in order to facilitate electronic information sharing for noncriminal justice purposes (such as employment) among the Federal Government and states. More information can be found here: <https://www.fbi.gov/services/cjis/compact-council>. The Compact allows signatory states to disseminate its criminal history record information to other states for noncriminal justice purposes in accordance with the laws of the receiving state. For the most up-to-date Compact States and Territories map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory a Compact State?

No

Yes

b. The National Fingerprint File (NFF) is a database of fingerprints, or other unique personal identification information relating to an arrested or charged individual, which is maintained by the FBI to provide positive fingerprint identification of record subjects. Only a state or territory that has ratified the Compact (a Compact State) may join the NFF program. An FBI fingerprint check satisfies the requirement to perform an interstate check of another state's criminal history record repository if the responding state (where the child care staff member has resided within the past 5 years) participates in the NFF program. It is unnecessary to conduct both the FBI fingerprint check and the search of an NFF state's criminal history record repository (refer to CCDF-ACF-PIQ-2017-01). For the most up-to-date NFF Participation map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory an NFF State?

No

Yes

5.5.5 Procedures for a Lead Agency to Respond to Interstate Background Checks:

a. Interstate Criminal History Registry Check Procedures

Provide a description of how the state or territory responds to interstate criminal history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain criminal history information to an out-of-state

entity for civil purpose (i.e., for purposes of determining employment eligibility).

Whenever the Child Care Licensing Program receives a request for an Interstate Criminal History Check, CCLP refers the matter to the CNMI Department of Public Safety (DPS) and the CNMI Superior Court. Insofar, CCLP is not aware of any laws or policies that prevents the CNMI from releasing any criminal information to an out-of-state entity for a civil purpose.

b. Interstate Sex Offender Registry Check Procedures

Provide a description of how the state or territory responds to interstate sex offender history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain sex offender information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

Whenever the Child Care Licensing Program receives a request for an Interstate Sex Offender Registry Check, CCLP refers the matter to the CNMI Department of Public Safety (DPS). CCLP is not aware of any laws or policies that prevents the CNMI from releasing any sex offender information to an out-of-state entity for a civil purpose.

c. Interstate Child Abuse and Neglect Registry Check Procedures

Provide a description of how the state or territory responds to interstate child abuse and neglect history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain child abuse and neglect information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

The lead agency along with other partnering agencies, are still working on the CNMI child abuse and neglect repository.

5.5.6 Consumer Education Website Links to Interstate Background Check Processes

Lead Agencies must have requirements, policies, and procedures in place to respond as

expeditiously as possible to other States', Territories' and Tribes' requests for background checks in order to meet the 45-day timeframe (98.43(a)(1)(iii)). In addition, Lead Agencies are required to include on their consumer education website the process by which another Lead Agency may submit a background check request, along with all of the other background check policies and procedures (98.43 (g)).

State and Territory Lead Agencies are required to designate one page of their existing Consumer Education Website as a landing page for all interstate background check related processes and procedures pertaining to their own state. The purpose of having a dedicated interstate background check web page on the Lead Agency Consumer Education Website is to help state and territories implement the interstate background check requirements of the CCDBG Act (CCDF Consumer Education Website and Reports of Serious Injuries and Death (OMB #0970-0473)).

Check to certify that the required elements are included on the Lead Agency's consumer education website for each interstate background check component, and provide the direct URL/website link.

Note: The links provided below should be a part of your consumer education website identified in 2.3.11.

a. Interstate Criminal Background Check:

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- viii. Forms

- ix. Fees
- x. Is the state a National Fingerprint File (NFF) state?
- xi. Is the state a National Crime Prevention and Privacy Compact State?
- xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

b. Interstate Sex Offender Registry (SOR) Check:

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- viii Forms
- ix. Fees
- Direct URL/website link to where this information is posted.

Enter direct URL/website link:

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

- i. Agency Name
- ii. Is the CAN check conducted through a County Administered Registry or Centralized Registry?
- iii. Address
- iv. Phone Number
- v. Email
- vi. FAX
- vii. Website
- viii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification is needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- ix. Forms
- x. Fees
- xi. Description of information that may be included in a response to a CAN registry check (including substantiated instances of child abuse and neglect accompanied by the State's definition of "substantiated" instances of child abuse and neglect.
- xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

5.5.7 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry (98.43 (c)(1)(i-iii)). Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or - subject to an individual review (at the state/territory's option) - a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes - child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)(iv-v)).

a. Does the state/territory disqualify child care staff members based on their conviction for any other crimes not specifically listed in 98.43(c)(i)?

No

Yes.

If yes, describe other disqualifying crimes and provide the citation:

b. Describe how the Lead Agency notifies the applicant about their eligibility to work in a child care program. This description should detail how the Lead Agency ensures the privacy of background checks. Note: The Lead Agency may not publicly release the results of individual background checks. (98.43(e)(2)(iii)).

Once CCLP makes the determination that an applicant is eligible to work in child care, CCLP sends a formal letter to the applicant notifying him or her. At the same token, the center's Director also receives a letter from CCLP communicating the applicant's eligibility to work in child care.

c. Describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43 (e)(2-4)).

CCLP currently uses the disqualifying crimes listed under the federal CCDBG Act of 2014 for staff members or potential staff who either is serving or will be serving children receiving CCDF funds.

5.5.8 Appeals Processes for Background Checks

States and territories shall provide for a process by which a child care program staff member (including a prospective child care staff member) may appeal the results of a background check to challenge the accuracy or completeness of the information contained in a staff member's background report. The state or territory shall ensure that:

-- The child care staff member is provided with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal

-- A child care staff member will receive clear instructions about how to complete the appeals

process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member's background report

-- If the staff member files an appeal, the state or territory will attempt to verify the accuracy of the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime

-- The appeals process is completed in a timely manner for any appealing child care staff member

-- Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate 1) the state's efforts to verify the accuracy of information challenged by the child care staff member, 2) any additional appeals rights available to the child care staff member, and 3) information on how the individual can correct the federal or state records at issue in the case. (98.43(e)(3))

-- The Lead Agency must work with other agencies that are in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

a. What is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background check report? If there are different appeal process procedures for each component of the check, please provide that in this description, including information on which state agency is responsible for handling each type of appeal. Note: The FBI Fingerprint Check, State Criminal Fingerprint, and NCIC NSOR checks are usually conducted by a state's Identification Bureau and may have different appeal processes than agencies that conduct the state CAN and state SOR checks.

CCLP's procedures for appeal are as follows:

(A) The individual is given a formal letter noticing the opportunity to appeal the information contained in the background check report.

(B) In the same letter, the individual is given instructions about how to complete the appeal process.

(C) The individual is also notified that the appeal process will be completed in a reasonable amount of time.

(D) After the process is completed, that CCLP will issue a letter to the individual notifying of the final decision inclusive of any other available remedies.

b. If the appeals process is different for interstate checks, what is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background report for interstate checks?

Same as above however, interstate checks are still in development/not in place.

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

The CNMI does not currently have any policies and procedures in place that has anything to do with Interstate checks inclusive of the Interstate Child Abuse and Neglect check.

5.6 Exemptions for Relative Providers

States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from certain health and safety requirements. Note: This exception applies if the individual cares only for relative children.

Check and describe where applicable the policies that the Lead Agency has regarding exemptions for eligible relative providers for the following health and safety requirements. The description should include the health and safety requirements relatives are exempt from, if applicable, as well as which of the federally defined relatives the exemption applies to.

5.6.1 Licensing Requirements (as described in Section 5.1)

- a. Relative providers are exempt from all licensing requirements.
- b. Relative providers are exempt from a portion of licensing requirements.

Describe:

- c. Relative providers must fully comply with all licensing requirements.

5.6.2 Health and Safety Standards (as described in Section 5.2 and 5.3)

- a. Relative providers are exempt from all health and safety standard requirements
- b. Relative providers are exempt from a portion of health and safety standard requirements.

Describe:

Relative care providers must complete the 12- pre service training topics within 3 months of being approved, must be subjected to announced and unannounced monitoring visits, must complete 15 hours of ongoing training hours, must complete a Health and Safety Checklist that is verified by a health and safety inspector.Â

- c. Relative providers must fully comply with all health and safety standard requirements.

5.6.3 Health and Safety Training (as described in Section 5.3)

- a. Relative providers are exempt from all health and safety training requirements.
- b. Relative providers are exempt from a portion of all health and safety training requirements.

Describe:

- c. Relative providers must fully comply with all health and safety training requirements.

5.6.4 Monitoring and Enforcement (as described in Section 5.4)

- a. Relative providers are exempt from all monitoring and enforcement requirements.
- b. Relative providers are exempt from a portion of monitoring and enforcement requirements.

Describe:

are subjected under items described in the Health and Safety Self Certification

checklist.

- c. Relative providers must fully comply with all monitoring and enforcement requirements.

5.6.5 Background Checks (as described in Section 5.5)

- a. Relative providers are exempt from all background check requirements.
- b. Relative providers are exempt from a portion of background check requirements. If checked, identify the background check components that relatives must complete:
 - i. Criminal registry or repository using fingerprints in the current state of residency
 - ii. Sex offender registry or repository in the current state of residency
 - iii. Child abuse and neglect registry and database check in the current state of residency
 - iv. FBI fingerprint check
 - v. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name based search.
 - vi. Criminal registry or repository in any other state where the individual has resided in the past five years.
 - vii. Sex offender registry or repository in any other state where the individual has resided in the past five years.
 - viii. Child abuse and neglect registry or data base in any other state where the individual has resided in the past five years.
- c. Relative providers must fully comply with all background check requirements.

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

Lead Agencies are required to reserve and use a portion of their Child Care and Development

Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). This section addresses the quality improvement activities implemented by the Lead Agency related to the support of the child care workforce and the development and implementation of early learning and developmental guidelines. It asks Lead Agencies to describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services. (98.53 (f)) in either of these two areas.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

6.1 Professional Development Framework

6.1.1 Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors in programs that serve children of all ages. This framework should be developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.

a) Describe how the state/territory's framework for training and professional development addresses the following required elements:

i. State/territory professional standards and competencies. Describe:

Availability of degree programs in ECE, school-aged or youth development and related fields. The BS in Education with a concentration in ECE focuses on birth to 8 DRAFT 145 | Page years of age, concentration in Elem. Education, Special Education and Rehabilitation and Human Services. Trainings provided by the Child Care and Development Fund (CCDF) Program in partnership with the Northern Marianas College (NMC) Community Development Institute (CDI) with the assistance of School of Education (SOE). The SOE hold high standards reflective of the National Council of Accreditation of Teacher Education (NCATE) and offers a curriculum which has been reviewed and is approved through the Western Association of School and Colleges (WASC) Senior College and University Commission. The program is also reviewed by the institution's Program Review and Outcomes Assessment Committee in two year cycles. NMC also has articulation agreements with peer institutions such as University of Guam, University of Hawaii Manoa, Rio Salado College and is a member of the Western Interstate Commission for Higher Education (WICHE) alliance.

ii. Career pathways. Describe:

With successful fulfillment of courses and professional development student and program learning outcomes, it is the program's hope that caregivers, teachers, and all its students become career ready and be confident-competent service providers, offering the highest quality of performance, which will lead to high academic achievement and successes of the school's student population.

iii. Advisory structure. Describe:

The School of Education has a Program Advisory Council which meets bi-weekly and led by a faculty. The Program Advisory Council includes three to four representatives for each concentration. The School of Education hold high standards reflective of the National Council of Accreditation of Teacher Education (NCATE) and offers a curriculum which has been reviewed and approved through the Western Association of School and Colleges (WASC) Senior College and University Commission. The program is also reviewed by the institution's Program Review and Outcomes Assessment Committee in two-year cycles.

iv. Articulation. Describe:

NMC also has articulation agreements with peer institutions such as University of Guam,

University of Hawaii Manoa, Rio Salado College and is a member of the Western Interstate Commission for Higher Education (WICHE) alliance.

v. Workforce information. Describe:

The Commonwealth of the Northern Mariana Islands' Public School System is currently the School of Education's largest employment agency for graduates, as the agency continues to experience a large need for classroom teachers. Due to a high difference in wages, it is very rare that graduates are convinced and attracted to seek employment in Child Care Centers. Nonetheless, the School of Education has been actively engaged with the IMPACT Project Grant, which focuses on identifying the need for high quality comprehensive Early Childhood services and finding solutions and effective strategies to attract the local workforce for sustainability and continuity of care.

vi. Financing. Describe:

All professional development trainings under the CCDF program are free of charge. Those who may be interested to further their education, maybe able to access FAFSA application.

b) The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

- i. Continuing education unit trainings and credit-bearing professional development to the extent practicable

Describe:

The Northern Marianas College or NMC is able to provide continuing education unit trainings for all professional development trainings facilitated by the college. Currently, these trainings include: the 70-hour Infant Toddler Provider Training, Quality Assessments, and child development topics.

- ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework

Describe:

iii. Other

Describe:

6.1.2 Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.

The CNMI does not have a State Advisory Council. The Northern Marianas College has developed its professional development framework.

6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

The Northern Marianas College (NMC) has available degree programs in ECE, school-aged or youth development and related field. The BS in Education with a concentration in ECE focuses on birth to 8 of age, concentration in Elem. Education, Special Education and Rehabilitation and Human Services. Additional trainings and professional development are provided by the Child Care and Development Fund (CCDF) Program in partnership with the Northern Marianas College (NMC) Community Development Institute (CDI) with the assistance of School of Education (SOE). The SOE hold high standards reflective of the National Council of Accreditation of Teacher Education (NCATE) and offers a curriculum which has been reviewed and is approved through the Western Association of School and Colleges (WASC) Senior College and University Commission. The program is also reviewed by the institution's Program Review and Outcomes Assessment Committee in two year cycles. NMC also has articulation agreements with peer institutions such as University of Guam, University of Hawaii Manoa, Rio Salado College and is a member of the Western Interstate Commission for Higher Education (WICHE) alliance and so the early childhood workforce is able to transfer coursework. Financial assistance is available to all students to attain credentials and post-secondary degrees;

CCDF aside from utilizing NMC for professional development has contracts for services to provide additional training services to child care providers to promote on-going professional development (PD) opportunities to support higher quality child care settings. These PD opportunities are not only open to child care providers, but to parents and other interested partner agencies, such as the Division of Youth Services, as well as community members. These trainings are offered free of charge and are being made available in all 3 islands of Rota, Tinian, and Saipan. Topics covered include: health and safety, child development, early childhood curriculum, developmentally appropriate practices, and child care business. CCDF also offers the 70 Hours Infant and Toddler Provider Training to increase the knowledge and expertise of infant and toddler providers.

Lastly, QRIS observation data also drives the training, technical assistance and professional development topics or focus that will be offered each year.

6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements--as described in Section 5 for caregivers, teachers, and directors in CCDF programs--align, to the extent practicable, with the state/territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

6.2.1 Describe how the state/territory incorporates into training and professional development opportunities:

-- the knowledge and application of its early learning and developmental guidelines (where applicable);

-- its health and safety standards (as described in section 5);

-- and social-emotional/behavioral and mental health intervention models for young children, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)).

Trainers reference the ELG's when discussing teaching practices and strategies.

Training content has been cross-walked with Caring for Our Children, 3rd edition, the CNMI Administrative Code for child care licensing, CCDF's Rules and Regulations, and the QRIS standards.

All trainings, workshops, and professional development opportunities are taken from best practices, research-based information. Trainings and/or information on the Early Learning Guidelines or ELGs are provided to parents, the community, and to providers. The CCDF Program in partnership with the Northern Marianas College or NMC offers at least twice a year, the 70-hour Infant Toddler Care Provider Training. This training covers five modules and these are: Socio-Emotional Development, Cognitive and Learning Development, Group Care, Culture, and Health and Safety. All modules are aligned to the Licensing requirements, Caring for Our Children 3rd, edition, the environment rating scales, and the CCDF Rules and Regulations.

6.2.2 Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).

The CNMI does not have Indian tribes or tribal organizations.

6.2.3 States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers in the subsidy system:

a) with limited English proficiency

CCDF information is provided in simple language. CCDF staff are bilingual and speaks the language of the primary providers and directors. Information related to providers on the consumer education website maybe translated to different languages. At least one training and technical assistance specialist is able to speak in the primary languages of Chamorro and Filipino.

b) who have disabilities

Announcements and flyers are shared with partners who support persons with special needs. If and when needed, large prints are available and a sign language interpreter is present to facilitate participation of persons with disabilities.

6.2.4 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians as defined in Section 4 of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians (98.44(b)(2)(iv)).

The CCDF training and professional development requirements are appropriate as they address different age groups, abilities, and cultural and language diversity of the children they serve. These trainings were based on best practices, researched-based information and are catered to adult learning principles.

6.2.5 The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).

a. Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2).

Trainings are offered or in partnership with other agencies, such as the Division of Youth Services (DYS) in identifying and serving children and families experiencing homelessness.

b. Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.3.6).

Lead agency staff are trained or will participate in training offered by partner agencies, such as the Division of Youth Services (DYS) in identifying and serving children and families experiencing homelessness. CCDF will work with DYS to ensure that trainings and TA efforts address the needs of homeless families. CCDF also has launched one of its new initiatives focused on Family Engagement and Strengthening. This initiative will focus supporting the essential Life Skills of children that include: Focus and Self Control, Perspective Taking, Communicating, Making Connections, Critical Thinking, Taking on Challenges, and Self Directed and Engaged learning. These trainings and succeeding TA efforts will focus on the executive function-process that involve managing thoughts, actions, and emotions to achieve goals.

6.2.6 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen provider's business practices, which can include training and/or TA efforts.

a. Describe the strategies that the state/territory is developing and implementing for strengthening child care providers' business practices.

The curriculum, Strengthening Business Practices, is offered as part of the leadership

series. The training is available to all licensed and license-exempt providers. Providers may also request additional targeted TA on the subject.

b. Check the topics addressed in the state/territory's strategies for strengthening child care providers's business practices. Check all that apply.

- i. Fiscal management
- ii. Budgeting
- iii. Recordkeeping
- iv. Hiring, developing, and retaining qualified staff
- v. Risk management
- vi. Community relationships
- vii. Marketing and public relations
- viii. Parent-provider communications, including who delivers the training, education, and/or technical assistance
- ix. Other

Describe:

Systems thinking and accountability

6.3 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

Lead Agencies can invest CCDF quality funds in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 of the CCDF Rule, and those included in the activities to improve the quality of child care also addressed in Section 7 (98.53(a)(1)).

6.3.1 Training and professional development of the child care workforce.

a. In the table below, describe which content is included in training and professional development activities and how an entity is funded to address this topic. Then identify which types of providers are included in these activities. Check all that apply.

i. Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies (98.53(a)(1)(i)(A)).

Describe the content and funding:

Training content include applying the science of early learning to support children's transition to kindergarten and family engagement; health and safety practices for meals and snacks, bottle feeding, and safe storage of food; gross motor activities for infants/ toddlers, preschoolers, and school age; infant and toddler cohort.

Funding source: Quality Activities and Infant and Toddler Set Aside

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

ii. Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and the mental health of young children and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.4.5.) (98.53(a)(1)(iii)).

Describe the content and funding:

Training includes positive discipline; supporting children's development of 7 life skills (i.e. focus and self control, perspective taking, communicating, making connections, critical thinking, taking on challenges, self-directed/ engaged learning); Content will also include knowledge about socio-emotional development of young children.

Funding: Quality activities

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

iii. Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. (98.53(a)(1)(iv)).

Describe the content and funding:

Training content includes engaging fathers, building relationships with families, gathering and sharing child assessment data, creating partnerships that foster development and learning, understanding children's behavior as communication, applying the science of early learning; supporting children's development of 7 life skills (i.e. focus and self control, perspective taking, communicating, making connections, critical thinking, taking on challenges, self-directed/ engaged learning); supporting bilingual brain development; infant and toddler cohort with the topic that focuses on family, children, and providers.

Funding: Quality Activities

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

iv. Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula, and designing learning environments that are aligned with state/territory early learning and developmental standards (98.15

(a)(9)).

Describe the content and funding:

Training content includes aligning the CNMI Early Learning Guidelines to lesson planning and activities for infants/ toddlers and preschoolers; using Environment Rating Scales data to inform improvements to the learning environment (including setting up play and learning areas); infant and toddler cohort that focuses on knowledge about the socio-cultural backgrounds of young children and their families.

Funding: Quality Activities

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

v. Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development.

Describe the content and funding:

Annual parent and community outreach to increase parents' knowledge of and choices for community resources and child care services.

Funding: Quality Activities

Which type of providers are included in these training and professional development activities?

- Licensed center-based

- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

vi. Using data to guide program evaluation to ensure continuous improvement 98.53(a)(1)(ii).

Describe the content and funding:

Targeted training content informed by data/ findings from the Environment Rating Scales, the Program Administration Scale, the ASQ, and QRIS observations.

Funding: Quality Activities

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

vii. Caring for children of families in geographic areas with significant concentrations of poverty and unemployment.

Describe the content and funding:

Content will include researched based knowledge about the effects of children and families living in poverty and unemployment; cortisol and the brain; long term effects of stresses on the young child's brain.

Funding: Quality Activities and Infant and Toddler Set aside

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based

- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

viii. Caring for and supporting the development of children with disabilities and developmental delays 98.53 (a)(1)(i)(B).

Describe the content and funding:

content will include supports needed by children and families to address disabilities and developmental delays

Funding: Quality Activities

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

ix. Supporting the positive development of school-age children (98.53(a)(1)(iii)).

Describe the content and funding:

Training content includes setting up the child care environment to support school-aged children; activities for language, literacy, arts, math, and other learning areas - based on the Environment Rating Scales; school age cohort.

Funding: Quality Activities

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based

- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

x. Other

Describe:

None.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

b. Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce and then identify which providers are eligible for this activity. Check all that apply.

- i. Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)
- ii. Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- iii. Financial awards such as scholarships, grants, loans, or reimbursement for expenses and/or training, from the state/territory to complete post-secondary education.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)
- iv. Other.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)

Describe:

6.3.2 Describe the measurable indicators of progress relevant to subsection 6.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

In terms of measurable indicators relevant to professional development and training for providers, the following will be our indicators annually:

1. All (100%) CCDF license providers will meet their 30 annual ongoing training requirements.
2. All (100%) of license exempt providers will meet 15 hours of ongoing training requirements.
3. All (100%) of new employees within 90 days of employment will complete their Pre-Service Training topics.

The data sources that will support this indicator will be:

1. Data on CCDF provider completion of trainings as maintained by the CCDF Data Specialist.

6.4 Early Learning and Developmental Guidelines

6.4.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

a. Describe how the state/territory's early learning and developmental guidelines address the following requirements:

i. Are research-based.

The CNMI ELGs are grounded in best practice and research. The ELGs address infants, toddlers, through five and aligned with kindergarten entry.

ii. Developmentally appropriate.

The CNMI ELGs describes developmentally appropriate activities for children ages birth through five.

iii. Culturally and linguistically appropriate.

The CNMI ELGs recognizes the cultural and linguistic backgrounds of the children

iv. Aligned with kindergarten entry.

The CNMI ELGs are aligned with kindergarten entry.

v. Appropriate for all children from birth to kindergarten entry.

CNMI ELGs addresses children from birth to kindergarten entry.

vi. Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.

The CNMI ELGs were updated in consultation with partner agencies, such as Early Intervention, Public School System, provider group representative, child care, Head Start, Public health, and the college.

b. Describe how the required domains are included in the state/territory's early learning and developmental guidelines. Responses for "other" are optional.

i. Cognition, including language arts and mathematics.

A section of the ELG includes cognitive development and learning.

ii. Social development.

A section of the ELGs describes socio emotional development.

iii. Emotional development.

A section of the ELGs describes socio emotional development.

iv. Physical development.

A section of the ELGs include large and fine motor development

v. Approaches toward learning.

This is not currently included.

vi. Describe how other optional domains are included, if any:

Not applicable. The CNMI's Early Learning Guidelines are currently in the process of

getting an update.

c. Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.

The CNMI ELGs were updated back in 2014. It is currently in the process of being updated.

d. If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school time standards.

Not Applicable.

e. Provide the Web link to the state/territory's early learning and developmental guidelines and if available, the school-age guidelines.

<http://www.cnmiclp.gov.mp/wp-content/uploads/2021/05/CNMI-ELGs-3-5-Preschool-2014-v2.pdf>

<http://www.cnmiclp.gov.mp/wp-content/uploads/2021/08/CNMI-ELG-Infant-2014.pdf>

6.4.2 CCDF funds cannot be used to develop or implement an assessment for children that:

-- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,

-- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,

-- Will be used as the primary or sole method for assessing program effectiveness,

-- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

Describe how the state/territory's early learning and developmental guidelines are used.

The CNMI ELGs are used to guide adults in their day-to-day interactions with children. They

are also used as a resource on what children are able to do and how children should be supported since the guide describes developmentally appropriate practices. The guides also help parents, providers, and the community better understand child development and best practices.

6.4.3 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measurable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).

.The CNMI will use data gathered from its Reach Higher, CNMI - Quality Rating and Improvement System or QRIS to evaluate progress in improving the quality of child care programs. The results of the observations as well as the use of the environment rating scales such as the Infant and Toddler Environment Rating Scale-3 rd Ed or ITERS-3, the Early Childhood Environment Rating Scale-3 rd Ed or ECERS-3, the School Age Care Environment Rating Scale-Updated or SACERS-U, as well as the Family Child Care Environment Rating Scale or FCCERS will assist in providing data on improvements in quality.

Annually, all programs must meet star level 1 indicators in the QRIS to qualify for CCDF funding - including indicators in the area of child growth and development. Program with Star 1 will have a maximum of 2 years to stay at that quality level. Programs with Star 2 will have a maximum of 2 years to stay at that quality level. This means programs, at the very least, must score at 3.00 or higher on any of the Environment Rating Scales (ITERS-3, ECERS-3, and SACERS-U) at the end of their second year in star 1 or 2.

7 Support Continuous Quality Improvement

Lead Agencies are required to use a portion of their CCDF program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care. States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the CCDF Plan, the ACF 118, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. In the annual expenditure report, the ACF-696, ACF will collect data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a Quality Progress Report, the ACF 218, that will include a description of activities funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce (Addressed in Section 6)
- Improving on the development or implementation of early learning and developmental guidelines (Addressed in Section 6)
- Developing, implementing, or enhancing a tiered quality rating and improvement system or other systems of quality improvement for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring,

training, and health and safety (as described in section 5)

- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible.

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds, and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)). These activities can benefit infants and toddlers through school-age populations, and all categories of care. It is important that while Lead Agencies have the flexibility to define "high quality" and develop strategies and standards to support their definition, Lead Agencies should consider how that definition and those strategies for different provider types reflect and acknowledge their unique differences and how quality varies in different settings, including family child care and small care settings as well as child care centers.

This section covers the quality activities needs assessment, quality improvement activities, and indicators of progress for each of the activities undertaken in the state or territory.

7.1 Quality Activities Needs Assessment for Child Care Services

7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).

CCDF Providers are required to participate in Reach Higher, CNMI, the CNMI's Quality Rating and Improvement System initiative. Currently, there are a total of 10 CCDF approved sites. Of the 10 sites, 3 are at Star 2 while the rest are at Star 1.

The CNMI CCDF conducts star level 1 assessments at the beginning of every fiscal year. Regardless of current star level standing, CCDF programs are required to meet, at a minimum, star 1 indicators to qualify for CCDF funding. CCDF's quality levels are indicated by star levels, from 1 (minimum quality) to 5 (highest quality). Programs may stay at star levels 1 and 2 for a maximum of two years. Programs at star levels 3, 4, and 5 may stay indefinitely. However, all facilities are subject to at least two unannounced check-in visits by a Quality Care Specialist every year to monitor that the program continues to meet QRIS Standards. A full QRIS assessment (also referred to as a "full observation" or a "verification visit") is conducted at the request of the program, to move up a quality star level. Between June to August, programs submit a Request for a QRIS Standards Verification Visit. Within 60 days, they can expect a full verification visit. Programs that receive a star 3, 4, or 5 standing may stay at that level until they apply for a new verification visit. Programs that receive the same or lower star level must wait until the next open window (June to August) to request for a new star level determination. Full QRIS observations may only be conducted after a full year has passed since the date of the last administration of a QRIS assessment tool (i.e. Environment Rating Scale, Program Administration Scale, QRIS Standards Checklist).

7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a direct URL/website link for any available evaluation or research related to the findings.

Full QRIS Assessment– Tool: QRIS Standards Checklist – 50% of CCDF programs are at star 1; 30% at star 2; and 20% did not reach a star level.

ITERS-3 – 12.5% at inadequate level of quality; 50% at minimal quality; 37.5% at good quality. Overarching goals include improving health and safety practices, guiding behavior, supervision, and activities around gross motor play.

ECERS-3 – 10% at inadequate level of quality; 70% at minimal quality; 20% at good quality. Overarching goals include improving environment (i.e., room arrangement, space for gross motor play), health practices, and literacy and math learning.

SACERS-U – 67% at minimal quality; 33% at good quality. Overarching goals include improving space and furnishings, health and safety practices, activities in math, literacy, science/ math, and addressing the needs of children with special needs.

7.2 Use of Quality Funds

7.2.1 Check the quality improvement activities in which the state/territory is investing

a. Supporting the training and professional development of the child care workforce as discussed in 6.2 (Related Section: 6.3). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

b. Developing, maintaining, or implementing early learning and developmental guidelines (Related Section: 6.4). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

c. Developing, implementing, or enhancing a tiered quality rating and improvement system (Related Section: 7.3). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

d. Improving the supply and quality of child care services for infants and toddlers (Related Section: 7.4). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

e. Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7 (Related Section: 7.5). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

f. Facilitating Compliance with State Standards (Related Section: 7.6). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory (Related Section: 7.7). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

h. Accreditation Support (Related Section: 7.8). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

- i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development (Related Section: 7.9). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

- j. Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible (Related Section: 7.10). Check all that apply

i CCDF funds

ii. State general funds

Other funds. Describe:

7.3 Quality Rating and Improvement System (QRIS) or Another System of Quality Improvement

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards
2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

7.3.1 Does your state/territory have a quality rating and improvement system or other system of quality improvement?

a. No, the state/territory has no plans for QRIS development. If no, skip to 7.4.1.

b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.4.1.

c. Yes, the state/territory has a QRIS operating statewide or territory-wide.

Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners, and provide a link, if available.

The QRIS is administered by a consulting organization that provides quality training and technical assistance. The QRIS consultant oversees the full implementation of the QRIS, including program assessments and incentives (with the exception of the tiered reimbursement). QRIS information is found in www.cnmicclp.gov.mp

d. Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis.

Provide a link, if available.

e. Yes, the state/territory has another system of quality improvement.

Describe the other system of quality improvement and provide a link, if available.

7.3.2 Indicate how providers participate in the state or territory QRIS or another system of quality improvement.

a. Are providers required to participate in the QRIS or another system of quality improvement? Check all that apply if response differs for different categories of care.

Participation is voluntary

Participation is partially mandatory. For example, participation is mandatory for providers serving children receiving a subsidy, participation is mandatory for all licensed providers or participation is mandatory for programs serving children birth to age 5 receiving a subsidy. If checked, describe the

relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).

Participation is a requirement for CCDF funded programs; participation is voluntary for non-CCDF programs. Those who are participating will be provided all incentives and supports as described in the QRIS with the exception of the tiered reimbursement. Tiered reimbursement will be provided to CCDF providers only. Minimum star to continue receipt of CCDF funds will be Star 1.

Participation is required for all providers.

b. Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory QRIS or another system of quality improvement? Check all that apply.

- i. Licensed child care centers
- ii. Licensed family child care homes
- iii. License-exempt providers
- iv. Early Head Start programs
- v. Head Start programs
- vi. State Prekindergarten or preschool programs
- vii. Local district-supported Prekindergarten programs
- viii. Programs serving infants and toddlers
- ix. Programs serving school-age children
- x. Faith-based settings
- xi. Tribally operated programs
- xii. Other

Describe:

CCDF providers are required to fully participate in the QRIS. However, the training and technical assistance for improving quality care that is available to CCDF providers is also accessible to all non-CCDF licensed providers. Non-CCDF programs may choose to receive QRIS training and technical assistance for 90 days, with the goal of becoming a CCDF program.

License-exempt Family Friend and Neighbor (FFN) providers are supported through the Business Administration Scale or BAS as well as the Family Child Care

Environment Rating Scale-FCCERS for purposes of training and technical assistance.

c. Describe how the Lead Agency's QRIS, or other system for improving quality, considers how quality may look different in the different types of provider settings which participate in the QRIS or other system of quality improvement. For instance, does the system of quality improvement consider what quality looks like in a family child care home with mixed-age groups vs. child care centers with separate age groups? Or are standards related to quality environments flexible enough to define quality in home-based environments, as well as child care center environments?

License-exempt providers are not subject to the QRIS. They are currently receiving training and technical assistance in basic health and safety practices, family engagement and strengthening, and business management in preparation for full QRIS participation.

7.3.3 Identify how the state or territory supports and assesses the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services or another system of quality improvement. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33).

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

- No
- Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.
 - a. Programs that meet state/territory PreK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between PreK programs and the quality improvement system) .
 - b. Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the

standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).

- c. Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).
- d. Programs that meet all or part of state/territory school-age quality standards.
- e. Other.

Describe:

7.3.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

- No
- Yes. If yes, check any links between the state/territory's quality standards and licensing requirements
 - a. Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.
 - b. Embeds licensing into the QRIS
 - c. State/territory license is a "rated" license
 - d. Other.

Describe:

N/A

7.3.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS or another system of quality improvement.

- No
- Yes. If yes, check all that apply

a. If yes, indicate in the table below which categories of care receive this support.

i. One-time grants, awards, or bonuses

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ii. Ongoing or periodic quality stipends

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iii. Higher subsidy payments

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iv. Training or technical assistance related to QRIS

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

v. Coaching/mentoring

- Licensed center-based
- License exempt center-based
- Licensed family child care home

- License- exempt family child care home
- In-home (care in the child's own home)

vi. Scholarships, bonuses, or increased compensation for degrees/certificates

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

vii. Materials and supplies

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

viii. Priority access for other grants or programs

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ix. Tax credits for providers

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

x. Tax credits for parents

- Licensed center-based
- License exempt center-based
- Licensed family child care home

- License- exempt family child care home
- In-home (care in the child's own home)

xi. Payment of fees (e.g. licensing, accreditation)

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

b. Other:

None.

7.3.6 Describe the measurable indicators of progress relevant to subsection 7.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Annually, all licensed CCDF programs will meet, at a minimum, QRIS star level 1.

At the end of two years maintaining star 1 or star 2, all licensed CCDF programs will be, at a minimum, QRIS star level 3.

Currently, 50% of CCDF licensed programs are at star 1, 30% at star 2, and 20% are working towards meeting star 1.

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- a. Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low- income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.

Describe:

- Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)
- b. Establishing or expanding the operation of community-based, neighborhood-based, or provider networks comprised of home-based providers, or small centers focused on expanding the supply of infant and toddler care.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home

In-home care (care in the child's own home)

- c. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers.

Describe:

CCDF contracts out the training and technical assistance support through private and public entities. One of our contractors is the Northern Marianas College (NMC) that offers several trainings such as:

the Infant and Toddler Environment Rating Scale-3rd Ed. or ITERS-3 and the 70-Hour Infant and Toddler Cohort Training for Child Care Care Providers. Topics included in the 70-hour training include: Group Care, Culture, Family, and Provider, Socio-Emotional Development, Cognitive Development, and Health and Safety. Other contractors also offer training such as the Infant and Toddler Early Learning Guidelines and Infant and Toddler Curriculum. The technical assistance support is also made possible through contractors of the QRIS.

CCDF offers free orientation to the community interested in being a provider. Those that eventually become a provider are supported with free training and technical assistance through the QRIS or System of Support (SoS). CCDF also may also support by providing infant and toddler educational materials.

Licensed center-based

License exempt center-based

Licensed family child care home

License- exempt family child care home

In-home care (care in the child's own home)

- d. Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant/toddler specialists.

Describe:

As part of the QRIS efforts, an Infant and Toddler Coach will work with Infant and Toddler Teachers to support their and their infant and toddler classrooms' needs. Infant and Toddler programs use the Infant and Toddler Environment Rating Scale-3rd Ed (ITERS-3) in assessing their classroom and using the data and results to identify targeted support.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- e. Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

Describe:

- Licensed center-based
- License exempt center-based

- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- f. Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments.

Describe:

The current QRIS standards to include infant and toddler components in the QRIS as well as the Early Learning Guidelines. These components include, child development, health and safety, and activities.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- g. Developing infant and toddler components within the state/territory's child care licensing regulations.

Describe:

The current child care licensing regulations include requirements on infant and toddler programs.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- h. Developing infant and toddler components within the early learning and developmental guidelines.

Describe:

The current CNMI Early Learning Guidelines do include Infant and Toddler age.

- Licensed center-based
- License exempt center-based

- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- i. Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development.

Describe:

The current consumer education website includes a section just for parents that has information on infants and toddlers.

- Licensed center-based
- License exempt center-based
- Licensed family child care home

License- exempt family child care home

In-home care (care in the child's own home)

- j. Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being.

Describe:

Licensed center-based

License exempt center-based

Licensed family child care home

License- exempt family child care home

In-home care (care in the child's own home)

- k. Coordinating with child care health consultants.

Describe:

Licensed center-based

License exempt center-based

Licensed family child care home

License- exempt family child care home

In-home care (care in the child's own home)

- l. Coordinating with mental health consultants.

Describe:

Licensed center-based

License exempt center-based

Licensed family child care home

License- exempt family child care home

In-home care (care in the child's own home)

- m. Establishing systems to collect real time data on available (vacant) slots in ECE settings, by age of child, quality level, and location of program.

Describe:

The child care licensing program collects capacity reports on a monthly basis.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- n. Other.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

7.4.2 Describe the measurable indicators of progress relevant to subsection 7.4 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures.

Annually, all licensed CCDF programs that serve infants and toddlers will meet, at a minimum, QRIS star level 1. At the end of two years maintaining star 1 or star 2, all licensed CCDF programs that serve infants and toddlers will be, at a minimum, QRIS star level 3. At star 2, infant and toddler programs should score a minimum 2.00; at star 3, a minimum 3.00; at star 4, a minimum 4.00; and at star 5, a minimum 5.00.

Currently, 50% of CCDF licensed programs are at star 1, 30% at star 2, and 20% are working towards meeting star 1. In summary, 80% of all CCDF programs are at least at star 1.

ITERS-3 data for infant and toddler programs are as follows:

- - 6.25% scored a minimum 5.00 (good quality)
- - 31.25% scored a minimum 4.00-4.99 (good quality)
- - 18.75% scored a minimum 3.00-3.99 (minimal quality)
- - 31.25% scored a minimum 2.00-2.99 (minimal quality)
- - 12.5% scored a minimum 1.00-1.99 (inadequate quality)

In summary, half of CCDF infant and toddler programs are at minimal quality, while 37.5% are in good quality.

7.5 Child Care Resource and Referral

A Lead Agency may expend funds to establish, expand, or maintain a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

7.5.1 What are the services provided by the local or regional child care and resource and referral agencies?

The CNMI does not have a CCR&R.

7.5.2 Describe the measurable indicators of progress relevant to subsection 7.5 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The CNMI will use its QRIS data in evaluating progress related to improving the quality of child care program and services. It will use the standards identified in each of the following areas: Health and Safety, Child Development, Professional Development, Activities, Leadership, and Children with Disabilities. We will also look at the Environment Rating Scale or ERS data related to these standards.

7.6 Facilitating Compliance With State Standards

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

The following activities will be funded with CCDF quality funds: training/professional development, coaching and/or mentoring, technical assistance, compliance with QRIS standards and licensing standards.

7.6.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

No

Yes. If yes, which types of providers can access this financial assistance?

Licensed CCDF providers

Licensed non-CCDF providers

License-exempt CCDF providers

Other

Describe:

These financial assistance will be in the form of grant opportunities and should be related to providers' quality improvement plans or QIP to address health and safety requirements.

7.6.3 Describe the measurable indicators of progress relevant to subsection 7.6 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The following measurable indicators will be used to evaluate progress in addressing health and safety requirements:

1. All (100%) new CCDF providers will complete the Pre-Service Training requirements within 90 days of employment.
2. All (100%) license center based providers will be visited for monitoring purposes at least 2x in a year (1 unannounced and 1 announced) and their corresponding reports posted.
3. All (100%) of CCDF providers will have addressed health and safety indicators in their Quality Improvement Plans (QIP)

Currently license exempt providers are not required to participate in the QRIS but may access training and TA through the System of Support initiative. We are in the process of imbedding in the QRIS indicators specific to license exempt providers which will include Health and Safety, PD and staff training, Child Growth and Development, Family engagement and family strengthening, Children with Disabilities, Leadership and Management. The assessment tools that will be used. in the assessments will include the Business Administration Scale (BAS) and the Family Child Care Environment Rating Scale (FCCERS)

Indicators of progress will be that 100% of the License exempt providers will participate and that all of them will participate in the training and TA related to the QRIS.

7.7 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.7.1 Does the state/territory measure the quality and effectiveness of child care programs and services in both child care centers and family child care homes?

No

Yes.

If yes, describe any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

Licensed child care centers are included in the QRIS. License-exempt providers will be included in the QRIS, using the same framework as the license-based QRIS standards (i.e., meeting indicators across six standards areas: health and safety; professional development and staffing; child growth and development; family engagement and family strengthening; children with disabilities; leadership and management). Assessment tools to be used include the Business Administration Scale (BAS) and Family Child Care Environment Rating Scale (FCCERS-3).

7.7.2 Describe the measurable indicators of progress relevant to subsection 7.7 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures.

The CNMI will use its QRIS data in evaluating progress related to improving the quality of child care program and services. It will use the standards identified in each of the following areas: Health and Safety, Child Development, Professional Development, Activities, Leadership, and Children with Disabilities. We will also look at the Environment Rating Scale or ERS data related to these standards.

7.8 Accreditation Support

7.8.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

- a. Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes. Is accreditation available for programs serving infants, toddlers, preschoolers and school-age children?

Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation

- b. Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers.

Describe:

- c. Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care

Describe:

- d. Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide

- i. Focused on child care centers

Describe:

- ii. Focused on family child care homes

Describe:

- e. No, but the state/territory is in the in the development phase of supporting accreditation.

- i. Focused on child care centers

Describe:

- ii. Focused on family child care homes

Describe:

- f. No, the state/territory has no plans for supporting accreditation.

7.8.2 Describe the measurable indicators of progress relevant to subsection 7.8 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Not Applicable. The CNMI does not have an accreditation process connected with a national accrediting body.

7.9 Program Standards

7.9.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for:

a. Infants and toddlers

The following are activities that support to develop or adopt high-quality standards for infants and toddlers:

1. Fully funded Infant and Toddler Care Provider Training Cohort. This is a 70-hour training offered free of charge for all infant and toddler teachers. The topics covered include: Socio-emotional development, Cognitive and Learning, Group Care, Child, Family, and Provider (culture), and Health and Safety. This cohort is in partnership with the Northern Marianas College (NMC) and participants receive continuing education units (CEUs);
2. State Licensing requirements describes health and safety requirements specific for infants and toddler children;
3. Reach Higher, CNMI (CNMI Quality Rating and Improvement Systems -QRIS) describes standards and indicators specific to infants and toddlers;
4. The Infant and Toddler Environment Rating Scale-3rd ed. or ITERS-3 is used as one of the tools used in program assessments.
5. Grants and/incentives are provided to infant and toddler programs to support higher quality standards
6. Additional Training focusing on infants and toddlers are made available to providers;

7. Technical assistance (TA) such as coaching activities are made available free of charge to all infants and toddler teachers/caregivers
8. CNMI's Early Learning Guidelines include infants and toddlers

b. Preschoolers

The following are activities that support to develop or adopt high-quality standards for preschoolers:

1. State Licensing requirements describes health and safety requirements specific for preschool aged children;
2. Reach Higher, CNMI (CNMI Quality Rating and Improvement Systems -QRIS) describes standards and indicators specific to preschoolers;
3. The Early Childhood Environment Rating Scale-3rd ed. or ECERS-3 is used as one of the tools used in program assessments.
4. Grants and/incentives are provided to programs with preschool aged children to support higher quality standards for this age group;
5. Training and technical assistance focusing on preschoolers are provided free of charge to all preschool teachers
6. CNMI's Early Learning Guidelines include preschool aged children.

c. and/or School-age children.

The following are activities that support to develop or adopt high-quality standards for school-age children:

1. State Licensing requirements describes health and safety requirements specific for school age children;
2. Reach Higher, CNMI (CNMI Quality Rating and Improvement Systems -QRIS) describes standards and indicators specific to school age children;
3. School age care environment rating scale -updated or SACERS-U is used as one of the tools used in program assessments.
4. Grants and/incentives are provided to programs with school age children to support higher quality standards for this age group;
5. Training and technical assistance focusing on school age children are provided free of charge

7.9.2 Describe the measurable indicators of progress relevant to subsection 7.9 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

At a minimum, all programs must meet star 1 indicators to receive CCDF funding. After 2 years of receiving a minimum star 1 or 2 standing, a program must receive a star 3 or higher standing. Programs at stars 3 and above may stay at that star level, provided they meet all Star 1 indicators and continue to meet all standards at their star level - verified through unannounced check-in visits.

Environment Rating Scales– Programs must receive a minimum score of 3.00 after 2 years of CCDF funding.

7.10 Other Quality Improvement Activities

7.10.1 List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities; and also describe the measurable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry, and the data on the extent to which the state or territory has met these measures. Describe:

The CNMI will support activities related to improving and easily accessible mental health supports for children, families, and providers. Family engagement and strengthening is also a major strand in the QRIS system and is offered in a robust and systematic way. Families, providers, and the community will have access to these family engagement and strengthening activities. Base line data will be collected in a systematic way related to these activities. Provider physical and mental health will be continuously supported through training, PD, and incentives. Baseline data will also be collected systematically to identify areas of improvement, gaps, and to identify additional support.

8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity and accountability apply to:

- Memorandums of understanding within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF
- MOU's, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF
- Grants or contracts to other organizations that administer or carry out various aspects of CCDF such as professional development and family engagement activities
- Internal processes for conducting child care provider subsidy

8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity

8.1.1 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:

a. Verifying and processing billing records to ensure timely payments to providers

Describe:

Every beginning of each month, vendors or care providers submit each child's attendance sheet and Eligibility Workers verify and compute total care services for each month. CCDF receives invoices for the current month at the beginning of each month. For example, invoice for July is received on the first working day of July. After the computations for care services are completed and total amount of parent's co-payments are verified, payment authorization is processed to be verified by the CCDF Administrative Data Specialist, CCDF Administrator and the CCDF Accountant. Once all documents are verified and completed, all documentations are then submitted to CNMI Department of Finance (DOF) for payment processing and DCCA-CCDF assures that payments are made to vendors or care providers no later than every 23rd day of each month.

b. Fiscal oversight of grants and contracts

Describe:

The DCCA-CCDF as the Lead Agency, through its financial control, manages funds received from DHHS, and the CNMI Department of Finance - Federal Accounting Section oversees the accounting control of all federal funded accounts. Once the grantor agency approves and sends the grant award letter, an advice of allotments is prepared by the grantee and has it submitted to the Office of Grants Management for approval then forwarded to CNMI Department of Finance (DOF)- Federal Accounting Section for account set up and to the CNMI Office of Management and Budget for entry and posting of the particular grant award. Once the account is set up and been reviewed that the amount matched up with the approved grant, then the program or the lead agency starts the procurement process using CNMI's Procurement Services' Rules and Regulations. In obligating operational costs, purchase requisitions are prepared and being scrutinized and certified by the CCDF Accountant to make sure that items or services being procured are in compliance within the uniform administrative requirements and cost principles based on OMB's circulars. After such process, the official expenditure authority approves and signs, then requisitions are forwarded to Department of Finance -Division of Procurement

Services for entry and DOF-Federal Section certifies that funding is available and budgeted. After this process, the Division of Procurement Services prepares purchase order, which is the basis for payment. Once the purchase order is prepared, the lead agency advises the vendors to deliver the goods with the corresponding invoices. Once goods and invoices are received, lead agency submits to DOF Financial Services-Accounts Payable Section for payment processing. After entry and posting of such documents, DOF-Treasury Division process the checks and inform the lead agency or vendors that payments are ready for pick-up or being mailed. For personnel wages and benefits' obligation, a bi-weekly timesheet is prepared and scrutinized by the official timekeeper and have it submitted to DOF- Payroll Section for payment processing. For contracts, the lead agency prepares Scope of Work and requests DOF- Procurement Services for Request for Proposal Announcement or Invitation for Bid. DOF-Procurement Services is in charge of this process and once DOF- Procurement Services receives the proposal or bid from different vendors, such proposals/bids are forwarded to the lead agency for review and evaluation. The lead agency requires only one (1) evaluator from the CNMI-CCDF and other evaluators are from outside the lead agency in order to avoid conflicts if there will be any. Once the review and evaluation are completed and found the right vendor, a Contract is prepared by the lead agency to be approved and signed by the Expenditure Authority, Procurement Services Director, DOF Secretary, CNMI Attorney General, and the CNMI Governor. Once completed, DOF-Procurement Services returns the approved contract to the lead agency and requires to prepare a Notice to Proceed to the vendor. After this process, the vendor submits invoice to the lead agency and the lead agency prepares a request for payment to DOF-Financial Services and the DOF-Treasury Division prepares the check. Consistent monitoring and reconciliation of accounts with DOF-Financial Services regarding fund balance status through JD Edwards, a system being used by DOF, ensures the program that obligations do not exceed available funds. With close coordination between DCCA- Child Care and Development Fund and DOF-Federal Accounting Section, tight budget control is implemented and timely financial reporting is met. The Lead Agency assures that effective internal control; transparency and accountability will be in place. It will include in exercising its internal control the plan of organization, methods and procedures adopted by management to meet our goals. It also includes

processes for planning, organizing, directing, controlling, and reporting on agency operations. The DCCA-CCDF further assures that three objectives of internal control will be maintained, such as: 1) effectiveness and efficiency of operations; 2) reliability of financial reporting; and 3) compliance with applicable rules and regulations.

c. Tracking systems to ensure reasonable and allowable costs

Describe:

On the DCCA-CCDF program side, the Administrative Data Specialist verifies with the system whether the eligibility amount for each family receiving the subsidy corresponds to their approved certificate. CCDF Accountant verifies accuracy of the total amount and makes sure funding is available. And on the CNMI Department of Finance part, it has the total control of funds as it is this agency that does the obligation and liquidation of funds received from the federal grantor. It makes sure that obligations do not exceed the allotted budget and also makes sure that it is in compliance with the Uniform Administrative Requirements and Cost Principles based on OMB's circulars.

d. Other

Describe:

8.1.2 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:

a. Conduct a risk assessment of policies and procedures

Describe:

The CNMI DCCA-CCDF regularly assesses the risk of its policies and procedures. The CNMI CCDF Administrator is responsible to consistently assess and revise policies as needed. All CCDF staff regularly meet to discuss policy issues and has implemented a practice of meeting when its policies and procedures are brought into question.

b. Establish checks and balances to ensure program integrity

Describe:

The CNMI DCCA-CCDF Administrator along with the Administrative Officer III conduct regular monthly meeting with all the staff to discuss changes in the rules and regulations and policies that will impact the program integrity. The CNMI DCCA-CCDF relies on checks and balances and separation of duties among the staff. For example, CCDF Eligibility Workers accept the invoices from parents with corresponding attendance sheets and compute the amount to be paid to the corresponding care providers and also the parents' co-payment, then parents pay their share to the CNMI Treasury. Once this process is done, summary is being prepared by the CCDF Eligibility Workers, and then forwarded to CCDF Administrative Data Specialist for payment authorization, then to be checked by CCDF Accountant and to be approved by CCDF Administrator. After this process, the invoices with the purchase order (PO) are forwarded to CNMI Department of Finance-Accounts Payable Section for scrutiny, entry and posting. Once everything is entered and posted, it will then be uploaded in the system for CNMI Division of Treasury to prepare and issue the check payment. This process helps ensure program integrity in the CNMI DCCA-CCDF program.

c. Use supervisory reviews to ensure accuracy in eligibility determination

Describe:

The CNMI DCCA-CCDF Administrative Officer conducts a review at a minimum of 15 case files on a monthly basis by pulling random samples of case files from each eligibility workers to ensure accuracy in eligibility determination. The CCDF Administrative Officer follows up with the eligibility specialists and administrative data specialist on areas identified needing improvement.

d. Other

Describe:

8.1.3 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)), including processes to train child care providers and staff of the Lead Agency and other agencies engaged in the administration of CCDF about program requirements and integrity.

a. Check and describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.

i. Issue policy change notices.

Describe:

Memos are sent to providers related to changes/updates.

ii. Issue policy manual.

Describe:

iii. Provide orientations.

Describe:

CNMI DCCA-CCDF conducts orientations to prospective providers and providers participate in a renewal orientation.

iv. Provide training.

Describe:

v. Monitor and assess policy implementation on an ongoing basis.

Describe:

vi. Meet regularly regarding the implementation of policies.

Describe:

Quarterly meetings with providers to provide updates and/or address clarifications.

vii. Other.

Describe:

b. Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity (98.68 (a)(3)). Check all that apply:

i. Issue policy change notices.

Describe:

Memos are provided to staff members of any updates and/or changes.

ii. Train on policy change notices.

Describe:

When there is a policy change, training will be offered/scheduled to the affected staff member.

iii. Issue policy manuals.

Describe:

iv. Train on policy manual.

Describe:

v. Monitor and assess policy implementation on an ongoing basis.

Describe:

vi. Meet regularly regarding the implementation of policies.

Describe:

At least quarterly meetings to address any changes or updates to policies.

vii. Other.

Describe:

8.1.4 Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe:

The CNMI DCCA-CCDF documents its internal controls in accordance with the Commonwealth of the Northern Mariana Islands' DOF policies and procedures which uses the OMB's circulars on uniform administrative requirements and cost principles. The Lead Agency assures that effective internal control; transparency and accountability will be in place. It will include in exercising its internal control the plan of organization, methods and procedures adopted by management to meet our goals.

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

a. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent fraud or intentional program violations**. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations.

- i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

Describe the activities and the results of these activities:

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

The CNMI DCCA-CCDF's Eligibility Worker (EW) conduct reviews every month, all documents related to subsidy recipients. Such reviews conducted, are the attendance documents being compared to the billing submitted by care providers. Rigorous reviews are being handled to prevent fraud and intentional program violations having crossed checked by Data Administrative Specialist of its completeness. With this activity, data on all subsidy recipients will be readily available, complete, and accurate. In this process, any discrepancies are already identified and corrected. On an average every month, one or two documents are found with discrepancies and are immediately addressed and/or corrected once the documents leave the Data Administrative Specialist.

iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

The CCDF Administrative Officer who serves as a supervisor for the Eligibility Worker performs the quality assurance review of eligibility determinations made by the Eligibility Workers. The Administrative Officer does not determine eligibility but reviews the works of other staff and provide training. Cases processed by new staff are monitored frequently than staff who have more experience processing eligibility. This Administrative Officer follows up with the staff on areas that need improvement and provide trainings on areas where the staff needs improvement. By conducting these reviews, the CCDF Program will identify additional clarifications or update policies. This is being done on a monthly basis as there are new applications being processed every month. This process will reduce if not eliminate intentional program violations and fraud will be prevented. Since reviews and scrutiny are conducted monthly, on average only 1 or 2 minor discrepancies may be identified, for example, a missing signature, a missing signed attendance sheet which are addressed and/or corrected immediately.

v. Audit provider records.

Describe the activities and the results of these activities:

CCDF Subsidy section scrutinizes/reviews all invoices and attendance sheets submitted by care providers on a monthly basis. If any discrepancies are identified, a determination of the type of improper payment is made.

Overpayments are established where warranted, and collection efforts are made, which CNMI CCDF had not encountered any yet. In addition to this process, the CCDF Accountant scrutinizes the summary of payment with the attached invoices per provider and per family and showing that co-payments are made. This will be forwarded to the CCDF Administrator for approval.

After such process, documents will then be forwarded to CNMI Department of Finance-Accounts Payable Section for another scrutiny to be entered and posted to make sure that all payments are correct. When CNMI-DOF Accounts Payable finds discrepancies on 1 or 2 invoices, which happened last 3 months, CCDF Accountant receives a call from CNMI-DOF to rectify such discrepancies before the payment is processed.

vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

Opportunities for staff to be trained on policies and/or audits will be afforded once training announcements are available on island or off-island. Existing staff are given policy and system training based on the needs of staff and through ongoing monitoring of areas that need improvement. This training helps staff identify signs of intentional or unintentional program violations. In addition, afforded training opportunities for staff will enhance their knowledge on policies, procedures, and regulations of the program. CNMI CCDF will schedule on a quarterly basis training on policies and audits. Through this process, CCDF staff will be updated in the policies and that intentional program violations will be prevented.

vii. Other

Describe the activities and the results of these activities:

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

b) Check and describe all activities the Lead Agency conducts to identify unintentional program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations. Include a description of the results of such activity.

- i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

- iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

The CNMI DCCA-CCDF's Eligibility Worker (EW) conduct reviews every month, all documents related to subsidy recipients. Such reviews conducted, are the attendance documents being compared to the billing submitted by care providers. Rigorous reviews are being handled to prevent fraud and unintentional program violations having crossed checked by Data Administrative Specialist of its completeness. With this activity, data on all subsidy recipients will be readily available, complete, and accurate. In this process, any discrepancies are already identified and corrected. On an average every month, one or two documents are found but already corrected once the documents leave the Data Administrative Specialist.

- iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

The CCDF Administrative Officer who serves as a supervisor for the Eligibility Worker performs the quality assurance review of eligibility determinations made by the Eligibility Specialists. The Administrative Officer does not determine eligibility but reviews the works of other staff and provide training. Cases processed by new staff are monitored frequently than staff who have more experience processing eligibility. This Administrative Officer follows up with the staff on areas that need improvement and provide trainings on areas where the staff needs improvement. By conducting these reviews, the CCDF Program will identify additional clarifications or update policies. This is being done on a monthly basis as there are new applications being processed every month. This process will reduce if not eliminate unintentional program violations and fraud will be prevented.

v. Audit provider records.

Describe the activities and the results of these activities:

CCDF Subsidy section scrutinizes/reviews all invoices and attendance sheets submitted by care providers on a monthly basis. If any discrepancies are identified, a determination of the type of improper payment is made. Overpayments are established where warranted, and collection efforts are made, which CNMI CCDF had not encountered any yet. In addition to this process, the CCDF Accountant scrutinizes the summary of payment with the attached invoices per provider and per family and showing that co-payments are made. This will be forwarded to the CCDF Administrator for approval. After such process, documents will then be forwarded to CNMI Department of Finance-Accounts Payable Section for another scrutiny to be entered and posted to make sure that all payments are correct. When CNMI-DOF Accounts Payable found discrepancies on 1 or 2 invoices, which happened last 3 months, CCDF Accountant received a call from CNMI-DOF to rectify such discrepancies before the payment is processed.

vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

Opportunities for staff to be trained on policies and/or audits will be afforded

once training announcements are available on island or off-island. Existing staff are given policy and system training based on the needs of staff and through ongoing monitoring of areas that need improvement. This training helps staff identify signs of intentional or unintentional program violations. In addition, afforded training opportunities for staff will enhance their knowledge on policies, procedures, and regulations of the program and this also increase accuracy and lessen if not eliminated unintentional program violations.

vii. Other

Describe the activities and the results of these activities:

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

c) Check and describe all activities the Lead Agency conducts to identify and prevent agency errors. Include in the description how each activity assists in the identification and prevention of agency errors.

- i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

- iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

The CNMI DCCA-CCDF's Eligibility Worker (EW) conduct reviews every month, all documents related to subsidy recipients. Such reviews conducted,

are the attendance documents being compared to the billing submitted by care providers. Rigorous reviews are being handled to prevent fraud and intentional program violations having crossed checked by Data Administrative Specialist of its completeness. With this activity, data on all subsidy recipients will be readily available, complete, and accurate. In this process, any discrepancies are already identified and corrected. On an average every month, one or two documents are found but already corrected once the documents leave the Data Administrative Specialist.

iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

The CCDF Administrative Officer who serves as a supervisor for the Eligibility Worker performs the quality assurance review of eligibility determinations made by the Eligibility Specialists. The Administrative Officer does not determine eligibility but reviews the works of other staff and provide training. Cases processed by new staff are monitored frequently than staff who have more experience processing eligibility. This Administrative Officer follows up with the staff on areas that need improvement and provide trainings on areas where the staff needs improvement. By conducting these reviews, the CCDF Program will identify additional clarifications or update policies. This is being done on a monthly basis as there are new applications being processed every month. Through this quality assurance, there will be less agency errors and at the same time, identify additional policy clarifications, if needed.

v. Audit provider records.

Describe the activities and the results of these activities:

CCDF Subsidy section scrutinizes/reviews all invoices and attendance sheets submitted by care providers on a monthly basis. If any discrepancies are identified, a determination of the type of improper payment is made. Overpayments are established where warranted, and collection efforts are made, which CNMI CCDF had not encountered any yet. In addition to this process, the CCDF Accountant scrutinizes the summary of payment with the attached invoices per provider and per family and showing that co-payments

are made. This will be forwarded to the CCDF Administrator for approval. After such process, documents will then be forwarded to CNMI Department of Finance-Accounts Payable Section for another scrutiny to be entered and posted to make sure that all payments are correct. When CNMI-DOF Accounts Payable found discrepancies on 1 or 2 invoices, which happened last 3 months, CCDF Accountant received a call from CNMI-DOF to rectify such discrepancies before the payment is processed. In this process agency errors are identified and prevented.

vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

Opportunities for staff to be trained on policies and/or audits will be afforded once training announcements are available on island or off-island. Existing staff are given policy and system training based on the needs of staff and through ongoing monitoring of areas that need improvement. This training helps staff identify signs of intentional or unintentional program violations. In addition, afforded training opportunities for staff will enhance their knowledge on policies, procedures, and regulations of the program. CNMI CCDF will schedule on a quarterly basis training on policies and audits. Through this process, additional policy clarifications maybe identified that will assist in having less agency errors.

vii. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

a. Identify what agency is responsible for pursuing fraud and overpayments (e.g. State Office of the Inspector General, State Attorney).

The CNMI Attorney General Office (AGO) will act on request to pursue fraud and overpayments. As a result, CCDF funds will be recovered.

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

- i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

All improper payments caused by fraud or intentional program violations are recovered regardless of dollar amount. Eligibility Workers scrutinize all improper payments and refer to CCDF Administrator on the process to recoup from parents or providers. In this process, CCDF Funds are recovered.

- ii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

Improper payments due to fraud or intentional program violations are referred to the CNMI Attorney General Office. An administrative hearing will be conducted as to the extent of the violation and if found any, determination will be made. If determination is already made for parents or providers to repay the improper payments, CCDF will refer them to CNMI Treasurer to make the necessary payments. This process will result to CCDF funds being recovered. CNMI CCDF had 0 or not encountered any improper payment.

- iii. Recover through repayment plans.

Describe the activities and the results of these activities:

Repayment plans will be offered to the parents or care providers to recoup improper payments that are the result of fraud or intentional program violations in case prosecution is declined. CCDF and parents/care providers make arrangement on the payment for recoupment and such payment will be made to CNMI Treasurer to be credited to CCDF Account. As a result of this process, CCDF funds will be recovered. CNMI CCDF had 0 or not encountered any

improper payment.

iv. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

Improper payments will be recovered from care providers by reducing payments in subsequent months until all improper payments are paid in full. CCDF and care providers make an arrangement by reducing the payment on a monthly basis. For example, a provider received an overpayment of \$5,000.00 due to improper payment and an arrangement was made that \$1,000.00 will be reduced every month from the monthly billing submitted until the \$5,000.00 is paid off. Through this process, CCDF funds will be recovered. CNMI CCDF had 0 or not encountered any improper payment.

v. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

vi. Recover through other means.

Describe the activities and the results of these activities:

Payments are recovered through lump sum payment, reduce subsequent month payment or through payment plans. CCDF and parents/care providers make arrangement on the payment for recoupment and such payment will be made to CNMI Treasurer to be credited to CCDF Account. As a result of this process, CCDF funds will be recovered. CNMI CCDF had 0 or not encountered any improper payment.

vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

viii. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

c. Check and describe any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

- i. N/A. the Lead Agency does not recover misspent funds due to unintentional program violations.
- ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

All improper payments caused by fraud or unintentional program violations are recovered regardless of dollar amount. Eligibility Workers scrutinize all improper payments and refer to CCDF Administrator on the process to recoup from parents or providers. In this process, CCDF Funds are recovered. CNMI CCDF had 0 or not encountered any improper payment.

- iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

Improper payments due to fraud or unintentional program violations are referred to the CNMI Attorney General Office. An administrative hearing will be conducted as to the extent of the violation and if found any, determination will be made. If determination is already made for parents or providers to repay the improper payments, CCDF will refer them to CNMI Treasurer to make the necessary payments. This process will result to CCDF funds being recovered. CNMI CCDF had 0 or not encountered any improper payment.

- iv. Recover through repayment plans.

Describe the activities and the results of these activities:

Repayment plans will be offered to the parents or care providers to recoup improper payments that are the result of fraud or unintentional program violations in case prosecution is declined. CCDF and parents/care providers make arrangement on the payment for recoupment and such payment will be made to CNMI Treasurer to be credited to CCDF Account. As a result of this process, CCDF funds will be recovered. CNMI CCDF had 0 or not encountered

any improper payment.

v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

Improper payments will be recovered from care providers by reducing payments in subsequent months until all improper payments are paid in full. CCDF and care providers make an arrangement by reducing the payment on a monthly basis. For example, a provider received an overpayment of \$5,000.00 due to improper payment and an arrangement was made that \$1,000.00 will be reduced every month from the monthly billing submitted until the \$5,000.00 is paid off. Through this process, CCDF funds will be recovered. CNMI CCDF had 0 or not encountered any improper payment.

vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

vii. Recover through other means.

Describe the activities and the results of these activities:

Payments are recovered through lump sum payment, reduce subsequent month payment or through payment plans. CCDF and parents/care providers make arrangement on the payment for recoupment and such payment will be made to CNMI Treasurer to be credited to CCDF Account. As a result of this process, CCDF funds will be recovered. CNMI CCDF had 0 or not encountered any improper payment.

viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

ix. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

d. Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

i. N/A. the Lead Agency does not recover misspent funds due to agency errors.

ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

iv. Recover through repayment plans.

Describe the activities and the results of these activities:

v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

vii. Recover through other means.

Describe the activities and the results of these activities:

viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

ix. Other

Describe the activities and the results of these activities:

8.1.7 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

- a. Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

Describe the activities and the results of these activities:

If clients have committed intentional violation, such as non-payment of monthly co-payment, the Child Care and Development Fund (CCDF) rules and regulations indicated in Section 55-60-305 Child Care Payments shall apply: (c) The parent's co-payments shall be established by the current Sliding Fee Scale as set forth in the current State Plan and (h)... all parents will pay their co-payments directly to the CNMI Treasury. If parents failed to pay their monthly co-payments it is considered committing an Intentional Program Violation and the following procedures will be applied:

- 1) A first warning letter will be sent to the parent with a subject - Intentional Program Violation with the attachment of the Payment Invoice;**
- 2) A second warning letter requesting for a face to face meeting with parents on the matter;**
- 3) A third and last warning letter will indicate of the next instance of non-payment of a monthly co-payment, a letter of Termination will be received by the parent. When a letter of termination is prepared, it should be accompanied by information on the CCDF appeal process - Administrative Appeal Request. The description of the Administrative Appeal Process requests are as follows:**
 - 1) A parent may file a written request for an administrative appeal when the family is dissatisfied with the Child Care Program's adverse action of denying, reducing, terminating, and suspending assistance. The family shall have an opportunity to:**
 - a) Examine the case record as well as all documents and records to be used at the appeal hearing at a reasonable time before the date of the hearing as well as during the hearing;**
 - b) Present the case independently or with the aid of legal counsel;**
 - c) Bring witnesses, including an interpreter if non-English speaking;**
 - d) Establish all pertinent facts and circumstances;**
 - e) Advance any arguments appropriate to the issue being heard without undue interference;**
 - and f) Question**

or refute any testimony if evidence, and to confront and cross-examine any witness.

2) The appeal request shall be in writing delivered to the Department of Community and Cultural Affairs Office of the Secretary within 10 calendar days of the date on which the notice informing the family of a child care program's decision was delivered to the family and shall refer to the following: a) The request is for an administrative appeal; b) The specific action identified in the notice that is being appealed; and c) Whether continuation of benefits at the current level are being requested with the understanding that the family will be required to pay back the total value of benefits (received pending the decision) if the DCCA decision is upheld.

3) If the request is not filed within the 10 calendar days of the date the notice was provided to the family, the request shall be denied and the Office of the Secretary shall provide notice of denial to the family.

4) A hearing officer appointed by the Secretary shall preside over a hearing within 30 days of timely appeal request which: a) A hearing officer appointed by the Secretary shall preside over a hearing within 30 days of timely appeal request; b) The family and the Child Care Program shall have an opportunity to present evidence, including witness testimony and documents. Each party shall also have the right of cross-examination; c) The hearing shall be audio-recorded; and d) The hearing officer shall issue a written decision to the Child Care Program and the family within 30 days after the hearing.

As a result, those who are deemed non-compliant with the rules, regulations, procedures, and policies of the CCDF Program will be disqualified from the program.

b. Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

Describe the activities and the results of these activities:

The disqualification of the provider is based on the following reasons:

A. The conditions for denial, suspension, or revocation of a child care license application and the action to be taken by the Department are as follows:

(1) The Department may deny, suspend, or revoke the child care license, if an applicant or licensee does not comply with the rules of the Department respecting

child care facilities;

(2) The Department shall suspend registration if the violation of the minimum requirement is the first violation of the provider does not warrant revocation;

(3) The Department may revoke child care license application if the provider has violated any minimum requirement to such an extent or of a nature that the provider is unfit to be trusted with the care of children, or if the provider's application has been suspended at least once previously;

(4) An applicant or licensee whose child care license is about to be denied, suspended, or revoked shall be given written notice by certified or registered mail addressed to the location shown on the child care license application;

(5) The notice shall contain a statement of the reasons for the proposed action and shall inform the applicant of the right to appeal the decision to the Office of the Secretary, Department of Community & Cultural Affairs, no later than ten working days after acknowledgment of the notice of the proposed action; (6) The applicant has twenty days from receipt to make a written request for a hearing; the Secretary of the Department shall give written notice to the applicant of a time and place for a hearing before a hearing officer. On the basis of the evidence adduced at the hearing, the hearing officer shall make the final decision of the Department as to whether the application or child care license shall be denied, suspended, or revoked;and;

(7) If no timely written request for a hearing is made, processing of the application shall and or the child care license shall be suspended or revoked as of the termination of the ten-day period.

B. The immediate suspension of the child care license shall be ordered if conditions exist which the Department determines constitute an imminent danger to the health, welfare, or safety of the children. The Department shall take the following actions: a) Provide the applicant written notice of the order by personal service or by certified or registered mail addressed to the location shown on the child care license application; b) Provide a statement of the reasons for the suspension in the notice and inform the applicant of the right to petition the Department to reconsider the order not later than ten working days after mailing of the notice; c) Declare that all operations shall cease as of the date of receipt of the notice, give the applicant reasonable notice upon receiving a written petition, and provide an opportunity for a prompt hearing before a hearing officer with respect to the order of suspension of the child care license application. On the basis of the

evidence adduced at the hearing, the hearing officer shall make the final decision of the Department as to whether the order of suspension shall be affirmed or reversed; and d) Notify the parent or legal guardian of each child who is provided care in the family child care home of the suspension or revocation.

C. At any hearing provided for by this section, the applicant or licensee may be represented by counsel and has the right to call, examine, and cross-examine witnesses. Evidence may be received even though inadmissible under rules of evidence applicable under court procedures. Hearing officer decisions shall be in writing, shall contain findings of fact and conclusions of law, and shall be mailed to the parties to the proceedings by certified or registered mail to the last known address as may be shown in the application, on the child care license, or otherwise. The Administrative Procedure Act [1 CMC§ 9101, et seq.] shall also be applicable at any hearing.

Once the provider is deemed disqualified due to non-compliance with the rules, regulations, procedures, and policies of the CCDF Program, the provider will be removed from the listing of approved CCDF providers.

c. Prosecute criminally.

Describe the activities and the results of these activities:

Intentional program violations will be referred for criminal prosecution and this will be handled through the Attorney General Office.

d. Other.

Describe the activities and the results of these activities:

Appendix A: MRS, Alternative Methodology and Narrow Cost Analysis Waiver Request Form

Lead Agencies may apply for a temporary waiver for the Market Rate Survey or ACF pre-approved alternative methodology and/or the narrow cost analysis in. These waivers will be considered "extraordinary circumstance waivers" to provide relief from the timeline for completing the MRS or ACF pre-approved alternative methodology and the narrow cost analysis during the COVID-19 pandemic. These waivers are limited to a one-year period.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in Section 4, questions 4.2.1 and 4.2.5.

To submit a Market Rate Survey (MRS) or ACF pre-approved alternative methodology or a Narrow Cost Analysis waiver, complete the form below.

Check and describe each provision for which the Lead Agency is requesting a time-limited waiver extension.

Appendix A.1: The Market Rate Survey (MRS) or ACF pre-approved alternative methodology (See related question 4.2.1.)

1. Describe the provision (MRS or ACF pre-approved alternative methodology) from which the state/territory seeks relief. Include the reason why the Lead Agency is seeking relief from this provision due to this extraordinary circumstance.

The CNMI is requesting a temporary waiver of the Market Rate Survey (658E(c)(4)(B)). Due to the Covid-19 pandemic, completion of the MRS is not currently possible. This request will also allow the state agency not only to conduct an MRS, but to also look into the cost of providing child care services. The lead agency will conduct a cost survey or study and administer it to all license centers. Part of the study will look into the primary cost drivers such as staffing costs as well as cost to address basic health and safety requirements. We will also look at the cost to implement a higher quality

program based on the requirements identified under the CNMI's QRIS Standards. We will also look into addressing any gaps between the cost to provide care in the CNMI and CCDF's payment rates and any additional fees that families are required to pay. Lastly, we will also look at the cost of providing care in the different islands of Rota, Tinian, and Saipan. The MRS will be contracted out and we anticipate the announcement for this work to be out on or before December 30, 2021. We also anticipate the completion of the MRS on or before July 30, 2022. This waiver is being requested for data needed in section 4.5.2ii.

[2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.](#)

Through this waiver, the CNMI CCDF Program will be able to collect additional data related to rates and the actual cost of providing child care services in the CNMI. As a result, CCDF will be able to use the data to determine appropriate reimbursement rates to providers. More importantly, we will use the data to provide possibly varying rates between the islands of Rota, Tinian, and Saipan.

[3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.](#)

The health and safety and well being of the children served will not be compromised as a result of this waiver request. Rather through this waiver, CCDF will be able to collect data that will help in determining better reimbursement rates to providers.

[Appendix A.2: The Narrow Cost Analysis \(See related question 4.2.5.\)](#)

[1. Describe the provision \(Narrow Cost Analysis\) from which the state/territory seeks relief. Include the reason why in these extraordinary circumstances, the Lead Agency is seeking relief from this provision.](#)

The CNMI is requesting a waiver from a Narrow Cost Analysis as one has not been completed due to the Pandemic. However, the CNMI plans to conduct one to determine the actual cost of providing child care services. The Narrow Cost Analysis will look into actual cost of providing child care services in the CNMI, specific to the different islands of Rota, Tinian, and Saipan. We will look into conducting a limited cost survey as well as using QRIS data and standards to identify what is the cost of

providing higher quality child care. We anticipate to contract out the MRS and Narrow Cost Analysis and for the announcement for this work to be out on or before December 30, 2021

2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.

Through this waiver, the CNMI CCDF Program will be able to collect additional data related to rates and the actual cost of providing child care services in the CNMI specifically in the 3 islands of Rota, Tinian and Saipan. As a result, CCDF will be able to use the data to determine appropriate reimbursement rates to providers.

3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

The health and safety and well being of children will not be compromised rather, be improved since CCDF will be able to reimburse appropriately providers once the Narrow Cost Analysis is completed. as a Currently, CCDF continues to reimburse providers at least at the 82nd percentile.