



TRIBAL GRANTEE PLANS FROM THE 2014-2015 CHILD CARE DEVELOPMENT FUND:

A REPORT BY THE CHILD CARE COMMUNITY OF LEARNING

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Background

The Tribal Early Childhood Research Center (TRC, University of Colorado Anschutz Medical Campus; www.tribalearlychildhood.org) is funded by the Administration for Children & Families (ACF) to advance the study early childhood in tribal communities through research, training, information dissemination, and research-to-practice. The TRC operates in partnership with tribal early childhood stakeholders, particularly those connected to Tribal Head Start, Home Visiting, and Child Care Development Fund (CCDF) programs, but also more broadly including other tribal early childhood programs, practitioners, and researchers. The TRC Communities of Learning (CoL) are a central mechanism for partnership; they serve as a virtual forum for tribal early childhood partners to join researchers in exploring questions of shared interest that promise to advance our understanding of the development of young children in tribal communities. To that end, the TRC Child Care CoL was formed in 2014 with 3 tribal CCDF program directors, 1 tribal CCDF technical assistance provider from The National Center on Tribal Child Care Implementation and Innovation, 1 federal partner from the ACF Office of Child Care, and 3 researchers from the TRC University of Colorado team.

There are 260 tribal CCDF grantees that provide AIAN families with direct child care assistance via center-based, group home, family, and in-home care. There are very few published reports about how tribal CCDF programs are administered, what types of services are offered, and how programs manage health, safety, and training requirements. On a biennial basis, tribal CCDF grantees complete a written plan detailing these sorts of things, but to date, the information in these plans has not been summarized across grantees, nor shared beyond ACF. The TRC Child Care CoL identified these plans as a rich source of untapped information about CCDF programs, and an important starting point for beginning to understand tribal CCDF programs as a whole. This report details the TRC Child Care CoL process, results of this first-ever summary of key programmatic data across tribal CCDF plans, and recommendations about next steps for this as well as other tribal CCDF data efforts.

The TRC Child Care Community of Learning Process

The TRC operates with guidance from three Steering Committees made up of program directors, technical assistance providers, researchers, and federal partners representing tribal

Child Care and Development Fund, Tribal Head Start, and Tribal Home Visiting programs. The TRC Child Care CoL was formed by a subset of TRC Child Care Steering Committee members who expressed interest in defining a feasible study that would address research and data needs for tribal CCDF programs. The TRC Child Care CoL gathered by phone twice monthly initially to discuss potential research questions and data sources for answering those questions. Broadly, the CoL was interested in gathering group level data about tribal CCDF programs that would be informative to tribal CCDF stakeholders, particularly around extant policies and procedures, types of services provided, eligibility requirements, activities addressing quality, and health and safety requirements. One approach was to gather new data from administrators of the 260 tribal CCDF grantee programs via a 30-minute online survey. A second approach was to examine existing information residing in the CCDF program plans that are completed by administrators on a biennial basis. In order not to burden already-stretched tribal program administrators, and to capitalize on a rich, but untapped data source, the CoL members felt that the second approach was a promising start for addressing their questions. Because the plans were only available as individual MS Word or PDF documents, however, the data they contained would need to be transferred into a database, which would then allow for analysis and summary across plans, something that has never been done before.

Each tribal CCDF grantee plan requires CCDF administrators to respond to a detailed set of questions that describe their program's plan for meeting program requirements in each of the following six areas of operations: Part 1) Administration; Part 2) Developing the Child Care Program; Part 3) Child Care Services Offered; Part 4) Procedures for Parents; Part 5) Activities and Services to Improve the Quality of Child Care; and Part 6) Health and Safety Requirements for Providers. Whether or not the program actually carries out their plans in each of these areas is NOT captured in these reports and was noted by the CoL at the outset as a limitation of these data. Despite this limitation, the CoL viewed the plans as a rich source of existing information that had heretofore not been summarized or shared broadly. In preparation for entering the plan information into a database, the CoL identified specific questions within Parts 1-6 that were most pertinent to the overarching questions listed above. Information from the specified questions were then entered by hand into a database by the TRC team at the University of Colorado.

In all, 232 Fiscal Year (FY) 2014-2015 tribal CCDF Plans were made accessible by the Administration for Children and Families Office of Child Care for data extraction¹. The remaining

¹ Thirty-six of the 260 grantees fall under Public Law 102-477 (PL 102-477), the "Indian Employment, Training and Related Services Demonstration Act of 1992." These grantees do not

28 were not available. The CoL identified both qualitative and quantitative data within these 232 plans for entry into the database. Quantitative data were extracted where available from all 232 plans. Because of the more labor-intensive process related to entering and then coding qualitative data, qualitative data were extracted from a randomly selected stratified subset of 26 plans, with representation from each of the 10 CCDF geographic regions (<http://www.acf.hhs.gov/programs/occ/resource/regional-child-care-program-managers>.)

Descriptive statistics were computed for all quantitative data using SAS version 9.4. Qualitative data were coded by examining all text responses to each question for themes. In this way, even the infrequently written response received a thematic code. A second review was completed in which the preliminary qualitative codes were amended to more accurately capture the range of themes contained in all of the responses. A third review by someone who was not part of creating the codes was conducted to increase our confidence that the codes communicated the themes adequately. The last step was counting the number of responses for each code and entering these statistics into a table for each question.

Conference calls were convened twice monthly with CoL members to review progress on the data entry, analysis and drafting of this report. Following each call, the analyses and writing were fine-tuned. The final review was conducted in individual interviews with each CoL member in which we oriented the CoL member to the report and asked targeted questions about its content to clarify our presentation of the data. This report is the culmination of the CoL efforts. We wish to thank our CoL members for their valuable contributions to this work, as well as the TRC research assistants at the University of Colorado for their efforts in establishing the database.

Overview of Data Tables in this Report

Tables in this report summarize both quantitative and qualitative responses to all questions identified by the CoL as priorities for summarizing across plans, and sharing broadly with tribal CCDF stakeholders who might benefit from seeing these data summarized for the first time. Frequencies, percentages, means, and standard deviations are reported for quantitative data from 89% of all CCDF-funded programs (i.e. 232/260).

complete written CCDF plans. In order to include as many of these programs in this analysis as we could, an online questionnaire was emailed to program directors. The questionnaire included the items from the CCDF plans that were chosen for this analysis. Complete data were returned by six of these grantees.

Qualitative data are from a randomly selected subset of 26 plans representing ten CCDF regions. Coded themes are shown in the first row of each qualitative data table. Row two details the number of times each code was reported in plans in which the question applied (see example table 6.4.1 below). Several tables included too many thematic codes to fit across the page. In these tables, the codes and count continue in rows 3-4. It should be noted that qualitative themes are not mutually exclusive; program administrators may have mentioned more than one coded theme in each qualitative table.

EXAMPLE TABLE 6.4.1 IN-HOME CARE: Health and Safety Requirements for Prevention and Control of Infectious Disease Are In Place. Grantees with In-Home Child Care were asked to check requirements they have in place for those Homes from this list: Physical exam or health statement; Tuberculosis check; Immunizations; Hand-washing policy; Diapering policy and procedures; Providers required to submit a self-certification or complete health and safety checklist, and Other. Topics Other Than Those Listed to Address the Prevention and Control of Infectious Disease were described and coded as follows (qualitative data).

Providers Comply with the Regulations of the State	There Are Requirements of an Oversight Entity Other than Tribe and State -- Stated Examples: NARA, HRC (university) & NCCIC.
Reported in 4 out of 5 plans in which the question applied	Reported in 1 out of 5 plans in which the question applied

How to Use this Report

This report is the first time that tribal CCDF biennial plan data have been aggregated across tribal CCDF grantees. The data tables in this report may be useful to the following tribal CCDF stakeholders:

- ✓ **Administrators of tribal CCDF programs may use this report to:**
 - Understand the range and frequency of practices across most tribal CCDF programs nationwide.
 - Generate ideas for alternative approaches to one's own program practices.
 - Increase one's sense of belonging to a cohort of leaders in tribal child care.
 - Understand the maturation of programming over time and discuss changes and modification when it is appropriate to do so.
- ✓ **Federal CCDF program staff may use this report to:**
 - Understand the range of characteristics exhibited by most tribal CCDF programs nationwide.
 - Understand the range and frequency of practices across most tribal CCDF programs nationwide.

- Educate the staff of other Federal initiatives/programs that pursue goals similar to those of tribal CCDF programs.
- Include more details in reports to Congress.
- Develop mechanisms that support the needs of the CCDF grantees more effectively.
- ✓ **Tribal CCDF technical assistance providers may use this report to:**
 - Understand Tribal CCDF grantee training and technical assistance needs and plan training/support accordingly.
- ✓ **Prospective applicants for Tribal CCDF grants:**
 - Understand the range of practices and policies in existing programs when applying for new funding.

Limitations

The data tables represent the range of practices that tribal CCDF grantees *planned* to implement in their programs, but may not accurately reflect the actual activities ultimately completed by grantee programs. Moreover, they do not necessarily represent best practices as identified by the field of child care. For example, plans are sometimes copied from a previous year without any review of current program needs and capabilities.

We were unable to obtain complete data from most of the grantees that are subject to Public Law 102-477 (see footnote 1) and so lack the ability to generalize our findings to the universe of tribal CCDF grantees.

Future Directions

Mechanisms whereby plan data can be compared to program outcome data may strengthen how these data inform strategies to enhance CCDF programming in tribal communities. A first step in this direction would be moving to an electronic format for collection of plan data. This effort could address some of the challenges of completing the plans on paper including appropriate skip patterns, scanning for missing data, and wording questions so they are most likely to be answered with relevant information. An electronic format would also make summarizing and reporting of data across programs feasible on an ongoing basis.

Because our analysis of the qualitative responses was preliminary, there are opportunities for additional qualitative analyses. Established practices in the analysis of

qualitative data, including using more than one analyst in the coding process and coming to a consensus about the focus or context of any given theme or code identified, are important next steps. The quantitative database will be accessible to researchers outside of the TRC via an approved data request directed to TRC members.

Research with archival data like the CCDF Plans is a great step toward building a base of knowledge for child care programming in tribal communities. There are domains other than those in the CCDF Plans that can be identified. Specific research questions can be prioritized by child care providers, child care administrators, parents whose children are recipients of child care services, advocates for child care quality improvement, and those in philanthropy whose focus is on child development and strengthening families. Partnerships with researchers who assist tribal stakeholders in the process of developing methodology for these research questions can steadily advance this movement. Potentially this could be done in concert with the continuation of the CCDF Initiative as well as within other circles of tribal child and family advocates.

Finally, continuing to present the biennial training institute for tribal grantees last held in 2012 enables grantees to network with each other and with key informants from ACF. Sweeping changes have been instituted in the plans for FY 2016-2018 which may be difficult for new grantees to complete. CoL members agree that the training institute facilitates interactions that strengthen grantees' understanding and implementation of the planning efforts.

Contact Information

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Part One. Administration of CCDF Programs

Part 1 of the tribal CCDF Plans includes six broad sections that together encompass 13 questions describing how tribal CCDF programs are administered. These include questions about the designated Tribal Lead Agency (TLA), funding information, the administrative structure, program integrity and accountability policies and strategies, coordination efforts, and procedures. Four of the 13 questions from these sections were selected for analysis by TRC Child Care CoL members.

Note: Except where specified as qualitative data, tables include quantitative data. Responses to qualitative questions are not mutually exclusive.

Section 1.4. Indian Child and Indian Reservation or Service Area.

1.4.1. What does the TLA define an Indian child as (qualitative data)?

Children who are Enrolled or Eligible to be Enrolled in a Local Federally-Recognized Tribe	Children who are Enrolled or Eligible to be Enrolled in Any Federally-Recognized Tribe	Children who Fall within a Certain Age Range: Up to 13	Children who Reside in a Particular Area Prescribed by the TLA	Children whose Parents are Unmarried	Children who have a Certain Quantum of Native Blood (Minimum of 1/2 to 1/4 degree)	Children who have U.S. Citizenship
Reported in 9 out of 26 plans in which the question applied	Reported in 19 out of 26 plans in which the question applied	Reported in 11 out of 26 plans in which the question applied	Reported in 8 out of 26 plans in which the question applied	Reported in 3 out of 26 plans in which the question applied	Reported in 2 out of 26 plans in which the question applied	Reported in 1 out of 26 plans in which the question applied

Section 1.6. Program Integrity and Accountability

1.6.1. What policies and procedures were implemented to ensure the CCDF program is in compliance with Federal and Tribal regulations?

	n=232	Percent
Eligibility determination and redetermination	222	95.7%
Parent co-payments	216	93.1%
Child Care Payments	182	78.4%
Oversight of sub-grantees and contractors	28	12.1%
Other	105	45.3%

1.6.1.a. Eligibility & Redetermination: What policies and procedures does the TLA have in place to ensure that CCDF is in compliance with all Federal and Tribal rules and regulations (qualitative data)?

Policy or Procedures Are Written	Details About How Application Is Processed: Steps, Who Processes	When Re-Enrollment Happens (Annually)	Families Are Recertified Less than Annually: every month	Families Are Recertified Less than Annually: every 3 months
Reported in 9 out of 26 plans in which the question applied	Reported in 14 out of 26 plans in which the question applied	Reported in 8 out of 26 plans in which the question applied	Reported in 2 out of 26 plans in which the question applied	Reported in 2 out of 26 plans in which the question applied
Families Are Recertified Less than Annually: every 4 months	Families Are Recertified Less than Annually: every 6 months	Families Are Recertified on a Case-by-Case Basis, Randomly, or Periodically	Families Are Recertified When Circumstances Change that Affect Eligibility	To Recertify, Families Submit Application with Required Verifications
Reported in 1 out of 26 plans in which the question applied	Reported in 5 out of 26 plans in which the question applied	Reported in 4 out of 26 plans in which the question applied	Reported in 2 out of 26 plans in which the question applied	Reported in 4 out of 26 plans in which the question applied

1.6.1.b How Parent Co-Payments are Established: What policies & procedures does the TLA have in place to ensure that CCDF is in compliance with all Federal & Tribal rules and regulations? If policies and procedures are in place, summarize (qualitative data).

Policy States How Non-Payment is Addressed	Policy States Who is Exempt: Families at or < Federal Poverty Level; Children in Foster Care or Protective Care; High School Teen Parents Until Age of Majority;	Minimum Co-Payments. Dollar Amount Mentioned: \$10/week and \$1/day	A Standard 5% Income Deduction for All to Cover the Cost of Travel or Other Allowable Deductions	Increase Co-Payments Gradually as the Family's Income Rises Which Helps Families Assume More Responsibility Over Time	10% Discount for Families who Enroll 2 or more Children (Full-Time or Part-Time)
Reported in 5 out of 24 plans in which the question applied	Reported in 1 out of 24 plans in which the question applied	Reported in 1 out of 24 plans in which the question applied	Reported in 1 out of 24 plans in which the question applied	Reported in 1 out of 24 plans in which the question applied	Reported in 1 out of 24 plans in which the question applied
Policy Requires that All Parents Pay a Percentage of Childcare Fee If Above Federal Poverty Level	Policy Requires Parents Pay a Certain Percentage of Total Family Income. Percent mentioned: 2-10%, 3%, never > 10%, starting at 30%	Policy Describes How Parents Get Invoice	Policy Describes How Parents Pay Tribal Centers	Policy Describes How Parents Pay Family, Group Home, or In-Home Caregivers	Policy States How Payments are Based on Sliding Fee Scale
Reported in 8 out of 24 plans in which the question applied	Reported in 4 out of 24 plans in which the question applied	Reported in 4 out of 24 plans in which the question applied	Reported in 3 out of 24 plans in which the question applied	Reported in 7 out of 24 plans in which the question applied	Reported in 18 out of 24 plans in which the question applied

1.6.1.c. How Child Care Payments are Made to Providers: What policies and procedures does the TLA have in place to ensure that CCDF is in compliance with all Federal and Tribal rules and regulations? If policies and procedures are in place, summarize (qualitative data).

Tribe's Finance Department Takes a Central Role	Policy States What Parents Do to Make Their Payments	Policy States What Providers are Expected to Do	Policy States How Often Providers are Paid	Policy States How Payment is Documented by the Child Care Program	Policy States an Audit or Internal Review is Undertaken
Reported in 11 out of 22 plans in which the question applied	Reported in 5 out of 22 plans in which the question applied	Reported in 14 out of 22 plans in which the question applied	Reported in 12 out of 22 plans in which the question applied	Reported in 4 out of 22 plans in which the question applied	Reported in 4 out of 22 plans in which the question applied

1.6.1.d. Oversight of sub-grantees and contractors: What policies and procedures does the TLA have in place to ensure that CCDF is in compliance with all Federal and Tribal rules and regulations? If policies and procedures are in place, summarize (qualitative data).

Policies Describe the Relationship the TLA has with Sub grantees and Contractors
Reported in 1 out of 2 plans in which the question applied

1.6.1.e. Other Monitoring Issues Added by the TLA: What other policies and procedures does the TLA have in place to ensure that CCDF is in compliance with all Federal and Tribal rules and regulations (qualitative data)?

Statement that Policies & Procedures are in Place	Documentation in Files and Secured in Locked Cabinet	Frequency of Monitoring and Adjustment On Ongoing Basis	Policy States How Audits Are Conducted (internal; random review of files; review of financial documents; periodic 3rd party review; annual)	Who Oversees: executive manager; Tribal chairman; compliance officer
Reported in 5 out of 13 plans in which the question applied	Reported in 1 out of 13 plans in which the question applied	Reported in 1 out of 13 plans in which the question applied	Reported in 3 out of 13 plans in which the question applied	Reported in 3 out of 13 plans in which the question applied

Part Two. Public-Private Partnerships

Part 2 of the tribal CCDF Plans includes four broad sections that together encompass five questions describing how tribal CCDF programs coordinate with other service agencies, gain community buy-in, and establish public-private partnerships in developing and implementing their programs. Two of the five questions from these sections were selected for analysis by TRC Community of Learning members.

Note: Except where specified as qualitative data, tables include quantitative data. Responses to quantitative questions are not mutually exclusive.

2.2.1 Coordinating the Delivery of CCDF Services: Describe how the TLA coordinates the delivery of CCDF-funded child care services with other Tribal, Federal, State, and local child care, early childhood development programs, and before and after-school care services (qualitative data).

The TLA Lists the Names of Other Childhood Programs with whom it Coordinates	The TLA Specifically Lists Schools	The TLA Describes How It Coordinates with Other Entities or Provides a Statement that is Does Coordinate.	The TLA Offers Summer Services and Before and After School Services	The TLA States that it has one or more Memoranda Of Understanding with Other Entities
Reported in 25 out of 26 plans in which the question applied	Reported in 12 out of 26 plans in which the question applied	Reported in 16 out of 26 plans in which the question applied	Reported in 5 out of 26 plans in which the question applied	Reported in 2 out of 26 plans in which the question applied

Section 2.4. Public-Private Partnerships

2.4.1 Does the TLA conduct or plan to conduct activities in public-private partnerships?

	n	Percent
Did not answer	2	0.9%
No	79	34.1%
Yes	151	65.1%
	232	100.0%

2.4.1. Public-Private Partnerships: Does the TLA conduct or plan to conduct activities to encourage public-private partnerships that promote business involvement in meeting child care needs? If YES, describe activities, including the results expected from the public-private partnership (qualitative data).

Settings That Are Supported BY Partnerships Vary (health fairs, wellness events, cultural events, community carnivals, child find program, clean-up week, family events, United Way events, holiday observations)	Outreach Events to Highlight Child Care & Community Resources	Result: Share Training Opportunities	Result: Local Businesses Create Child Care Services for Their Employees
Reported in 3 out of 18 plans in which the question applied	Reported in 6 out of 18 plans in which the question applied	Reported in 3 out of 18 plans in which the question applied	Reported in 2 out of 18 plans in which the question applied
Result: Purchase Equipment and Supplies for CCDF Providers	Other Results: Scholarships, Tutoring, Funding to print books by local author, take children on field trips, representatives from local businesses serve on local boards of directors	Partnerships with Whom: Local Businesses, Private Organizations, Foundations, Private Child Care Providers, Childcare Associations, Churches, Construction Companies, Tribal and Non-Tribal Economic Projects (enterprises), Fire Departments, Highway Patrol, BIA, IHS, University Extension Office, State Department of Human Services, Community Health Representatives	
Reported in 2 out of 18 plans in which the question applied	Reported in 5 out of 18 plans in which the question applied	Reported in 7 out of 18 plans in which the question applied	

2.4.1.b. No Public-Private Partnerships: If you do not conduct or plan to conduct activities to encourage public-private partnerships that promote business involvement in meeting child care needs, state reason (qualitative data).

<p>The area has no businesses with the capability to partner with the child care programs.</p>	<p>Reason to Partner: Raise the Awareness of Issues Experienced by Families</p>	<p>If the opportunity presented itself, yes, we would partner.</p>
<p>Reported in 6 out of 8 plans in which the question applied</p>	<p>Reported in 1 out of 8 plans in which the question applied</p>	<p>Reported in 2 out of 8 plans in which the question applied</p>

Part Three. Child Care Services Offered

Part 3 includes eight broad sections focused on the Child Care Development Fund program. Twenty-two questions describe TLA efforts to inform parents about the subsidy program and application policies and procedures, share eligibility criteria, ensure continuity of care and parental choice of high quality settings for families, and describe sliding fee scale and payment rate policies and procedures. Nineteen of the 22 questions from these sections were selected for analysis by TRC Community of Learning members.

Note: Except where specified as qualitative data, tables include quantitative data. Responses to quantitative questions are not mutually exclusive.

Section 3.1. Non-Exempt or Exempt Rule

3.1.1 Which rule applies to the TLA?

	n	Percent
Non-Exempt (CCDF Allocations equal to or greater than \$500,000)	42	18.1%
Exempt (CCDF allocations less than \$500,000)	190	81.9%
	232	100.0%

Section 3.2. Description of Direct Child Care Services

3.2.1 Check all appropriate boxes below to describe the direct child care services offered by the TLA:

		Percent
Certificate program - non-exempt tribe ² (n=42)	40	95.2%
Certificate program - Exempt tribe (n=190)	52	27.4%
Exempt Tribes: Center-based voucher (n=190)	105	55.3%
Exempt Tribes: Group-home voucher (n=190)	40	21.1%
Exempt Tribes: Family-home voucher (n=190)	97	51.1%
Exempt Tribes: In-home voucher (n=190)	71	37.4%
Grants or Contracts (n=232)	22	9.5%
Operate Tribal Centers (n=232)	132	56.9%

Tribally-Operated Centers:

Types of services in 132 Tribally-operated centers³	n=132	Percent
Full time	115	87.1%
Part time	94	71.2%
Before or after school	94	71.2%
Other services	40	30.3%

² Non-exempt Tribes are required to operate a certificate program. Exempt Tribes may choose to include such services in their program, but are not required to do so.

³ Most grantees with Tribally-operated centers operate one center only. However, data from up to eight tribally operated centers are available for certain grantees.

3.2.1.d. Types of direct child care services offered by tribally-operated center other than full-time, part-time and before/after school services. If other services are in place, summarize (qualitative data).

Wraparound Care for Infants and Toddlers	Summer Program (no specifics)	Services (undefined) Offered Only During School Hours	Home-based Early Head Start Services
Reported in 1 out of 3 plans in which the question applied	Reported in 1 out of 3 plans in which the question applied	Reported in 1 out of 3 plans in which the question applied	Reported in 1 out of 3 plans in which the question applied

Check all ages groups served at tribally-operated center #1

	n=132	Percent
Infant and Toddler	107	81.1%
Preschool	120	90.9%
School Age	88	66.7%

3.2.2 Are all child care services identified in section 3.2.1 available throughout the entire service area?

	n	Percent
No	45	19.4%
Yes	187	80.6%
	232	100.0%

3.2.2. Reasons why all child care services offered by your program are not available throughout the entire service area (qualitative data):

The TLA Has Regulations
1
26
4%

Section 3.4. Limitations of In-Home Care

3.4.1 Does the TLA allow for In-home care?

	n	Percent
No	103	44.4%
Yes	129	55.6%
	232	100.0%

If in-home care is allowed, check which limits, if any, the TLA will choose to establish:

	n=129	Percent
Minimum # children in care	50	38.8%
Provider meeting minimum age requirement	71	55.0%
Hours of care	38	29.5%
Care by relatives	39	30.2%
Care for children with special needs or medical condition	27	20.9%
Other	46	35.7%

3.4.1 Limitations of In-Home Care: If the TLA allows for in-home care and will establish limits, the grantee was asked to check the bases for limits from the following list: Minimum Number of Children, Age of Provider, Hours of Care, Care by Relatives, and Care for Children with Special Needs or Medical Condition. Limits other than those on the list were described and are contained in the table below (qualitative data):

Child Care Coordinator Approves the Limits	Provider Characteristics: Must meet basic health and safety requirements	Caregiver must be relative or other adults who have been assigned responsibility to providing care for the children	Care is Provided Where Child Resides	Care is Provided Where Child Resides but Not Necessarily Where Caregiver Resides	Only Up to Six Children at One Time Including the Preschool Children of the Caregiver	Child is Not Under the Age of Two
Reported in 1 out of 14 plans in which the question applied	Reported in 5 out of 14 plans in which the question applied	Reported in 2 out of 14 plans in which the question applied	Reported in 2 out of 14 plans in which the question applied	Reported in 1 out of 14 plans in which the question applied	Reported in 1 out of 14 plans in which the question applied	Reported in 2 out of 14 plans in which the question applied

Section 3.5. Eligibility Criteria for Child Care

3.5.1 How does the TLA define the following eligibility term: "residing with" (qualitative data)?

<p>Child is Living with Adults who have Legal Custody. Parent, guardian, adoptive parent, foster parent.</p>	<p>The Child Resides in Home for a Specific Timeframe. Examples: 51% of the time with caregiver; full-time; more than 50% of the year; during the time of eligibility; for 6 months or more; at least 5 days/week, 10 months/year; for an extended or permanent period of time during time of eligibility</p>	<p>Child is Living with His/her Own parent(s) or Has Ties to an Adult in the Household Through Direct Lineage</p>	<p>Child is Living in Household with Applicant Parent</p>	<p>It is a fluid concept in our community</p>	<p>Child is Living with Adult Acting in Role of Parent and that Person Provides Financial Support</p>
<p>Reported in 19 out of 26 plans in which the question applied</p>	<p>Reported in 9 out of 26 plans in which the question applied</p>	<p>Reported in 2 out of 26 plans in which the question applied</p>	<p>Reported in 6 out of 26 plans in which the question applied</p>	<p>Reported in 4 out of 26 plans in which the question applied</p>	<p>Reported in 1 out of 26 plans in which the question applied</p>

3.5.1 How does the TLA define the following eligibility term: "in loco parentis" (qualitative data)?

<p>Adults Who Has Primary Responsibility for the Child</p>	<p>Adults Who have a Court Order or Legal Appointment to be the Parent for a Child</p>	<p>Adult who has Guardianship of a Child through an Informal Agreement</p>	<p>The Adult Can Be Unrelated to the Child</p>
<p>Reported in 2 out of 26 plans in which the question applied</p>	<p>Reported in 20 out of 26 plans in which the question applied</p>	<p>Reported in 10 out of 26 plans in which the question applied</p>	<p>Reported in 2 out of 26 plans in which the question applied</p>

3.5.2. Eligibility Criteria Based on Age

Minimum age of children served	n	Percent
Did not answer	9	3.9%
Birth	72	31.0%
1 week to 5 weeks	39	16.8%
6 weeks - 6 months	95	40.9%
7 months - 2 years	12	5.2%
3 years - 5 years	5	2.2%
	232	100.0%

Maximum age of children served	n	Percent
Did not answer	3	1.3%
5	2	0.9%
6	4	1.7%
7	2	0.9%
12	198	85.3%
13	23	9.9%
	232	100.0%

Does the TLA allow CCDF-funded child care for children age 13 and above but below age 19 who are physically and or mentally incapable of self-care?	n	Percent
No	124	53.4%
Yes	108	46.6%
	232	100.0%

Upper age for children who are physically and or mentally incapable of self-care	n	Percent
Did not answer	25	23.1%
13	1	0.9%
15	2	1.9%
16	6	5.6%
17	7	6.5%
18	51	47.2%
19	16	14.8%
	108	100.0%

3.5.2.b. Definition of physical and mental incapacity. If a grantee said that the TLC allowed CCDF-funded child care for children age 13 and above but below age 19 who are physically and/or mentally incapable of self-care, they were asked to define "physical and mental incapacity" (qualitative data).

Child has Inability to Care for Oneself Due to Physical or Mental Issues	Defined by State Rules or Title IV-A of the Social Security Act	Assessed by Professional (Physician or Equivalent)
Reported in 8 out of 15 plans in which the question applied	Reported in 2 out of 15 plans in which the question applied	Reported in 7 out of 15 plans in which the question applied

Does the TLA allow CCDF-funded child care for children age 13 and above but below age 19 who are under court supervision?	n	Percent
No	181	78.0%
Yes	51	22.0%
	232	100.0%

3.5.3. Eligibility Criteria Based Upon Work, Job Training, or Educational Program

Does the TLA provide CCDF child care assistance to parents who are working?	n	Percent
No	1	0.4%
Yes	231	99.6%
	232	100.0%

3.5.3.a. Definition of 'Working'. If the TLA provides CCDF child care assistance to parents who are 'working', those grantees were asked to for a definition of 'working' (qualitative data).

Person is Employed	Person is Self-employed	Person Works Certain Hours/Week. Examples: 20 or more hrs/wk, at least 30 hrs/wk, in case of 2-parent family, 1 parent employed full time and other working a minimum of 20 hrs/wk, full-time work is 32+ hrs/wk, full-time = 32-40 hrs/wk; part-time = 20-31 hrs/wk; job search time is maximum of 4 hrs/day; job search time is maximum of 60 hours in a 4-month period;	Person Earns a Wage or Salary	Includes Absences for medical/maternity leave, incapacitated parent/caregiver & employment during off hours where sleep is required during the traditional work day.
Reported in 19 out of 26 plans in which the question applied	Reported in 11 out of 26 plans in which the question applied	Reported in 10 out of 26 plans in which the question applied	Reported in 15 out of 26 plans in which the question applied	Reported in 1 out of 26 plans in which the question applied
Person can have a Cottage Industry	Person can be in Process of Hunting for a Job	States whose Employment is pertinent	Community Service Can Count as Working	
Reported in 7 out of 26 plans in which the question applied	Reported in 11 out of 26 plans in which the question applied	Reported in 1 out of 26 plans in which the question applied	Reported in 3 out of 26 plans in which the question applied	

Does the TLA provide CCDF child care assistance to parents who are attending job training?	n	Percent
No	10	4.3%
Yes	222	95.7%
	232	100.0%

3.5.3.b. Attending job training. If the TLA provides CCDF child care assistance to parents who are 'attending job training', those grantees were asked to for a definition of 'attending job training' (qualitative data).

Engaging in Activities to Acquire Skills	Engaged in a Training Program that is Monitored	Training that is Housed in Formal Education Programs	Engaging in Activities to Earn GED	Engaged in Activities to Acquire Tribal Skills	Participating in an Approved Substance Abuse Treatment Program
Reported in 19 out of 24 plans in which the question applied	Reported in 7 out of 24 plans in which the question applied	Reported in 7 out of 24 plans in which the question applied	Reported in 4 out of 24 plans in which the question applied	Reported in 1 out of 24 plans in which the question applied	Reported in 2 out of 24 plans in which the question applied

Does the TLA provide CCDF child care assistance to parents who are attending an educational program?	n	Percent
No	9	3.9%
Yes	223	96.1%
	232	100.0%

3.5.3.c. Attending educational program. If the TLA provides CCDF child care assistance to parents who are 'attending an educational program', those grantees were asked to for a definition of 'attending an educational program' (qualitative data).

Engaged in a Course of Study (not specific)	Attending High School or GED Classes	Enrolled and Attending College Classes	Participating in Vocational Training / Vocational Rehabilitation/ Technology Classes	Can Include Approved Drug and Alcohol Outpatient Treatment; Parenting Classes; Counseling or Other Supportive Services in Order to be Employable
Reported in 21 out of 24 plans in which the question applied	Reported in 7 out of 24 plans in which the question applied	Reported in 9 out of 24 plans in which the question applied	Reported in 9 out of 24 plans in which the question applied	Reported in 2 out of 24 plans in which the question applied
Engaged in Activities for Certain Hours per Week. Full-time = 10-20 hrs/wk; GED = 2 hrs/wk; community college = 2 hrs/wk; at least 6 hrs/day; Eligible: study time & travel time (30 minutes before and 30 minutes after class); Not eligible: time to complete homework or study groups;	Attending On-line Classes	Enrollment in Youth Employment	Attending Employer-sponsored Training	
Reported in 6 out of 24 plans in which the question applied	Reported in 4 out of 24 plans in which the question applied	Reported in 1 out of 24 plans in which the question applied	Reported in 1 out of 24 plans in which the question applied	

3.5.4. Eligibility Criteria Based Upon Receiving or Needing to Receive Protective Services

Does the TLA provide child care to children who receive or need to receive protective services?	n	Percent
No	33	14.2%
Yes	199	85.8%
	232	100.0%

3.5.4 Definition of Protective Services. If the TLA said Yes, they do provide child care to children who receive or need to receive protective services, they were asked to define 'Protective Services (qualitative data).'

Child and Family Mandated to Protective Services by Court Order	Child is in Foster Care	Child is Under the Care of Social Services or At-risk for Removal from Home	At Risk Children May need Short-term Protective Care due to Vacation, Hospitalization, or Similar Situations	Respite Care is Part of Protective Services
Reported in 13 out of 21 plans in which the question applied	Reported in 6 out of 21 plans in which the question applied	Reported in 15 out of 21 plans in which the question applied	Reported in 1 out of 21 plans in which the question applied	Reported in 12 out of 21 plans in which the question applied

3.5.5 Income Eligibility. All grantees were asked how the TLA defines "income" for purposes of eligibility. There was a great deal of variability among grantees in whether or not something counted as income (qualitative data).

Income involves Salary & Reported Tips	Income includes Taxable Wages from Self-Employment	Alimony/ Child Support Is or Is Not Counted as Income (most often, yes)	Statements that say if Social Security Insurance/ SS Disability Insurance is counted as Income (most often, yes)	Statements that say if Tribal Per Capita is or is not income
Reported in 19 out of 26 plans in which the question applied	Reported in 11 out of 26 plans in which the question applied	Reported in 8 out of 26 plans in which the question applied	Reported in 11 out of 26 plans in which the question applied	Reported in 7 out of 26 plans in which the question applied
Other Forms of Income Are or Are Not Considered Income: Gambling & Lottery Wins; Rental Income; Retirement; Board Stipends, Interest, Unemployment Benefits; GI Bill; TANF;	Exempted: Income of Adults in Household Not Acting in a Parental Role; Income of Unrelated Members of the Household; Income of Caregivers of Children In Protective Custody; General Welfare; Housing or Educational services; Work that is Less than 30 Hrs/wk;	Whose Income? For Teen Parents Living in Parent(s)' Home, the Parents' Income is counted; Child's Parent or Guardian in Home; Applicant and Second Adult in Same Household;	Net Income or Gross Income	
Reported in 11 out of 26 plans in which the question applied	Reported in 3 out of 26 plans in which the question applied	Reported in 12 out of 26 plans in which the question applied	Reported in 11 out of 26 plans in which the question applied	

The TLA has selected the following to use as the as Grantees Median Income (GMI)	n	Percent
State Median Income (SMI) for family of same size	225	97.0%
Tribal Median Income (TMI) for family of same size residing in area served by TLA	7	3.0%
	232	100.0%

Identify the percentage used in calculation when the TLA is using income eligibility limits lower than 85% of the GMI	n	Percent
85% GMI	174	75.0%
< 10% GMI	1	0.4%
10% - 50% GMI	7	3.0%
51%-75%GMI	44	19.0%
75%-84%	6	2.6%
	232	100.0%

Section 3.7. Payment Rates for Child Care Services

3.7.1 Attach a copy of your payment rates.

Rates by type of program and child age group⁴	n=32	Mean	Maximum	Minimum	Range	Std Dev
Center Preschool	30	\$ 2.99	\$ 6.00	\$ 0.46	\$ 5.54	\$ 1.31
Center School Age	29	\$ 2.79	\$ 6.00	\$ 0.46	\$ 5.54	\$ 1.25
Center Toddler	29	\$ 3.14	\$ 7.21	\$ 0.46	\$ 6.75	\$ 1.57
Center Infant	29	\$ 3.53	\$ 9.60	\$ 0.52	\$ 9.08	\$ 1.96
Family Home Preschool	20	\$ 3.05	\$ 4.38	\$ 1.63	\$ 2.75	\$ 0.75
Family Home School Age	20	\$ 2.74	\$ 4.63	\$ 1.25	\$ 3.38	\$ 0.77
Family Home Toddler	20	\$ 3.25	\$ 5.76	\$ 1.88	\$ 3.88	\$ 1.06
Family Home Infant	20	\$ 3.64	\$ 9.60	\$ 1.88	\$ 7.73	\$ 1.67
Group Home Preschool	8	\$ 2.70	\$ 4.00	\$ 1.53	\$ 2.47	\$ 0.83
Group Home School Age	8	\$ 2.54	\$ 4.00	\$ 1.28	\$ 2.72	\$ 0.84
Group Home Toddler	8	\$ 2.83	\$ 5.00	\$ 1.80	\$ 3.20	\$ 1.07
Group Home Infant	8	\$ 3.22	\$ 5.25	\$ 1.80	\$ 3.45	\$ 1.19
In Home Care Preschool	15	\$ 2.82	\$ 4.00	\$ 1.66	\$ 2.34	\$ 0.71
In Home Care School Age	14	\$ 2.56	\$ 3.50	\$ 1.59	\$ 1.91	\$ 0.51
In Home Care Toddler	15	\$ 2.98	\$ 4.53	\$ 1.75	\$ 2.78	\$ 0.84
In Home Care Infant	15	\$ 3.26	\$ 4.65	\$ 1.96	\$ 2.69	\$ 0.86

3.7.1 Will the payment rates you just described be used in all parts of the tribal service area?

	n	Percent
Did not answer	35	15.1%
No	14	6.0%
Yes	183	78.9%
	232	100.0%

⁴ Based on a sample (n=32) of randomly selected programs representing each of the ten CCDF regions.

3.7.2. Does the TLA provide child care services only through tribally-operated center(s) or grants and contracts?

	n	Percent
Did not answer	3	1.3%
No	161	69.4%
Yes	68	29.3%
	232	100.0%

3.7.3 Market Rate Survey Requirements

Which option does the TLA use in fulfilling the local Market Rate Survey requirements?	n	Percent
Did not answer	5	2.2%
Option 1 - TLA conducts own MRS	45	19.4%
Option 2 - TLA uses state's MRS	123	53.0%
Option 3 - TLA provides info in lieu of local MRS	59	25.4%
	232	100.0%

3.7.3 Market Rate Survey (MRS) Requirements for the Tribal Lead Agencies that Conduct Their Own Market Rate Survey, Option 1. Tribal Lead Agencies are required to establish payment rates for child care services that ensure eligible families equal access to child care services comparable to those services provided to families not eligible to receive CCDF. For those who conduct their own MRS, the grantees were asked to describe how the payment rates are adequate to ensure equal access based on the results of the MRS (qualitative data).

Market Rate Survey Included Child Care Providers from an Area (4 counties) in/around Reservation	We Made Random Telephone Calls to Licensed Child Care Providers in the metro and rural service areas	Resultant Maximum Hourly Rates Per Child: Licensed Providers (\$2.25); Unlicensed & Relative Providers (\$1.70), Centers (\$3.00), Infant Care in Licensed Setting (\$2.50) & Children with Special Needs (\$2.75)
Reported in 1 out of 1 plan in which the question applied	Reported in 1 out of 1 plan in which the question applied	Reported in 1 out of 1 plan in which the question applied

3.7.3 Market Rate Survey (MRS) Requirements for the TLAs Who Use the State's Market Rate Survey, Option 2. Tribal Lead Agencies are required to establish payment rates for child care services that ensure eligible families equal access to child care services comparable to

those services provided to families not eligible to receive CCDF. For those who use the State's MRS, the grantees were asked to describe how the payment rates are adequate to ensure equal access based on the results of the MRS (qualitative data).

Who conducted Market Rate Other Than State: United Way	Licensed Providers Were Surveyed	Rates Based on Other Factors: Rates for Care Provided to Special Needs Children; Use Rates that Worked in Past	Date of Market Rate Survey	Use Rates of Local CC Providers	Consistent from Year to Year	Use State's Rates
Reported in 1 out of 17 plans in which the question applied	Reported in 3 out of 17 plans in which the question applied	Reported in 3 out of 17 plans in which the question applied	Reported in 5 out of 17 plans in which the question applied	Reported in 2 out of 17 plans in which the question applied	Reported in 2 out of 17 plans in which the question applied	Reported in 14 out of 17 plans in which the question applied

3.7.3 Market Rate Survey Requirements, Option 3, Criteria 1: Where the LTA Provides Alternative Documents in Lieu of a Local MRS. Grantees checked Criteria 1 if the TLA a) provides CCDF directly services solely in tribally-operated facility(ies) and does not provide services through certificates/vouchers, grants, or contracts; and/or b) Funds CCDF directly services solely in unregulated home-based settings such as in-home care or unregulated family child care homes, and does not fund any CCDF services in centers, regulated family child care homes or regulated groups homes. Those that checked Criteria 1 described their unique situation (qualitative data).

All Services are Provided Through Child Care Centers	Times of Operation: 6:30 am to 3:50 PM, All Weekdays, Full Day and Full Year	Age of Children Served: 8 weeks to 5 years	Our Rates are Equal to or Lower than Center Rates in Our Area	Descriptions of How Oversight is Accomplished (auditing,
Reported in 4 out of 5 plans in which the question applied	Reported in 2 out of 5 plans in which the question applied	Reported in 1 out of 5 plans in which the question applied	Reported in 1 out of 5 plans in which the question applied	Reported in 2 out of 5 plans in which the question applied

Which criterion is used when the TLA uses option 3?	n	Percent
Did not answer	2	3.4%
Criteria 1: TLA provides CCDF direct services solely in tribally operated facilities and does not provide services through certificates/vouchers, grants, or contracts; and/or TLA funds CCDF direct services solely in unregulated home-based settings such as in-home care or unregulated family child care homes, and does not fund any CCDF services in centers, regulated family child care home or regulated group homes	56	94.9%
Criteria 2: TLA documents that all child care providers in the service area that would potentially be included in a market rate survey (a) serve only children receiving CCDF subsidies, and (b) serve no private-pay children	1	1.7%
	59	100.0%

3.7.5 Tiered Reimbursements

Will the TLA provide any type of tiered reimbursement or differential rates on top of its base reimbursement rates for providing care for subsidized children?	n	Percent
Did not answer	5	2.2%
No	154	66.4%
Yes	73	31.5%
	232	100.0%

Check all types of tiered reimbursement of differential rates the TLA has chosen to provide.	n	Percent
Nontraditional hours	9	12.3%
Children with special needs as defined by the Tribe	50	67.1%
Infants and toddlers	31	42.5%
School-age programs	20	27.4%
Higher quality as defined by the Tribe	23	31.51%
Other rate	21	28.8%
	73	100.0%

3.7.5.a: Tiered Reimbursement or Differential Rates for Non-Traditional Hours. If the grantee said, Yes, they do have tiered reimbursement or differential rates for non-traditional hours, they were asked to describe those rates (qualitative data).

25 Cents Additional Per Hour Per Child
Reported in 1 out of 1 plan in which the question applied

3.7.5.b: Tiered Reimbursement or Differential Rates for Children With Special Needs. If the grantee said, Yes, they do have tiered reimbursement or differential rates for children with Special needs, they were asked to describe those rates (qualitative data).

Rates are a Certain Hourly Rate or Added Amount to the Usual Hourly Rate: \$ 2.75 per hr/per child; will charge as the State charges	Fees are Established on a Case-by-Case Basis	Rate Based on An Assessment of the Level of Care Needed
Reported in 2 out of 5 plans in which the question applied	Reported in 2 out of 5 plans in which the question applied	Reported in 1 out of 5 plans in which the question applied

3.7.5.c: Tiered Reimbursement or Differential Rates for Infants and Toddlers. If the grantee said, Yes, they do have tiered reimbursement or differential rates for infants and toddlers, they were asked to describe those rates (qualitative data).

25 Cents More Per Hour than Pre-School and School Aged Children	Infants Only: \$2.50 per hour/per child	Use Payment Rate that State Uses
Reported in 1 out of 5 plans in which the question applied	Reported in 1 out of 5 plans in which the question applied	Reported in 2 out of 5 plans in which the question applied

3.7.5.d: Tiered Reimbursement or Differential Rates for School-age Programs. If the grantee said, Yes, they do have tiered reimbursement or differential rates for school-age programs, they were asked to describe those rates (qualitative data).

Use Payment Rate that State Uses
Reported in 2 out of 2 plans in which the question applied

3.7.5.e: Tiered Reimbursement or Differential Rates for Higher Quality. If the grantee said, Yes, they do have tiered reimbursement or differential rates for higher quality, they were asked to describe those rates (qualitative data).

Additional 25 Cents Per Hour Per Child for Accredited Providers or Centers	Use Payment Rate that State Uses	Providers Attending & Implementing Special Trainings Will Receive a Slight Increase on the Maximum Reimbursement Rate
Reported in 1 out of 4 plans in which the question applied	Reported in 2 out of 4 plans in which the question applied	Reported in 1 out of 4 plans in which the question applied

Section 3.8 Sliding Fee Scales

3.8.1. Will a sliding fee scale be used in all parts of the service area?

	n	Percent
Did not answer	5	2.2%
No	2	0.9%
Yes	225	97.0%
	232	100.0%

Monthly copay for a family of 4 whose income is approximately \$2000 ⁵			
Range	Mean	SD	
\$0.00 to \$196.00	\$38.48	\$51.20	

Percent of family income that is equal to copay amount			
Range	Mean	SD	
0-20%	5.0%	5.0%	

⁵ Based on a sample (n=32) of randomly selected programs representing each of the ten CCDF regions.

3.8.2. Does the TLA use other factors in addition to income and family size to determine each family's contribution to the cost of child care?

	n	Percent
Did not answer	4	1.7%
No	7	3.0%
Yes	221	95.3%
	232	100.0%

3.8.2. Additional Factors that are Used to Determine a Family's Contribution to the Cost of Care. If the TLA uses other factors in addition to income and family size to determine each family's contribution to the cost of child care, they were asked to describe those additional factors (qualitative data).

Work-related Expenses: Net Income less \$240 work expense per parent; Work expense up to \$250 per family and \$100 per Child	Major Medical Bills	Car Repairs	Any Other Financial Hardship	Established on Temporary, Month-to-Month or Case-by-Case Basis	Child in Protective Custody	Rates for Families with 2 or More Children Enrolled in Child Care are Calculated Separately
Reported in 2 out of 24 plans in which the question applied	Reported in 1 out of 24 plans in which the question applied	Reported in 1 out of 24 plans in which the question applied	Reported in 1 out of 24 plans in which the question applied	Reported in 2 out of 24 plans in which the question applied	Reported in 1 out of 24 plans in which the question applied	Reported in 1 out of 24 plans in which the question applied

3.8.3. Check which option the TLA has chosen to use regarding family contribution to the cost of care:

	n	Percent
Did not answer	4	1.7%
SOME families with income at or below poverty level ARE NOT required to pay fee	48	20.7%
ALL families, including those with income at or below poverty level, are required to pay fee	88	37.9%
NO families with income at or below poverty level are required to pay fee	92	39.7%
	232	100.0%

3.8.3 Which Families Get Waiver of Fees. The TLA may waive co-payments for families whose incomes are at or below the poverty level for a family of the same size. If the grantee stated that some families with income at or below at the poverty are not required to pay a few, they are asked to describe those families (qualitative data).

Families whose Children are Under Protective Services	Families with 10 or More in the Household	When a Family is Below the Certain Poverty Line	Families Where Parents are Teens	Waivers are Determined on a Case-by-Case Basis by the CCDF Staff
Reported in 6 out of 7 plans in which the question applied	Reported in 1 out of 7 plans in which the question applied	Reported in 1 out of 7 plans in which the question applied	Reported in 2 out of 7 plans in which the question applied	Reported in 1 out of 7 plans in which the question applied

3.8.4 How Co-Payments Are Affordable. All grantees were asked to describe how the co-payments required by the TLA's sliding fee scale(s) are affordable (qualitative data).

Tribe Believes All Families Must Priority Quality Child Care by Making a Co-Payment	Rates Are Based on Rates Used Nationally	Social Service Program Assists Families to Learn Budgeting Skills When Requested or Required	Use Sliding Fee Scale Based on Local Market Rates or State's Median Income
Reported in 1 out of 26 plans in which the question applied	Reported in 1 out of 26 plans in which the question applied	Reported in 1 out of 26 plans in which the question applied	Reported in 11 out of 26 plans in which the question applied
Qualities of Families: Hard-working	We Consider Extenuating Circumstances	Income from Tribal Enterprises Used to Support Cost	Rates are Extremely Affordable
Reported in 1 out of 26 plans in which the question applied	Reported in 3 out of 26 plans in which the question applied	Reported in 2 out of 26 plans in which the question applied	Reported in 18 out of 26 plans in which the question applied

Part Four. Procedures for Parents

Part 4 includes three broad sections that together encompass seven questions. These questions describe the application process for families and procedures for providing parents with unlimited access to their children while they are in the care of a CCDF provider. Five of the seven questions from these sections were selected for analysis by TRC Community of Learning members.

Note: Quantitative data are from 232 available plans while qualitative data are from a randomly selected subset of 26 plans representing ten CCDF regions. Except where specified as qualitative data, tables include quantitative data. Responses to quantitative questions are not mutually exclusive.

Section 4.1. How Families Apply for CCDF

4.1.1 Ways parents are informed of child care assistance services under CCDF (check all that apply):

	n=232	Percent
TLA	215	92.7%
Public Schools	71	30.6%
Early Head Start or Head Start	138	59.5%
Health Clinics	114	49.1%
TANF Offices	103	44.4%
Other Tribal Offices	176	75.9%
Other Government Offices	61	26.3%
Community Outreach meetings, workshops, or other in-person meetings	141	60.8%
Radio and or Television	35	15.1%
Internet	105	45.3%
Other method	111	47.8%

4.1.1 How Parents Are Informed of Child Care Assistance Services Under CCDF. All Grantees were given a list of ways parents might be informed: TLA, Public schools, Early Head Start/ Head Start; Health clinics; TANF offices; Other Tribal offices; Other governmental offices; Community outreach meetings workshops or other in-person meetings; Radio and/or television; and Internet. If methods other than those listed were used to inform the public, the grantees were asked to describe (qualitative data).

Newsletter	Notices in Child Care-Related Centers	Newspaper	Word of Mouth	Website or Yahoo Group	County & State Agency Offices
Reported in 4 out of 12 plans in which the question applied	Reported in 3 out of 12 plans in which the question applied	Reported in 3 out of 12 plans in which the question applied	Reported in 2 out of 12 plans in which the question applied	Reported in 3 out of 12 plans in which the question applied	Reported in 2 out of 12 plans in which the question applied

4.1.2 Ways parents can apply for CCDF services (check all that apply):

	n=232	Percent
In person interview or orientation	229	98.7%
Mail	159	68.5%
Phone and or fax	124	53.4%
Internet	42	18.1%
Email	98	42.2%
Other method	38	16.4%

4.1.2 How parents apply for CCDF Services. All grantees were asked to check all applications methods used by the TLA from the following list: In Person Interview or Orientation; By Mail; By Phone/Fax; Through the Internet; and By Email. If other methods were used, some grantees described the following (qualitative data):

Outreach: The Child Care Coordinator Visits Applicants &	Pick Up Application & Drop Off Completed Application at CC Office	Send Completed Application via US Mail	Send Completed Application via Electronic Delivery
Reported in 1 out of 5 plans in which the question applied	Reported in 3 out of 5 plans in which the question applied	Reported in 2 out of 5 plans in which the question applied	Reported in 1 out of 5 plans in which the question applied

4.1.3. How Application Information is Verified. All Grantees were asked to describe how the TLA documents and verifies the applicant information. Responses are coded in the following two tables (qualitative data).

Verify Income with Pay Stubs, Tax Forms, Time Sheets, Work Schedules	Student Status with School Schedule, Attendance Record, Acceptance Letter	Tribe's Membership Database is Searched; Certificate of Indian Blood; Enrollment Card	Families Provide Documentation of Diagnosis	Age of Child with Birth Certificate; Baptismal Certificate; Adoption Records; Health Records	Relative/ Foster Child Status with Verification From Placement Agency
Reported in 22 out of 26 plans in which the question applied	Reported in 15 out of 26 plans in which the question applied	Reported in 9 out of 26 plans in which the question applied	Reported in 1 out of 26 plans in which the question applied	Reported in 5 out of 26 plans in which the question applied	Reported in 3 out of 26 plans in which the question applied
Personal Interviews & Signed Statement that Information is True	County Verifies Family is Not Eligible for Their Program	Residency is Documented by Financial Statements	TANF Status	Health Status Using Immunization Cards	Government Identity Card
Reported in 3 out of 26 plans in which the question applied	Reported in 2 out of 26 plans in which the question applied	Reported in 1 out of 26 plans in which the question applied	Reported in 1 out of 26 plans in which the question applied	Reported in 1 out of 26 plans in which the question applied	Reported in 2 out of 26 plans in which the question applied

4.1.4. TANF Agency's Criteria/Definitions Regarding Inability to Obtain Care

4.1.4.b.1 Definition of "Appropriate Child Care". All Grantees were asked to provide the definition of "Appropriate child care" established by the TANF agency with whom they worked. The definitions provided were coded as follows (qualitative data):

Care that Meets Health & Safety Standards	The Caregiver Has Passed Background Checks	Caregiver Holds Licensure or Certification	Care that is Appropriate to Child's Age, Development, Disabilities, Language and Other Conditions	Care that Follows Federal, County or State Code or Standard	Care that is Available During the Recipient's Hours of Work, Education and Training
Reported in 3 out of 26 plans in which the question applied	Reported in 1 out of 26 plans in which the question applied	Reported in 15 out of 26 plans in which the question applied	Reported in 12 out of 26 plans in which the question applied	Reported in 10 out of 26 plans in which the question applied	Reported in 4 out of 26 plans in which the question applied
Care that is Free or Low Cost Operated by Community Agency	Care Chosen by Parents	Determined on a Case-By-Case Basis by TANF Case Manager	A Dependable or Trusted Relative or Friend Who is Able and Willing To Provide Care	Provider's Location is within 30 Minutes Travel by Public or Private Transportation	
Reported in 4 out of 26 plans in which the question applied	Reported in 9 out of 26 plans in which the question applied	Reported in 1 out of 26 plans in which the question applied	Reported in 6 out of 26 plans in which the question applied	Reported in 2 out of 26 plans in which the question applied	

4.1.4.b.2 Definition of 'Reasonable Distance' from Home to Child Care. All Grantees were asked to provide the definition of "Reasonable Distance" established by the TANF agency with whom they worked. The definitions provided were coded as follows (qualitative data):

Independent Means of Transportation Must Be Reliable in order to Access Care	Must be Within Walking Distance from Participant's Home	Commute Time Cannot Exceed 3 Hrs, 2 Hrs, 20 Minutes	Within 60-mile or 10-mile Radius of Participant's Home	Distance Agreed Upon by Parent & Provider; Does Not Interfere With Parent's Ability to Work or to Perform Routines	Not Cost Prohibitive; Public & Independent Means of Transportation are Affordable	Distance that is Normal or Customary for Community
Reported in 1 out of 26 plans in which the question applied	Reported in 1 out of 26 plans in which the question applied	Reported in 9 out of 26 plans in which the question applied	Reported in 2 out of 26 plans in which the question applied	Reported in 5 out of 26 plans in which the question applied	Reported in 3 out of 26 plans in which the question applied	Reported in 7 out of 26 plans in which the question applied

4.1.4.b.3. Definition of "Unsuitability of Informal Child Care". All Grantees were asked to provide the definition of "Unsuitability of Informal Child Care" established by the TANF agency with whom they worked. The definitions provided were coded as follows (qualitative data):

Care that is Exempt From or Does Not Meet State Licensure Requirements	Care That Does Not Meet Health & Safety Standards	Child Care Setting Infringes on Family's Religious Beliefs	To Be Determined on a Case-By-Case Basis by TANF Case manager
Reported in 8 out of 26 plans in which the question applied	Reported in 9 out of 26 plans in which the question applied	Reported in 1 out of 26 plans in which the question applied	Reported in 2 out of 26 plans in which the question applied
The Caregiver Has a Substantiated Complaint Against Him/Her	Background Check Justifies Denial to be Provider	Child Care Not Within A Reasonable Distance	Parent States That Their child is At-Risk of Abuse/Neglect
Reported in 2 out of 26 plans in which the question applied	Reported in 3 out of 26 plans in which the question applied	Reported in 1 out of 26 plans in which the question applied	Reported in 2 out of 26 plans in which the question applied

4.1.4.b.4. Definition of "Affordable Arrangements". All Grantees were asked to provide the definition of "Affordable Child Care Arrangements" established by the TANF agency with whom they worked. The definitions provided were coded as follows (qualitative data):

Percentage of Income (After Subsidies) Does Not Exceed 10 or 14%	Provider Agrees Child Care Subsidy Provided by Tribal TANF as Full Payment	Defined by State Market Survey or State Legislature	To Be Determined on a Case-By-Case Basis by TANF Case manager
Reported in 3 out of 26 plans in which the question applied	Reported in 1 out of 26 plans in which the question applied	Reported in 20 out of 26 plans in which the question applied	Reported in 2 out of 26 plans in which the question applied

Ways parents are informed about the exception to individual penalties associated with TANF work requirements (check all that apply):

	N=232	Percent
In writing	121	52.2%
Verbally	128	55.2%
Other method	47	20.3%

4.1.4.c. How Parents Learn about TANF Exceptions to Penalties. All Grantees were asked to check ways they use to inform parents who receive TANF benefits about the exception to individual penalties associated with the TANF work requirements from a list that included: In writing and Verbally. Some Grantees described other ways which are coded in the following table (qualitative data).

TANF Staff Inform Parents Directly	TANF Staff and CCDF Program Staff Inform Parents
Reported in 5 out of 6 plans in which the question applied	Reported in 1 out of 6 plans in which the question applied

4.1.5 Is the application process different for families receiving TANF?

	n	Percent
Did not answer	8	3.4%
No	205	88.4%
Yes	19	8.2%
	232	100.0%

4.1.5. Application Process for TANF Families. All Grantees were asked if the application process for child care under CCDF was different for families receiving TANF. Those that said "Yes" were asked to describe. Responses were codes as follows (qualitative data):

Step One Starts with the TANF Worker	The Child Care Application & Process is Different	This is Accomplished by the State Department
Reported in 2 out of 4 plans in which the question applied	Reported in 1 out of 4 plans in which the question applied	Reported in 1 out of 4 plans in which the question applied

Part Five. Activities and Services to Improve the Quality of Child Care

Part 5 of the tribal CCDF Plan includes six broad sections that includes six questions. These sections describe TLA needs, goals, and activities for the implementation of child care quality improvement activities. All six questions from these sections were selected for analysis by TRC Community of Learning members.

Note: Quantitative data are from 232 available plans while qualitative data are from a randomly selected subset of 26 plans representing ten CCDF regions. Except where specified as qualitative data, tables include quantitative data. Responses to quantitative questions are not mutually exclusive.

Section 5.1 Quality Improvement Needs

5.1.1 Quality & Training Needs of Providers. All Grantees were asked to describe how the TLA learns about the quality of care currently offered and the training needs of providers.

Responses are coded in the following table (qualitative data):

Families Provide Feedback to Program; Program provides education	Ratings from Past Participants with a Provider are Shared	Share Information about Providers and Refer New Families	Provide Access to Training / Education Outside	In-Community or In-House Training & Consultation for Providers
Reported in 7 out of 26 plans in which the question applied	Reported in 1 out of 26 plans in which the question applied	Reported in 1 out of 26 plans in which the question applied	Reported in 5 out of 26 plans in which the question applied	Reported in 11 out of 26 plans in which the question applied
Licensure Process	Provide materials and grants to assist providers to meet standards or care for children	Parents Decision about Health & Safety	Self Assessment: Program Level and Provider Level	Monitoring and Check Ins with Providers
Reported in 5 out of 26 plans in which the question applied	Reported in 5 out of 26 plans in which the question applied	Reported in 1 out of 26 plans in which the question applied	Reported in 6 out of 26 plans in which the question applied	Reported in 14 out of 26 plans in which the question applied

Section 5.3. Quality Improvement Activities the TLA Plans to Implement

a) Quality Training Activities (check all that apply)

Training Topics	n=232	Percent
Child development	179	77.2%
Infant and toddler care	161	69.4%
Physical activity and nutrition	191	82.3%
Language and literacy	161	69.4%
Inclusive child care for special needs kids	96	41.4%
Health and safety	203	87.5%
Social-emotional development	156	67.2%
Fiscal management	70	30.2%
Administration and program management	104	44.8%
Curriculum development and instruction	138	59.5%
Child care as a business	61	26.3%
Other topics	74	31.9%

5.3.a.1 Training Topics for Quality Improvement Activities. Grantees were asked to identify the quality improvement activities they intend to implement from a list that included the following: Child development, Infant and toddler child care; Physical activity and nutrition; Language and literacy; Inclusive child care for special needs children; Health and safety; Social-emotional development; Fiscal management; Administration and program management; Curriculum development and instruction; and Child Care as a business. If the grantee described other topics that were not listed, they are coded in the following table (qualitative data).

Specific Topics: School Readiness, Brain Research/ Development, Power of Observation	Cultural Sensitivity, Cultural & Tribal Information, Tribal History (Trauma)	Head Start/ Early HS's Topics	Parent Education	What Regional CC Agencies Have to Offer	Attend National Conferences	Depends on funding
Reported in 4 out of 12 plans in which the question applied	Reported in 5 out of 12 plans in which the question applied	Reported in 1 out of 12 plans in which the question applied	Reported in 1 out of 12 plans in which the question applied	Reported in 1 out of 12 plans in which the question applied	Reported in 2 out of 12 plans in which the question applied	Reported in 1 out of 12 plans in which the question applied

Strategies for Making Training Accessible	n=232	Percent
Grants or stipends to attend training events	117	50.4%
Time off to attend training	124	53.5%
Make substitute providers available	124	53.5%
Other strategies for making training accessible	90	38.8%

5.3.a.3 Strategies that Make Training Accessible for Providers. Grantees were asked to identify the strategies they used for making training accessible from the following list: Grants or stipends for attending training events; Time off to attend training; and Make substitute providers available. If the grantee described other topics that were not listed, they are coded in the following table (qualitative data).

Staff are Certified in Many Curricula	Provide Substitutes so Providers Can Attend Training	Provide Scholarships	Maintain List serve for Providers	Depends on Funding
Reported in 1 out of 8 plans in which the question applied	Reported in 1 out of 8 plans in which the question applied	Reported in 1 out of 8 plans in which the question applied	Reported in 1 out of 8 plans in which the question applied	Reported in 2 out of 8 plans in which the question applied

Training Outcomes	n=232	Percent
Certificate	191	82.3%
Credential	73	31.5%
Degree	58	25.0%
Credit towards required training hours	137	59.1%
Other training outcomes	33	14.2%

5.3.a.5 Training Outcomes. Grantees were asked to identify the training outcomes they expected from the following list: Certificate; Credential; Degree; and Credit towards required training hours. If the grantee described other topics that were not listed, they are coded in the following table (qualitative data).

Enhanced Quality of Services	80% of Providers Obtain 3 or 4 Star Rating	Outcomes Vary & Depend of Provider's Individual Needs and Accomplishments	Providers Obtain Certifications	Providers Become Child Development Associates
Reported in 1 out of 6 plans in which the question applied	Reported in 1 out of 6 plans in which the question applied	Reported in 1 out of 6 plans in which the question applied	Reported in 1 out of 6 plans in which the question applied	Reported in 1 out of 6 plans in which the question applied

b) Ways the TLA Plans to Assist Providers in Meeting Licensing and Health and Safety Standards (check all that apply)

	n=232	Percent
Provide H&S materials and equipment	186	80.2%
Grants / mini-grants for H&S materials and equipment	59	25.4%
Classroom materials and resources	149	64.2%
Financial assistance	65	28.0%
Other types of assistance	41	17.7%

5.3.b. Assisting Providers in Meeting Licensing and Health and Safety Standards.

Grantees were asked to identify the ways they assist providers in meeting licensing and health and safety standards from the following list: Provide health and safety materials/equipment; Grants/mini-grants for health and safety equipment/materials; Classroom materials and resources; and Financial assistance in meeting licensing requirements. If the grantee described other ways, they were described. The responses are coded in the following table (qualitative data).

Offer College Credits / Hours are Earned	Staff Become Certified Trainers	Activities Depend on Funding Being Available	Minimum 10 Hours Per Year are Required
Reported in 2 out of 5 plans in which the question applied	Reported in 1 out of 5 plans in which the question applied	Reported in 2 out of 5 plans in which the question applied	Reported in 1 out of 5 plans in which the question applied
5	5	5	5
40%	20%	40%	20%

c) Consumer Education that TLA Plans to Implement (check all that apply)

	n=232	Percent
Resource and Referral Services	181	78.0%
Resource library for providers and parents	117	50.4%
Newsletter for providers and parents	130	56.0%
Parent handbooks	146	62.9%
Toy lending library	46	19.8%
Internet-based consumer education on quality child care	69	29.7%
Other types of education	37	15.9%

5.3.c. Consumer Education Activities. Grantees were asked to identify consumer education activities they plan to implement from the following list: Resource and referral services; Resource library for parents and providers; Newsletters for providers and parents; Parent handbooks; Toy lending library; and Internet-based consumer education on quality child care. If the grantee described other ways, they were described and the responses are coded in the following table (qualitative data).

Promote on-line resources	Provide List of Program Resources that are Local	Promote Community Events	Provide Educational Information
Reported in 1 out of 4 plans in which the question applied	Reported in 1 out of 4 plans in which the question applied	Reported in 1 out of 4 plans in which the question applied	Reported in 1 out of 4 plans in which the question applied
Submit Information for a Newsletter	Promote Training Events	Refer Applicants to Local Programs	Activities Depend on Funding Being Available
Reported in 1 out of 4 plans in which the question applied	Reported in 1 out of 4 plans in which the question applied	Reported in 1 out of 4 plans in which the question applied	Reported in 2 out of 4 plans in which the question applied

d) Staff Compensation & Financial Incentives for Programs that TLA Plans to Implement (check all that apply)

	n=232	Percent
Supplement staff wages	44	19.0%
Bonuses to recruit providers caring for infants and toddlers or other areas of provider shortages	24	10.3%
Increase staff compensation in blended Child Care or Head Start programs	30	12.9%
Bonuses to higher quality programs	32	13.8%
Implement cash and non-cash career ladder incentives	40	17.2%
Other compensation or incentive	46	19.8%

5.3.d. Staff Compensation & Financial Incentives for Programs. Grantees were asked to identify ways they plan to use to compensate staff and provide incentives for programs from the following list: Supplement wages of staff; Bonuses to recruit providers caring for infants/toddlers or other areas of provider shortages; Increase staff compensation in blended Child Care/Head Start programs; Bonuses to higher quality programs; and Implement cash and non-cash career-ladder incentives. If the grantee described other ways, they were described and the responses are coded in the following table (qualitative data).

Increase in Salary or Reimbursement Rate	Provide Incentives	Allow Staff to Attend Trainings	Provide Monetary Compensation	Federal Grants	Salary is Subsidized	Activities Depend on Funding Being Available
Reported in 2 out of 7 plans in which the question applied	Reported in 2 out of 7 plans in which the question applied	Reported in 1 out of 7 plans in which the question applied	Reported in 1 out of 7 plans in which the question applied	Reported in 1 out of 7 plans in which the question applied	Reported in 1 out of 7 plans in which the question applied	Reported in 1 out of 7 plans in which the question applied

e) School Age Activities that TLA Plans to Implement (check all that apply)

	n=232	Percent
Cultural activities with elders	119	51.3%
Culturally-based summer youth programs	121	52.2%
Mentoring program	54	23.3%
Drug prevention program	80	34.5%
Teen pregnancy prevention program	44	19.0%
Other school-age care activities	67	28.9%

5.3.e. School-age Child Care Activities. Grantees were asked to identify activities they plan for school-age children from the following list: Cultural activities with elders (e.g., regalia making); Culturally-based summer youth programs; Mentoring program; Drug prevention program; and Teen pregnancy prevention programs. If the grantee described other activities, they were described and the responses are coded in the following table (qualitative data):

Partnering with Community Organizations such as Boys and Girls Club, Tribal Police	Consult with Person with Cultural Knowledge and Skills (Language, Regalia, Dance, Drum, Traditions)	Approach Local Substance Abuse Program To Deliver a Program for Older Children	Activities Depend on Funding Being Available
Reported in 1 out of 9 plans in which the question applied	Reported in 1 out of 9 plans in which the question applied	Reported in 1 out of 9 plans in which the question applied	Reported in 2 out of 9 plans in which the question applied

f) Culturally Relevant Activities that TLA Plans to Implement (check all that apply)

	n=232	Percent
Tribal language immersion programs	92	39.7%
Integration of storytellers in child care programs	118	50.9%
Cultural training opportunities for parents and providers	127	54.7%
Cultural training to non-Native providers	94	40.5%
Other culturally relevant activities	45	19.4%

5.3.f Culturally Relevant Activities. Grantees were asked to identify activities they plan that are culturally relevant from the following list: tribal language immersion programs; Integration of storytellers in child care programs; Cultural training opportunities for parents and providers; and cultural training to non-Native providers. If the grantee described other activities, the responses are coded in the following table (qualitative data).

Training on Culture for Employees	Unspecified Activities in Classrooms or Community	Provide Activities Featuring Art, Music, Dance, Storytelling, and/or Language	Activities Depend on Funding Being Available	Cultural equipment
Reported in 2 out of 6 plans in which the question applied	Reported in 4 out of 6 plans in which the question applied	Reported in 5 out of 6 plans in which the question applied	Reported in 3 out of 6 plans in which the question applied	Reported in 1 out of 6 plans in which the question applied

g) Quality Support for Programs that TLA Plans to Implement (check all that apply)

	n=232	Percent
Grants to programs to expand quality activities	69	29.7%
Health consultation or other related activities	114	49.1%
Assessment of classroom practices	84	36.2%
Integrating children with special needs (creating inclusive child care settings)	71	30.6%
Higher rates for programs caring for infants and toddlers	41	17.7%
Other quality support	31	13.4%

5.3.g. Quality Support for Programs. Grantees were asked to identify activities they plan that address quality support for programs from the following list: Grants to programs to expand quality activities; Health consultation or other related activities; Assessment of classroom practices; Integrating children with special needs (creating inclusive child care settings); and higher rates for programs caring for infants and toddlers. If the grantee described other activities, the responses are coded in the following table (qualitative data).

Complete PQA or CLASS (Classroom Assessment Scoring System) Assessment	Interaction with Providers to Assess Need for Supplies & Age-Appropriate Learning Toys
Reported in 3 out of 6 plans in which the question applied	Reported in 1 out of 6 plans in which the question applied

Section 5.4. Quality Improvement Initiatives for Relative Caregivers or other Small Home-based Providers

5.4 Does the TLA have quality improvement initiatives for relative caregivers or other small home-based providers?

	n	Percent
Did not answer	13	5.6%
No	185	79.7%
Yes	34	14.7%
	232	100.0%

5.4 Quality Improvement Initiatives for Relative Caregivers or other Small Home-based Providers. Grantees were asked if they have quality improvement initiatives specifically for relative caregivers or other small home-based providers that were not described in previous questions. If grantees said "Yes", they were asked to describe and those are described in the table below.

Provide equipment	Mentoring / Technical or other assistance	Provide Health & Safety Training
Reported in 1 out of 5 plans in which the question applied	Reported in 2 out of 5 plans in which the question applied	Reported in 2 out of 5 plans in which the question applied

Section 5.6. Child and Adult Care Food Program (CACFP)

5.6.a Does the TLA participate in the Child and Adult Care Food Program?

	n	Percent
Did not answer	3	1.3%
No	125	53.9%
Yes	104	44.8%
	232	100.0%

5.6.a Child & Adult Care Food Program (CACFP). The US Department of Agriculture's Child and Adult Care Food Program (CACFP) plays a vital role in improving the quality of care for children by providing financial support for meals served in child care settings. Grantees were asked if they participate in the CACF Program, and if yes, they were asked to describe which programs participate. Those that said "Yes" provided responses which are coded in the table below (qualitative data).

Those in Child Care Settings	In-home Providers	Those in an Education Center
Reported in 9 out of 11 plans in which the question applied	Reported in 1 out of 11 plans in which the question applied	Reported in 1 out of 11 plans in which the question applied

5.6.b Reasons why the TLA does not participate in the CACFP (check all that apply)

	n=125	Percent
No CACFP sponsoring agency locally	22	17.6%
Difficult to complete initial CACFP application	16	15.2%
Difficult to maintain required CACFP documentation	9	7.2%
Not eligible to participate	6	4.8%
Do not have enough information about CACFP	37	29.6%
Not interested	15	12.0%
Other	55	44.0%

5.6.b Child & Adult Care Food Program (CACFP). The US Department of Agriculture's Child and Adult Care Food Program (CACFP) plays a vital role in improving the quality of care for children by providing financial support for meals served in child care settings. Grantees were asked if they participate in the CACF Program, and those that said "No" were asked to indicate the reasons why they do not participate in CACFP from the following list: No CACFP sponsoring agency locally; Difficult to complete initial CACFP application; Difficult to maintain required CACFP documentation; Not eligible to participate for the following reasons(s); Do not have enough information about CCFPP; and Not interested. Those that had other reasons provided their responses which are coded in the table below (qualitative data).

Few Children Not Already Receiving Benefits of CACFP	We are Not an Eligible Child Care Entity	There are Other Food Sources for Program
Reported in 1 out of 9 plans in which the question applied	Reported in 2 out of 9 plans in which the question applied	Reported in 2 out of 9 plans in which the question applied

Part Six. Health and Safety Requirements for Providers and Children

Part 6 includes seven broad sections that together encompass 22 questions. These sections describe how the Tribal Lead Agencies meet the statutory and regulatory provisions related to health and safety and how these requirements are effectively enforced. Eighteen of the 22 questions from these sections were selected for analysis by TRC Community of Learning members.

Note: Except where specified as qualitative data, tables include quantitative data. Responses to quantitative questions are not mutually exclusive.

Section 6.0. Types of Child Care.

Type of Care	Total number of programs providing type of care	%	Number of programs providing this type of care in the qualitative sample	%
<p>Center-Based Child Care: A center-based child care provider is defined as a provider licensed or otherwise authorized to provide child care services for few than 24 hours per day per child in a non-residential setting, unless care in excess of 24 hours is due to the nature of the parent(s)' work.</p>	206	90.8	22	84.6
<p>Group Home Child Care: Group home child care provider is defined as two or more individuals who provide child care services for fewer than 24 hours per day per child, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work.</p>	101	44.3	11	42.3
<p>Family Child Care: Family child care provider is defined as one individual who provides child care services for fewer than 24 hours per day per child, as the sole caregiver, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)'s work.</p>	154	67.5	19	73.1
<p>In-Home Care: In-home child care provider is defined as an individual who provides child care services in the child's home.</p>	131	57.2	14	53.8

Section 6.1. Health and Safety Requirements

6.1.1. Prevention and Control of Infectious Disease. Check the health and safety requirements for prevention and control of infectious disease.

Centers

Physical exam or health statement required	n	Percent
Did not answer	10	4.9%
Provider	44	21.4%
Child	27	13.1%
Both provider and child	74	35.9%
Not required	51	24.8%
	206	100.0%

Tuberculosis test required	n	Percent
Did not answer	9	4.4%
Provider	92	44.7%
Child	9	4.4%
Both provider and child	50	24.3%
Not required	46	22.3%
	206	100.0%

Centers: Immunizations required	n	Percent
Did not answer	4	1.9%
Provider	2	1.0%
Child	100	48.5%
Both provider and child	88	42.7%
Not required	12	5.8%
	206	100.0%

Centers: Diapering Policy	n	Percent
Not Required	42	20.4%
Required	164	79.6%
	206	100.0%

Providers Submit Self-Certification or Complete Health & Safety Checklist	n	Percent
Not Required	109	52.9%
Required	97	47.1%
	206	100.0%

6.1.1 Tribally-Operated Centers: Health and safety requirements for prevention and control of infectious disease are in place. Grantees with center-based child care were asked to check requirements they have in place for those centers from this list: physical exam or health statement; tuberculosis check; immunizations; hand-washing policy; diapering policy and procedures; providers required to submit a self-certification or complete health and safety checklist, and other. Topics other than those listed to address the prevention and control of infectious disease were described and coded as follows (qualitative data).

Statement that Topic(s) Are Addressed because they are a Requirement for State Licensure or Part of Oversight by the State	Statement that a Topic is or is NOT a Requirement for Site	Topics are Requirements of CCDF or of Other Oversight Entities. Examples are: American Academy of Pediatrics, Center for Disease Control, Consumer Protection Safety Commission, Caring for Our Children, NARA, NRC, NCCIC	Topic of Immunization
Reported in 7 out of 9 plans in which the question applied	Reported in 1 out of 9 plans in which the question applied	Reported in 2 out of 9 plans in which the question applied	Reported in 1 out of 9 plans in which the question applied

Group Homes

Physical exam or health statement required	N	Percent
Did not answer	6	5.9%
Provider	16	15.8%
Child	5	5.0%
Both provider and child	24	23.8%
Not required	50	49.5%
	101	100.0%

Tuberculosis test required	N	Percent
Did not answer	6	5.9%
Provider	33	32.7%
Child	1	1.0%
Both provider and child	19	18.8%
Not required	42	41.6%
	<i>101</i>	<i>100.0%</i>

Immunizations required	n	Percent
Did not answer	5	5.0%
Provider	1	1.0%
Child	45	44.6%
Both provider and child	35	34.7%
Not required	15	14.9%
	<i>101</i>	<i>100.0%</i>

Hand-washing policy required	n	Percent
Did not answer	7	6.9%
Provider	14	13.9%
Child	1	1.0%
Both provider and child	62	61.4%
Not required	17	16.8%
	<i>101</i>	<i>100.0%</i>

Diapering Policy	n	Percent
Did not answer	8	7.9%
Not Required	21	20.8%
Required	72	71.3%
	<i>101</i>	<i>100.0%</i>

Providers Submit Self-Cert or Complete H&S Checklist	n	Percent
Did not answer	9	8.9%
Not Required	40	39.6%
Required	52	51.5%
	<i>101</i>	<i>100.0%</i>

6.2.1 GROUP HOMES: Health and Safety Requirements for Prevention and Control of Infectious Disease Are In Place. Grantees with Group Homes were asked to check requirements they have in place for those group homes from this list: Physical exam or health statement; Tuberculosis check; Immunizations; Hand-washing policy; Diapering policy and procedures; Providers required to submit a self-certification or complete health and safety checklist, and Other. Topics Other Than Those Listed to Address the Prevention and Control of Infectious Disease were described and coded as follows (qualitative data).

Requirements are Needed for State Licensure or Part of Oversight by the State	Inspections are Part of the Monitoring Process	There are Requirements of an Oversight Entity Other than Tribe and State (i.e. NARA, HRC (university), NCCIC)	A Manual with Guidelines is a Reference (i.e. Caring for Our Children Manual)
Reported in 5 out of 7 plans in which the question applied	Reported in 1 out of 7 plans in which the question applied	Reported in 2 out of 7 plans in which the question applied	Reported in 1 out of 7 plans in which the question applied

Family Homes

Physical exam or health statement required	n	Percent
Did not answer	5	3.2%
Provider	28	18.2%
Child	10	6.5%
Both provider and child	32	20.8%
Not required	79	51.3%
	154	100.0%

Tuberculosis test required	n	Percent
Did not answer	3	1.9%
Provider	63	40.9%
Child	4	2.6%
Both provider and child	31	20.1%
Not required	53	34.4%
	154	100.0%

Immunizations required	n	Percent
Did not answer	5	3.2%
Provider	3	1.9%
Child	84	54.5%
Both provider and child	41	26.6%
Not required	21	13.6%
	154	100.0%

Hand-washing policy required	n	Percent
Did not answer	5	3.2%
Provider	17	11.0%
Child	2	1.3%
Both provider and child	87	56.5%
Not required	43	27.9%
	154	100.0%

Diapering Policy	n	Percent
Did not answer	7	4.5%
Not Required	58	37.7%
Required	89	57.8%
	154	100.0%

Providers Submit Self-Certification or Complete Health & Safety Checklist	n	Percent
Did not answer	9	5.8%
Not Required	62	40.3%
Required	83	53.9%
	154	100.0%

6.3. 1 FAMILY HOMES: Health and Safety Requirements for Prevention and Control of Infectious Disease Are In Place. Grantees with Family Homes were asked to check requirements they have in place for those family homes from this list: Physical exam or health statement; Tuberculosis check; Immunizations; Hand-washing policy; Diapering policy and procedures; Providers required to submit a self-certification or complete health and safety checklist, and Other. Topics Other Than Those Listed to Address the Prevention and Control of Infectious Disease were described and coded as follows (qualitative data).

Providers Comply with the Regulations of the State	Inspections are Conducted That Include a Health & Safety Checklist	There Are Requirements of an Oversight Entity Other than Tribe and State -- Stated Examples: American Academy of Pediatrics, Center for Disease Control, CPSC, NARA, HRC (university) & NCCIC.	A Manual with Guidelines is a Reference (i.e. Caring for Our Children Manual)
Reported in 3 out of 7 plans in which the question applied	Reported in 1 out of 7 plans in which the question applied	Reported in 2 out of 7 plans in which the question applied	Reported in 1 out of 7 plans in which the question applied

In-home Care

Physical exam or health statement required	n	Percent
Did not answer	6	4.6%
Provider	21	16.0%
Child	8	6.1%
Both provider and child	21	16.0%
Not required	75	57.3%
	<i>131</i>	<i>100.0%</i>

Tuberculosis test required	n	Percent
Did not answer	5	3.8%
Provider	45	34.4%
Child	2	1.5%
Both provider and child	24	18.3%
Not required	55	42.0%
	<i>131</i>	<i>100.0%</i>

Immunizations required	n	Percent
Did not answer	4	3.1%
Provider	3	2.3%
Child	67	51.1%
Both provider and child	29	22.1%
Not required	28	21.4%
	<i>131</i>	<i>100.0%</i>

Hand-washing policy required	n	Percent
Did not answer	6	4.6%
Provider	9	6.9%
Child	2	1.5%
Both provider and child	59	45.0%
Not required	55	42.0%
	<i>131</i>	<i>100.0%</i>

Diapering Policy	n	Percent
Did not answer	9	6.9%
Not Required	70	53.4%
Required	52	39.7%
	<i>131</i>	<i>100.0%</i>

Providers Submit Self-Certification or Complete Health & Safety Checklist	n	Percent
Did not answer	10	7.6%
Not Required	54	41.2%
Required	67	51.1%
	<i>131</i>	<i>100.0%</i>

6.4.1 IN-HOME CARE: Health and Safety Requirements for Prevention and Control of Infectious Disease Are In Place. Grantees with In-Home Child Care were asked to check requirements they have in place for those Homes from this list: Physical exam or health statement; Tuberculosis check; Immunizations; Hand-washing policy; Diapering policy and procedures; Providers required to submit a self-certification or complete health and safety checklist, and Other. Topics Other Than Those Listed to Address the Prevention and Control of Infectious Disease were described and coded as follows (qualitative data).

Providers Comply with the Regulations of the State	There Are Requirements of an Oversight Entity Other than Tribe and State -- Stated Examples: NARA, HRC (university) & NCCIC.
Reported in 4 out of 5 plans in which the question applied	Reported in 1 out of 5 plans in which the question applied

**Section 6.1.2. Building and Physical Premises Safety (check all that apply)
Centers**

	n=206	Percent
Building inspection	174	84.5%
Fire inspection, safety, and evacuation policy	183	88.8%
Accessibility for people with disabilities	132	64.1%
Health inspection	165	80.1%
Toxic substances policy	138	67.0%
Lead paint policy	111	53.9%
Transportation policy	143	69.4%
Safety policy for bodies of water, including swimming pools	113	54.9%
Safe sleep policy, including SIDS prevention	141	68.4%
Providers to submit a self-certification or complete health and safety checklist	96	46.6%
Tobacco exposure reduction	153	74.3%
Staff child ratio based on ages of children	154	74.8%
Other building and physical premises health and safety requirements	70	34.0%

6.1.2 TRIBALLY-OPERATED CENTERS: Health and Safety Requirements for Building and Physical Premises Safety. Grantees with Center-Based Child Care were asked to check requirements they have in place for those centers from this list: Building inspection; Fire inspection, safety and evacuation policy; Accessibility for people with disabilities; Health inspection; Toxic substances policy; Lead paint policy; Transportation policy; Safety policy for bodies of water, including swimming pools; Safe sleep policy, including SIDS prevention; Providers to submit a self-certification or complete health and safety checklist; Tobacco exposure reduction; Group size limits based on age of children; Staff-child ratio based on ages of children; and Other. Requirements other than those listed were described and coded as follows (qualitative data):

Requirements are Needed for State Licensure or Part of Oversight by the State	Limits for Occupancy	A Written Safety and Security Policy	Lockdown Procedures
Reported in 6 out of 8 plans in which the question applied	Reported in 1 out of 8 plans in which the question applied	Reported in 1 out of 8 plans in which the question applied	Reported in 1 out of 8 plans in which the question applied

Group Homes

	n=101	Percent
Building inspection	62	61.4%
Fire inspection, safety, and evacuation policy	72	71.3%
Accessibility for people with disabilities	30	29.7%
Health inspection	62	61.4%
Toxic substances policy	49	48.5%
Lead paint policy	35	34.7%
Transportation policy	58	57.4%
Safety policy for bodies of water, including swimming pools	43	42.6%
Safe sleep policy, including SIDS prevention	53	52.5%
Providers to submit a self-certification or complete health and safety checklist	45	44.6%
Tobacco exposure reduction	60	59.4%
Staff child ratio based on ages of children	54	53.5%
Other building and physical premises health and safety requirements	52	51.5%

6.2.2 GROUP HOMES: Health and Safety Requirements for Building and Physical Premises Safety. Grantees with group homes were asked to check requirements they have in place for those group homes from this list: Building inspection; Fire inspection, safety and evacuation policy; Accessibility for people with disabilities; Health inspection; Toxic substances policy; Lead paint policy; Transportation policy; Safety policy for bodies of water, including swimming pools; Safe sleep policy, including SIDS prevention; Providers to submit a self-certification or complete health and safety checklist; Tobacco exposure reduction; Group size limits based on age of children; Staff-child ratio based on ages of children; and Other. Requirements other than those listed were described and coded as follows (qualitative data):

Requirements are Needed for State Licensure or Part of Oversight by the State	Inspections are Part of the Monitoring Process	There are Requirements of an Oversight Entity Other than Tribe and State (i.e. NARA, HRC (university), NCCIC)	Testing Water from Private Wells
Reported in 5 out of 7 plans in which the question applied	Reported in 1 out of 7 plans in which the question applied	Reported in 1 out of 7 plans in which the question applied	Reported in 1 out of 7 plans in which the question applied

Family Homes

	n=154	Percent
Building inspection	99	64.3%
Fire inspection, safety, and evacuation policy	105	68.2%
Accessibility for people with disabilities	32	20.8%
Health inspection	78	50.6%
Toxic substances policy	78	50.6%
Lead paint policy	52	33.8%
Transportation policy	82	53.2%
Safety policy for bodies of water, including swimming pools	76	49.4%
Safe sleep policy, including SIDS prevention	80	51.9%
Providers to submit a self-certification or complete health and safety checklist	84	54.5%
Tobacco exposure reduction	96	62.3%
Staff child ratio based on ages of children	64	41.6%
Other building and physical premises health and safety requirements	52	33.8%

6.4.2 FAMILY HOMES: Health and Safety Requirements for Building and Physical Premises Safety. Grantees with Family Home Child Care were asked to check requirements they have in place for those homes from this list: Building inspection; Fire inspection, safety and evacuation policy; Accessibility for people with disabilities; Health inspection; Toxic substances policy; Lead paint policy; Transportation policy; Safety policy for bodies of water, including swimming pools; Safe sleep policy, including SIDS prevention; Providers to submit a self-certification or complete health and safety checklist; Tobacco exposure reduction; Group size limits based on age of children; Staff-child ratio based on ages of children; and Other. Requirements other than those listed were described and coded as follows (qualitative data):

Providers Comply with the Regulations of the State	Inspections are Conducted That Include a Health & Safety Checklist	There Are Requirements of an Oversight Entity Other than Tribe and State -- Stated Examples: NARA, HRC (university) & NCCIC.	Topics: Testing Private Well Water
Reported in 3 out of 6 plans in which the question applied	Reported in 1 out of 6 plans in which the question applied	Reported in 1 out of 6 plans in which the question applied	Reported in 1 out of 6 plans in which the question applied

In-home Care

	N=131	Percent
Building inspection	73	55.7%
Fire inspection, safety, and evacuation policy	77	58.8%
Accessibility for people with disabilities	17	13.0%
Health inspection	51	38.9%
Toxic substances policy	49	37.4%
Lead paint policy	29	22.1%
Transportation policy	53	40.5%
Safety policy for bodies of water, including swimming pools	46	35.1%
Safe sleep policy, including SIDS prevention	48	36.6%
Providers to submit a self-certification or complete health and safety checklist	67	51.1%
Tobacco exposure reduction	60	45.8%
Staff child ratio based on ages of children	39	29.8%
Other building and physical premises health and safety requirements	9	6.9%

6.4.2 IN-HOME CARE: Health and Safety Requirements for Building and Physical Premises Safety. Grantees with In-Home Child Care were asked to check requirements they have in place for those Homes from this list: Building inspection; Fire inspection, safety and evacuation policy; Accessibility for people with disabilities; Health inspection; Toxic substances policy; Lead paint policy; Transportation policy; Safety policy for bodies of water, including swimming pools; Safe sleep policy, including SIDS prevention; Providers to submit a self-certification or complete health and safety checklist; Tobacco exposure reduction; Group size limits based on age of children; Staff-child ratio based on ages of children; and Other. Requirements other than those listed were described and coded as follows (qualitative data):

Providers Comply with the Regulations of the State	There Are Requirements of an Oversight Entity Other than Tribe and State -- Stated Examples: NARA, HRC (university) & NCCIC.	Tribe Required In-Home Providers to be Held to the Same Standards as Family Home Child Care
Reported in 5 out of 5 plans in which the question applied	Reported in 1 out of 5 plans in which the question applied	Reported in 1 out of 5 plans in which the question applied

Section 6.1.3. Health and Safety Training: Check the health and safety requirements for health and safety training.

Centers

CPR	n	Percent
Did not answer	2	1.0%
Pre-Service	21	10.2%
On-Going	64	31.1%
Both	107	51.9%
Not Required	12	5.8%
	206	100.0%

First Aid	n	Percent
Did not answer	2	1.0%
Pre-Service	22	10.7%
On-Going	63	30.6%
Both	108	52.4%
Not Required	11	5.3%
	206	100.0%

Infectious Disease Training	n	Percent
Did not answer	3	1.5%
Pre-Service	24	11.7%
On-Going	65	31.6%
Both	78	37.9%
Not Required	36	17.5%
	206	100.0%

SIDS Training	n	Percent
Did not answer	4	1.9%
Pre-Service	34	16.5%
On-Going	44	21.4%
Both	61	29.6%
Not Required	63	30.6%
	206	100.0%

Medication Administration	n	Percent
Did not answer	5	2.4%
Pre-Service	21	10.2%
On-Going	45	21.8%
Both	70	34.0%
Not Required	65	31.6%
	206	100.0%

Mandatory Reporting	n	Percent
Did not answer	4	1.9%
Pre-Service	25	12.1%
On-Going	60	29.1%
Both	100	48.5%
Not Required	17	8.3%
	206	100.0%

Child Development	n	Percent
Did not answer	3	1.5%
Pre-Service	14	6.8%
On-Going	76	36.9%
Both	77	37.4%
Not Required	36	17.5%
	206	100.0%

Supervision of Children	n	Percent
Did not answer	5	2.4%
Pre-Service	13	6.3%
On-Going	72	35.0%
Both	83	40.3%
Not Required	33	16.0%
	206	100.0%

Behavioral Management	n	Percent
Did not answer	5	2.4%
Pre-Service	12	5.8%
On-Going	70	34.0%
Both	66	32.0%
Not Required	53	25.7%
	206	100.0%

Nutrition	n	Percent
Did not answer	4	1.9%
Pre-Service	14	6.8%
On-Going	83	40.3%
Both	60	29.1%
Not Required	45	21.8%
	206	100.0%

Breast Feeding	n	Percent
Did not answer	9	4.4%
Pre-Service	11	5.3%
On-Going	37	18.0%
Both	20	9.7%
Not Required	129	62.6%
	206	100.0%

Tobacco Reduction	n	Percent
Did not answer	6	2.9%
Pre-Service	25	12.1%
On-Going	47	22.8%
Both	53	25.7%
Not Required	75	36.4%
	206	100.0%

Physical Activity	n	Percent
Did not answer	4	1.9%
Pre-Service	12	5.8%
On-Going	74	35.9%
Both	61	29.6%
Not Required	55	26.7%
	206	100.0%

Working with Special Needs Children	n	Percent
Did not answer	8	3.9%
Pre-Service	15	7.3%
On-Going	57	27.7%
Both	55	26.7%
Not Required	71	34.5%
	206	100.0%

Emergency Preparedness	n	Percent
Did not answer	4	1.9%
Pre-Service	17	8.3%
On-Going	68	33.0%
Both	80	38.8%
Not Required	37	18.0%
	206	100.0%

Other Training	n	Percent
Did not answer	62	30.1%
Pre-Service	7	3.4%
On-Going	19	9.2%
Both	17	8.3%
Not Required	101	49.0%
	206	100.0%

6.1.3 TRIBALLY-OPERATED CENTERS: Health and Safety Requirements for Health & Safety Training. Grantees with Center-Based Child Care were asked to check requirements they have in place for those centers from this list: Cardiopulmonary resuscitation (CPR); First Aid; Training on Infectious Diseases; SIDS Prevention (i.e., Safe Sleep); Medication Administration; Mandatory Reporting of suspected Abuse or Neglect; Child Development; Supervision of Children; Behavior management; Nutrition; Breastfeeding; Tobacco Exposure Reduction; Physical Activity; Working with Children with Special Needs or Disabilities; emergency Preparedness and Response; and Other. Requirements other than those listed were described and coded as follows (qualitative data):

Requirements are Needed for State Licensure or Part of Oversight by the State	Inspections & Investigations	Head Start Performance Standards	Creative Curriculum for Preschool
Reported in 8 out of 11 plans in which the question applied	Reported in 1 out of 11 plans in which the question applied	Reported in 1 out of 11 plans in which the question applied	Reported in 1 out of 11 plans in which the question applied

Group Homes

CPR	n	Percent
Did not answer	3	3.0%
Pre-Service	6	5.9%
On-Going	24	23.8%
Both	52	51.5%
Not Required	16	15.8%
	101	100.0%

First Aid	n	Percent
Did not answer	2	2.0%
Pre-Service	9	8.9%
On-Going	24	23.8%
Both	51	50.5%
Not Required	15	14.9%
	101	100.0%

Infectious Disease Training	n	Percent
Did not answer	3	3.0%
Pre-Service	14	13.9%
On-Going	23	22.8%
Both	30	29.7%
Not Required	31	30.7%
	101	100.0%

SIDS Training	n	Percent
Did not answer	4	4.0%
Pre-Service	16	15.8%
On-Going	22	21.8%
Both	22	21.8%
Not Required	37	36.6%
	<i>101</i>	<i>100.0%</i>

Medication Administration	n	Percent
Did not answer	3	3.0%
Pre-Service	12	11.9%
On-Going	19	18.8%
Both	22	21.8%
Not Required	45	44.6%
	<i>101</i>	<i>100.0%</i>

Mandatory Reporting	n	Percent
Did not answer	4	4.0%
Pre-Service	17	16.8%
On-Going	22	21.8%
Both	37	36.6%
Not Required	21	20.8%
	<i>101</i>	<i>100.0%</i>

Child Development	n	Percent
Did not answer	3	3.0%
Pre-Service	7	6.9%
On-Going	33	32.7%
Both	25	24.8%
Not Required	33	32.7%
	<i>101</i>	<i>100.0%</i>

Supervision of Children	n	Percent
Did not answer	3	3.0%
Pre-Service	7	6.9%
On-Going	26	25.7%
Both	24	23.8%
Not Required	41	40.6%
	<i>101</i>	<i>100.0%</i>

Behavioral Management	n	Percent
Did not answer	3	3.0%
Pre-Service	9	8.9%
On-Going	26	25.7%
Both	21	20.8%
Not Required	42	41.6%
	<i>101</i>	<i>100.0%</i>

Nutrition	n	Percent
Did not answer	3	3.0%
Pre-Service	12	11.9%
On-Going	30	29.7%
Both	21	20.8%
Not Required	35	34.7%
	<i>101</i>	<i>100.0%</i>

Breast Feeding	n	Percent
Did not answer	4	4.0%
Pre-Service	5	5.0%
On-Going	16	15.8%
Both	5	5.0%
Not Required	71	70.3%
	<i>101</i>	<i>100.0%</i>

Tobacco Reduction	n	Percent
Did not answer	3	3.0%
Pre-Service	10	9.9%
On-Going	24	23.8%
Both	17	16.8%
Not Required	47	46.5%
	101	100.0%

Physical Activity	n	Percent
Did not answer	3	3.0%
Pre-Service	7	6.9%
On-Going	31	30.7%
Both	16	15.8%
Not Required	44	43.6%
	101	100.0%

Working with Special Needs Children	n	Percent
Did not answer	3	3.0%
Pre-Service	8	7.9%
On-Going	24	23.8%
Both	15	14.9%
Not Required	51	50.5%
	101	100.0%

Emergency Preparedness	n	Percent
Did not answer	3	3.0%
Pre-Service	12	11.9%
On-Going	29	28.7%
Both	23	22.8%
Not Required	34	33.7%
	101	100.0%

Other Training	n	Percent
Did not answer	25	24.8%
Pre-Service	5	5.0%
On-Going	4	4.0%
Both	13	12.9%
Not Required	54	53.5%
	101	100.0%

6.2.3 GROUP HOMES: Health and Safety Requirements for Health & Safety Training.

Grantees with group homes were asked to check requirements they have in place for those group homes from this list: Cardiopulmonary resuscitation (CPR); First Aid; Training on Infectious Diseases; SIDS prevention (i.e., Safe Sleep); Medication Administration; Mandatory Reporting of suspected Abuse or Neglect; Child Development; Supervision of Children; Behavior management; Nutrition; Breastfeeding; Tobacco Exposure Reduction; Physical Activity; Working with Children with Special Needs or Disabilities; emergency Preparedness and Response; and Other. Requirements other than those listed were described and coded as follows (qualitative data):

Requirements are Needed for State Licensure or Part of Oversight by the State	Technical Assistance and Resources are Provided During Inspections & Investigations	Other Topics (Unspecified) are Included in an 8-hour Training.	Requirements of an Oversight Entity Other than Tribe or State (i.e. NARA, HRC (university) & NCCIC)
Reported in 5 out of 7 plans in which the question applied	Reported in 1 out of 7 plans in which the question applied	Reported in 1 out of 7 plans in which the question applied	Reported in 1 out of 7 plans in which the question applied

Family Homes

CPR	n	Percent
Did not answer	1	0.6%
Pre-Service	16	10.4%
On-Going	40	26.0%
Both	72	46.8%
Not Required	25	16.2%
	154	100.0%

First Aid	n	Percent
Did not answer	1	0.6%
Pre-Service	20	13.0%
On-Going	42	27.3%
Both	70	45.5%
Not Required	21	13.6%
	<i>154</i>	<i>100.0%</i>

Infectious Disease Training	n	Percent
Did not answer	3	1.9%
Pre-Service	22	14.3%
On-Going	32	20.8%
Both	39	25.3%
Not Required	58	37.7%
	<i>154</i>	<i>100.0%</i>

SIDS Training	n	Percent
Did not answer	3	1.9%
Pre-Service	28	18.2%
On-Going	30	19.5%
Both	32	20.8%
Not Required	61	39.6%
	<i>154</i>	<i>100.0%</i>

Medication Administration	n	Percent
Did not answer	2	1.3%
Pre-Service	19	12.3%
On-Going	21	13.6%
Both	26	16.9%
Not Required	86	55.8%
	<i>154</i>	<i>100.0%</i>

Mandatory Reporting	n	Percent
Did not answer	1	0.6%
Pre-Service	34	22.1%
On-Going	32	20.8%
Both	49	31.8%
Not Required	38	24.7%
	<i>154</i>	<i>100.0%</i>

Child Development	n	Percent
Did not answer	2	1.3%
Pre-Service	13	8.4%
On-Going	43	27.9%
Both	30	19.5%
Not Required	66	42.9%
	<i>154</i>	<i>100.0%</i>

Supervision of Children	n	Percent
Did not answer	1	0.6%
Pre-Service	14	9.1%
On-Going	41	26.6%
Both	33	21.4%
Not Required	65	42.2%
	<i>154</i>	<i>100.0%</i>

Behavioral Management	n	Percent
Did not answer	1	0.6%
Pre-Service	15	9.7%
On-Going	26	16.9%
Both	29	18.8%
Not Required	83	53.9%
	<i>154</i>	<i>100.0%</i>

Nutrition	n	Percent
Did not answer	1	0.6%
Pre-Service	18	11.7%
On-Going	43	27.9%
Both	22	14.3%
Not Required	70	45.5%
	<i>154</i>	<i>100.0%</i>

Breast Feeding	n	Percent
Did not answer	1	0.6%
Pre-Service	9	5.8%
On-Going	17	11.0%
Both	5	3.2%
Not Required	122	79.2%
	<i>154</i>	<i>100.0%</i>

Tobacco Reduction	n	Percent
Did not answer	2	1.3%
Pre-Service	17	11.0%
On-Going	30	19.5%
Both	35	22.7%
Not Required	70	45.5%
	<i>154</i>	<i>100.0%</i>

Physical Activity	n	Percent
Did not answer	1	0.6%
Pre-Service	5	3.2%
On-Going	43	27.9%
Both	28	18.2%
Not Required	77	50.0%
	<i>154</i>	<i>100.0%</i>

Working with Special Needs Children	n	Percent
Did not answer	1	0.6%
Pre-Service	9	5.8%
On-Going	26	16.9%
Both	23	14.9%
Not Required	95	61.7%
	<i>154</i>	<i>100.0%</i>

Emergency Preparedness	n	Percent
Did not answer	1	0.6%
Pre-Service	17	11.0%
On-Going	41	26.6%
Both	36	23.4%
Not Required	59	38.3%
	<i>154</i>	<i>100.0%</i>

Other Training	n	Percent
Did not answer	31	20.1%
Pre-Service	7	4.5%
On-Going	9	5.8%
Both	16	10.4%
Not Required	91	59.1%
	<i>154</i>	<i>100.0%</i>

6.3.3 FAMILY HOMES: Health and Safety Requirements for Health & Safety Training.

Grantees with Family Home Child Care were asked to check requirements they have in place for those homes from this list: Cardiopulmonary resuscitation (CPR); First Aid; Training on Infectious Diseases; SIDS prevention (i.e., Safe Sleep); Medication Administration; Mandatory Reporting of suspected Abuse or Neglect; Child Development; Supervision of Children; Behavior management; Nutrition; Breastfeeding; Tobacco Exposure Reduction; Physical Activity; Working with Children with Special Needs or Disabilities; emergency Preparedness and Response; and Other. Requirements other than those listed were described and coded as follows (qualitative data):

Providers Comply with the Regulations of the State	Topics: Poison Prevention and Safety; Common Childhood Illnesses; SIDS Prevention; First-Aid; CPR Certification	There Are Requirements of an Oversight Entity Other than Tribe and State -- Stated Examples: NARA, HRC (university) & NCCIC.	Inspections & Investigations Are Conducted and Technical Assistance & Resources Provided As Necessary	State Entities Offer Trainings to Providers in the Areas Listed
Reported in 4 out of 8 plans in which the question applied	Reported in 3 out of 8 plans in which the question applied	Reported in 1 out of 8 plans in which the question applied	Reported in 1 out of 8 plans in which the question applied	Reported in 1 out of 8 plans in which the question applied

In-home Care

CPR	n	Percent
Did not answer	2	1.5%
Pre-Service	21	16.0%
On-Going	37	28.2%
Both	49	37.4%
Not Required	22	16.8%
	131	100.0%

First Aid	n	Percent
Did not answer	2	1.5%
Pre-Service	23	17.6%
On-Going	37	28.2%
Both	47	35.9%
Not Required	22	16.8%
	131	100.0%

Infectious Disease Training	n	Percent
Did not answer	2	1.5%
Pre-Service	15	11.5%
On-Going	27	20.6%
Both	19	14.5%
Not Required	68	51.9%
	<i>131</i>	<i>100.0%</i>

SIDS Training	n	Percent
Did not answer	2	1.5%
Pre-Service	20	15.3%
On-Going	27	20.6%
Both	17	13.0%
Not Required	65	49.6%
	<i>131</i>	<i>100.0%</i>

Medication Administration	n	Percent
Did not answer	2	1.5%
Pre-Service	17	13.0%
On-Going	22	16.8%
Both	8	6.1%
Not Required	82	62.6%
	<i>131</i>	<i>100.0%</i>

Mandatory Reporting	n	Percent
Did not answer	2	1.5%
Pre-Service	16	12.2%
On-Going	31	23.7%
Both	33	25.2%
Not Required	49	37.4%
	<i>131</i>	<i>100.0%</i>

Child Development	n	Percent
Did not answer	2	1.5%
Pre-Service	8	6.1%
On-Going	37	28.2%
Both	12	9.2%
Not Required	72	55.0%
	<i>131</i>	<i>100.0%</i>

Supervision of Children	n	Percent
Did not answer	2	1.5%
Pre-Service	13	9.9%
On-Going	36	27.5%
Both	14	10.7%
Not Required	66	50.4%
	<i>131</i>	<i>100.0%</i>

Behavioral Management	n	Percent
Did not answer	3	2.3%
Pre-Service	7	5.3%
On-Going	26	19.8%
Both	9	6.9%
Not Required	86	65.6%
	<i>131</i>	<i>100.0%</i>

Nutrition	n	Percent
Did not answer	2	1.5%
Pre-Service	16	12.2%
On-Going	35	26.7%
Both	9	6.9%
Not Required	69	52.7%
	<i>131</i>	<i>100.0%</i>

Breast Feeding	n	Percent
Did not answer	2	1.5%
Pre-Service	6	4.6%
On-Going	18	13.7%
Both	4	3.1%
Not Required	101	77.1%
	<i>131</i>	<i>100.0%</i>

Tobacco Reduction	n	Percent
Did not answer	3	2.3%
Pre-Service	15	11.5%
On-Going	30	22.9%
Both	19	14.5%
Not Required	64	48.9%
	<i>131</i>	<i>100.0%</i>

Physical Activity	n	Percent
Did not answer	2	1.5%
Pre-Service	8	6.1%
On-Going	35	26.7%
Both	11	8.4%
Not Required	75	57.3%
	<i>131</i>	<i>100.0%</i>

Working with Special Needs Children	n	Percent
Did not answer	3	2.3%
Pre-Service	7	5.3%
On-Going	20	15.3%
Both	10	7.6%
Not Required	91	69.5%
	<i>131</i>	<i>100.0%</i>

Emergency Preparedness	n	Percent
Did not answer	3	2.3%
Pre-Service	12	9.2%
On-Going	31	23.7%
Both	23	17.6%
Not Required	62	47.3%
	131	100.0%

Other Training	n	Percent
Did not answer	33	25.2%
Pre-Service	6	4.6%
On-Going	11	8.4%
Both	10	7.6%
Not Required	71	54.2%
	131	100.0%

6.4.3 IN-HOME CARE: Health and Safety Requirements for Health & Safety Training.

Grantees with In-Home Child Care were asked to check requirements they have in place for those Homes from this list: Cardiopulmonary resuscitation (CPR); First Aid; Training on Infectious Diseases; SIDS Prevention (i.e., Safe Sleep); Medication Administration; Mandatory Reporting of suspected Abuse or Neglect; Child Development; Supervision of Children; Behavior management; Nutrition; Breastfeeding; Tobacco Exposure Reduction; Physical Activity; Working with Children with Special Needs or Disabilities; emergency Preparedness and Response; and Other. Requirements other than those listed were described and coded as follows (qualitative data):

Providers Comply with the Regulations of the State	Topics: Poison Prevention and Safety; Common Childhood Illnesses	Information on All Topics is Given to Provider at Time of Pre-service Orientation	State Entities Offer Trainings to Providers in the Areas Listed	Tribe Required In-Home Providers to be Held to the Same Standards as Family Home Child Care
Reported in 4 out of 7 plans in which the question applied	Reported in 1 out of 7 plans in which the question applied	Reported in 1 out of 7 plans in which the question applied	Reported in 1 out of 7 plans in which the question applied	Reported in 1 out of 7 plans in which the question applied

Section 6.1.3.a. Training Hours

Centers

Does the TLA require center directors and providers to complete a specific # training hours per year?	n	Percent
Did not answer	7	3.4%
No	62	30.1%
Yes	137	66.5%
	206	100.0%

Training Requirements for Directors	n	Percent
Did not answer	3	2.2%
At least 30 hours in first year	20	14.5%
At least 24 hours per year after first year	30	21.7%
Other	85	61.6%
	138	100.0%

6.1.3.a TRIBALLY-OPERATED CENTERS: Requirements that Directors Complete a Certain Number of Training Hours in First Year and After their First Year. The question was asked if child care center directors had to complete at least 30 training hours in their first year and/or at least 24 training hours per year after the first year. Grantees wrote in other training hours or comments. These were coded as follows (qualitative data):

At least 15 training hours per year (no mention of first year)	Minimum of 18 hours per year (no mention of first year)	20 hours first year and 10 hours per year after the first year
Reported in 2 out of 7 plans in which the question applied	Reported in 1 out of 7 plans in which the question applied	Reported in 1 out of 7 plans in which the question applied

Training Requirements for Providers	n	Percent
Did not answer	16	11.6%
At least 30 hours in first year	10	7.2%
At least 24 hours per year after first year	27	19.6%
Other	85	61.6%
	138	100.0%

6.1.2 TRIBALLY-OPERATED CENTERS: Requirements that Providers Complete a Certain Number of Training Hours in First Year and After Their First Year. The question was asked if child care center directors had to complete at least 30 training hours in their first year and/or at least 24 training hours per year after the first year. Grantees wrote in other training hours or comments. These were coded as follows (qualitative data):

10 hours of training per year (no mention of first year)	15 training hours per year (no mention of first year)	Minimum of 18 hours per year (no mention of first year)	Of the hours required, no more than 6 hours of self-directed readings, use of CDs or web-based training can count toward the required number of annual hours.
Reported in 1 out of 7 plans in which the question applied	Reported in 2 out of 7 plans in which the question applied	Reported in 1 out of 7 plans in which the question applied	Reported in 1 out of 7 plans in which the question applied

Group Homes

Does TLA require group home directors and providers to complete specific # training hours per year?	n	Percent
Did not answer	6	5.9%
No	39	38.6%
Yes	56	55.4%
	101	100.0%

Training Requirements for Directors	n	Percent
Did not answer	4	7.1%
At least 30 hours in first year	5	8.9%
At least 24 hours per year after first year	9	16.1%
Other	38	67.9%
	56	100.0%

6.2.3.a GROUP HOMES: Requirements that Directors Complete a Certain Number of Training Hours in First Year and After Their First Year. The question was asked if group home directors had to complete at least 30 training hours in their first year and/or at least 24 training hours per year after the first year. Grantees wrote in other training hours or comments. These were coded as follows (qualitative data):

15 Training Hours Per Year After the First Year (no mention of hours for first year)	Requirements are Needed for State Licensure or Part of Oversight by the State
Reported in 1 out of 3 plans in which the question applied	Reported in 3 out of 3 plans in which the question applied

Training Requirements for Providers	n	Percent
Did not answer	4	7.1%
At least 30 hours in first year	2	3.6%
At least 24 hours per year after first year	8	14.3%
Other	42	75.0%
	56	100.0%

6.2.3.b GROUP HOMES: Requirements that Providers Complete a Certain Number of Training Hours in First Year and After Their First Year. The question was asked if group home providers had to complete at least 30 training hours in their first year and/or at least 24 training hours per year after the first year. Grantees wrote in other training hours or comments. These were coded as follows (qualitative data):

10 Hours of Training Per Year	15 Hours of Training Per Year	Topics: Health, and safety, nutrition, First Aid, the recognition of communicable diseases, child abuse detection and prevention, & care of children with special needs	Statements that Refer to State Requirements (no mention of specific hours)
Reported in 1 out of 4 plans in which the question applied	Reported in 3 out of 4 plans in which the question applied	Reported in 1 out of 4 plans in which the question applied	Reported in 2 out of 4 plans in which the question applied

Family Homes

Does TLA require family child care providers to complete specific # training hours per year?	n	Percent
Did not answer	4	2.6%
No	73	47.4%
Yes	77	50.0%
	154	100.0%

Training Requirements for Providers	n	Percent
Did not answer	1	1.3%
At least 30 hours in first year	4	5.2%
At least 24 hours per year after first year	10	13.0%
Other	62	80.5%
	77	100.0%

6.3.3.a FAMILY HOMES: Requirements that Providers Complete a Certain Number of Training Hours in First Year and After Their First Year. The question was asked if family home providers had to complete at least 30 training hours in their first year and/or at least 24 training hours per year after the first year. Grantees wrote in other training hours or comments. These were coded as follows (qualitative data):

Providers Comply with the Regulations of the State	Statements that Refer to Hours of Training Required but Number of Hours Not Specified	20 Hours in the First Year and 10 Hours/Year After First Year	10 Hours of Training Per Year (No Mention of Hours for First Year)	Of the hours required, no more than 6 hours of self-directed readings, use of CDs or web-based training can count toward the required number of annual hours.
Reported in 2 out of 5 plans in which the question applied	Reported in 1 out of 5 plans in which the question applied	Reported in 1 out of 5 plans in which the question applied	Reported in 1 out of 5 plans in which the question applied	Reported in 1 out of 5 plans in which the question applied

In-home Care

Does TLA require in home child care directors and providers to complete specific number of training hours per year?	n	Percent
Did not answer	9	6.9%
No	67	51.1%
Yes	55	42.0%
	131	100.0%

Training Requirements for Providers	n	Percent
At least 30 hours in first year	1	1.8%
At least 24 hours per year after first year	7	12.7%
Other	47	85.5%
	55	100.0%

6.4.3.a IN-HOME CARE: Requirements that Providers Complete a Certain Number of Training Hours in First Year and After Their First Year. The question was asked if in-home providers had to complete at least 30 training hours in their first year and/or at least 24 training hours per year after the first year. Grantees wrote in other training hours or comments. These were coded as follows (qualitative data):

Providers Comply with the Regulations of the State	2 Hours Pre-Service Orientation	4 Training Hours Per Year After the First Year (No Mention of Hours for First Year)	10 Training Hours Per Year (No Mention of Hours for First Year)	Of the hours required, no more than 6 hours of self-directed readings, use of CDs or web-based training can count toward the required number of annual hours.
Reported in 2 out of 5 plans in which the question applied	Reported in 1 out of 5 plans in which the question applied	Reported in 1 out of 5 plans in which the question applied	Reported in 1 out of 5 plans in which the question applied	Reported in 1 out of 5 plans in which the question applied

Section 6.5. Exemptions for Relative Providers⁶

Does the TLA exempt relative providers from the safety requirements described above?	n	Percent
N/A	56	24.1%
No, but some or all relative providers are subject to different requirements	37	15.9%
Yes, all relative providers are exempt	38	16.4%
No, all relative providers are subject to the same requirements	101	43.5%
	232	100.0%

⁶ Relative providers include grandparents, great-grandparents, siblings (if living in a separate residence), aunts, and uncles.

6.5 EXEMPTIONS FOR RELATIVE PROVIDERS: The Grantee has the option to exempt the following relatives who provide in-home child care from some or all of its health and safety requirements: grandparents, great-grandparents, siblings (if living in a separate residence), aunts, and uncles. If a grantee did have different requirements for relative providers, they were instructed to write descriptions of the different requirements and which relatives they apply to. These were coded as follows (qualitative data):

Relatives are Exempt From Health and Safety Requirements	Relative Must Pass Background Check	Relative Must be Free from Substantiated Child Abuse & Neglect Charges	Relative Must be an Adult (Age 18 and older)
Reported in 3 out of 4 plans in which the question applied	Reported in 2 out of 4 plans in which the question applied	Reported in 1 out of 4 plans in which the question applied	Reported in 1 out of 4 plans in which the question applied

Section 6.6. Monitoring and Enforcement of Health and Safety Requirements

6.6.1 Monitoring Visits - Announced and Unannounced

Does the TLA include announced and or unannounced monitoring visits in its policies as a way to effectively enforce the applicable child care requirements?

	n	Percent
Did not answer	15	6.5%
No	14	6.0%
Yes	203	87.5%
	232	100.0%

Centers

Frequency of Routine Announced Visits	N	Percent
Did not answer	14	6.8%
Once a year	84	35.4%
More than once a year	53	25.7%
Once every 2 years	12	5.8%
Other frequency	16	7.7%
N/A	27	13.1%
	206	100%

6.6.1. CENTERS, Announced Monitoring Visits: The grantees were asked if they included announced monitoring visits in its policies as a way to effectively enforce the applicable child care requirements. If they did include announced monitoring visits, they were asked to note the frequency of visits. The options were a) once a year, b) more than once a year, c) once every two years. If none of these frequencies applied, the grantee was asked to describe the frequency that they used (qualitative data).

Visit Happens When State Makes Visit Prior to Certification	Visit Happens When Tribe Makes Monthly Visit	Visits Happen When Federal Head Start Makes Triennial Reviews	Who Visits: State Monitor and CCDF Coordinator	When A Technical Assistance Visit is Requested
Reported in 2 out of 5 plans in which the question applied	Reported in 1 out of 5 plans in which the question applied	Reported in 1 out of 5 plans in which the question applied	Reported in 1 out of 5 plans in which the question applied	Reported in 1 out of 5 plans in which the question applied

Frequency of Routine Unannounced Visits	n	Percent
Did not answer	16	7.8%
Once a year	73	35.4%
More than once a year	65	31.6%
Once every 2 years	7	3.4%
Other frequency	23	11.2%
N/A	22	10.7%
	206	100%

6.6.1. CENTERS, Unannounced Monitoring Visits: The grantees were asked if they included unannounced monitoring visits in its policies as a way to effectively enforce the applicable child care requirements. If they did include unannounced monitoring visits, they were asked to note the frequency of visits. The options were a) once a year, b) more than once a year, c) once every two years. If none of these frequencies applied, the grantee was asked to describe the frequency that they used (qualitative data).

Tribe Makes Visit More Than Once a Year	Every Time the TLA Receives a Licensing Complaint	Occasional Fire Drill or Lockdown Drill	How violations are addressed: In Some Cases, Grants Are Available to Help Correct
Reported in 1 out of 5 plans in which the question applied	Reported in 1 out of 5 plans in which the question applied	Reported in 1 out of 5 plans in which the question applied	Reported in 1 out of 5 plans in which the question applied

Family Homes

Frequency of Routine Announced Visits	n	Percent
Did not answer	11	7.1%
Once a year	66	42.9%
More than once a year	36	23.4%
Once every 2 years	9	5.8%
Other frequency	13	8.4%
N/A	19	12.3%
	<i>154</i>	<i>100.0%</i>

6.6.1. FAMILY HOME, Announced Monitoring Visits: The grantees were asked if they included announced monitoring visits in its policies as a way to effectively enforce the applicable child care requirements. If they did include announced monitoring visits, they were asked to note the frequency of visits. The options were a) once a year, b) more than once a year, c) once every two years. If none of these frequencies applied, the grantee was asked to describe the frequency that they used (qualitative data).

Visit Happens When State Makes Visit Prior to Certification	How violations are addressed: In Some Cases, Grants Are Available to Help Correct	Monitoring Reports Addressing Violations and Corrections Must be Submitted to Tribe	When A Technical Assistance Visit is Requested
Reported in 2 out of 3 plans in which the question applied	Reported in 1 out of 3 plans in which the question applied	Reported in 1 out of 3 plans in which the question applied	Reported in 1 out of 3 plans in which the question applied

Family Child Care Home - Frequency of Routine Unannounced Visits	n	Percent
Did not answer	10	6.5%
Once a year	54	35.1%
More than once a year	44	28.6%
Once every 2 years	4	2.6%
Other	27	17.5%
N/A	15	9.7%
	<i>154</i>	<i>100.0%</i>

6.6.1. FAMILY HOME, Unannounced Monitoring Visits: The grantees were asked if they included unannounced monitoring visits in its policies as a way to effectively enforce the applicable child care requirements. If they did include unannounced monitoring visits, they were asked to note the frequency of visits. The options were a) once a year, b) more than once a year, c) once every two years. If none of these frequencies applied, the grantee was asked to describe the frequency that they used (qualitative data).

Visit Happens When State Makes Visit Once Every Three Years	Every 18 months	How violations are addressed: In Some Cases, Grants Are Available to Help Correct	Monitoring Reports Addressing Violations and Corrections Must be Submitted to Tribe
Reported in 1 out of 5 plans in which the question applied	Reported in 1 out of 5 plans in which the question applied	Reported in 1 out of 5 plans in which the question applied	Reported in 1 out of 5 plans in which the question applied

Group Homes

Frequency of Routine Announced Visits	N	Percent
Did not answer	9	8.9%
Once a year	35	34.7%
More than once a year	18	17.8%
Once every two years	9	8.9%
Other frequency	13	12.9%
N/A	17	16.8%
	101	100.0%

6.6.1. GROUP HOME, Announced Monitoring Visits: The grantees were asked if they included announced monitoring visits in its policies as a way to effectively enforce the applicable child care requirements. If they did include announced monitoring visits, they were asked to note the frequency of visits. The options were a) once a year, b) more than once a year, c) once every two years. If none of these frequencies applied, the grantee was asked to describe the frequency that they used (qualitative data).

Visit Happens When State Makes Pre-Certification Visit	How violations are addressed: In Some Cases, Grants Are Available to Help Correct	Monitoring Reports Addressing Violations and Corrections Must be Submitted to Tribe
Reported in 1 out of 3 plans in which the question applied	Reported in 1 out of 3 plans in which the question applied	Reported in 1 out of 3 plans in which the question applied

Frequency of Routine Unannounced Visits	n	Percent
Did not answer	8	7.9%
Once a year	29	28.7%
More than once a year	25	24.8%
Once every 2 years	6	5.9%
Other frequency	16	15.8%
N/A	17	16.8%
	101	100.0%

6.6.1. GROUP HOME, Unannounced Monitoring Visits: The grantees were asked if they included unannounced monitoring visits in its policies as a way to effectively enforce the applicable child care requirements. If they did include unannounced monitoring visits, they were asked to note the frequency of visits. The options were a) once a year, b) more than once a year, c) once every two years. If none of these frequencies applied, the grantee was asked to describe the frequency that they used (qualitative data).

Every Time the TLA Receives a Licensing Complaint	How violations are addressed: In Some Cases, Grants Are Available to Help Correct	Monitoring Reports Addressing Violations and Corrections Must be Submitted to Tribe
Reported in 1 out of 2 plans in which the question applied	Reported in 1 out of 2 plans in which the question applied	Reported in 1 out of 2 plans in which the question applied

In-home Care

In-Home Care - Frequency of Routine Announced Visits	n	Percent
Did not answer	10	7.6%
Once a year	48	36.6%
More than once a year	28	21.4%
Once every 2 years	9	6.9%
Other frequency	13	9.9%
N/A	23	17.6%
	131	100.0%

6.6.1. IN-HOME CARE, Announced Monitoring Visits: The grantees were asked if they included announced monitoring visits in its policies as a way to effectively enforce the applicable child care requirements. If they did include announced monitoring visits, they were asked to note the frequency of visits. The options were a) once a year, b) more than once a year, c) once every two years. If none of these frequencies applied, the grantee was asked to describe the frequency that they used (qualitative data).

How violations are addressed: In Some Cases, Grants Are Available to Help Correct	Monitoring Reports Addressing Violations and Corrections Must be Submitted to Tribe
Reported in 1 out of 1 plans in which the question applied	Reported in 1 out of 1 plans in which the question applied

In-Home Care - Frequency of Routine Unannounced Visits	n	Percent
Did not answer	9	6.9%
Once a year	34	25.9%
More than once a year	37	28.2%
Once every 2 years	7	5.3%
Other	20	15.3%
N/A	24	18.3%
	131	100.0%

6.6.1. IN-HOME CARE, Unannounced Monitoring Visits: The grantees were asked if they included unannounced monitoring visits in its policies as a way to effectively enforce the applicable child care requirements. If they did include unannounced monitoring visits, they were asked to note the frequency of visits. The options were a) once a year, b) more than once a year, c) once every two years. If none of these frequencies applied, the grantee was asked to describe the frequency that they used (qualitative data).

How violations are addressed: In Some Cases, Grants Are Available to Help Correct	Monitoring Reports Addressing Violations and Corrections Must be Submitted to Tribe	No Set Pattern
Reported in 1 out of 2 plans in which the question applied	Reported in 1 out of 2 plans in which the question applied	Reported in 1 out of 2 plans in which the question applied

Section 6.6.2. Background Checks

Does TLA Use Background Checks?	N	Percent
Did not answer	7	3.0%
No	10	4.3%
Yes	215	92.7%
	232	100.0%

Child Abuse Registry: Center-Based	n	Percent
Did not answer	8	3.9%
No	59	28.6%
Yes	139	67.5%
	206	100.0%

Child Abuse Registry: Group Child Care Home	n	Percent
Did not answer	7	6.9%
No	33	32.7%
Yes	61	60.4%
	101	100.0%

Child Abuse Registry: Family Child Care Home	n	Percent
Did not answer	10	6.5%
No	94	61.0%
Yes	50	32.5%
	154	100.0%

Child Abuse Registry: In-Home Care	N	Percent
Did not answer	13	9.9%
No	52	39.7%
Yes	66	50.4%
	131	100.0%

Tribal background check includes fingerprinting	N	Percent
Did not answer	3	1.4%
Yes	83	38.6%
No	129	60.0%
	215	100.0%

Tribal Background Check: Center-Based	N	Percent
Did not answer	8	3.9%
No	102	49.5%
Yes	96	46.6%
	206	100.0%

Tribal Background Check: Group Child Care Home	N	Percent
Did not answer	6	5.9%
No	75	74.3%
Yes	20	19.8%
	101	100.0%

Tribal Background Check: Family Child Care Home	N	Percent
Did not answer	8	5.2%
No	103	66.9%
Yes	43	27.9%
	154	100.0%

Tribal Background Check: In-Home Care	N	Percent
Did not answer	9	6.9%
No	85	64.9%
Yes	37	28.2%
	131	100.0%

State background check includes fingerprinting	N	Percent
Did not answer	3	1.4%
No	96	44.7%
Yes	116	54.0%
	217	100.0%

State Background Check: Center-Based	n	Percent
Did not answer	6	2.9%
No	53	25.7%
Yes	147	71.4%
	206	100.0%

State Background Check: Group Child Care Home	n	Percent
Did not answer	4	4.0%
No	31	30.7%
Yes	66	65.4%
	101	100.0%

State Background Check: Family Child Care Home	n	Percent
Did not answer	6	3.9%
No	54	35.1%
Yes	94	61.0%
	154	100.0%

State Background Check: In Home Child Care	n	Percent
Did not answer	7	5.3%
No	55	42.0%
Yes	69	52.7%
	131	100.0%

FBI: Center-Based	n	Percent
Did not answer	9	4.4%
No	93	45.2%
Yes	104	50.5%
	206	100.0%

FBI: Group Child Care Home	N	Percent
Did not answer	5	5.0%
No	53	52.5%
Yes	43	42.6%
	101	100.0%

FBI: Family Child Care Home	N	Percent
Did not answer	8	5.2%
No	86	55.8%
Yes	60	39.0%
	154	100.0%

FBI: In-Home Care	N	Percent
Did not answer	11	8.4%
No	79	60.3%
Yes	41	31.3%
	131	100.0%

Sex Offender Registry: Center-Based	N	Percent
Did not answer	9	4.4%
No	42	20.4%
Yes	155	75.2%
	206	100.0%

Sex Offender Registry: Group Child Care Home	n	Percent
Did not answer	7	6.9%
No	29	28.7%
Yes	65	64.4%
	101	100.0%

Sex Offender Registry: Family Child Care Home	N	Percent
Did not answer	9	5.8%
No	39	25.3%
Yes	106	68.8%
	154	100.0%

Sex Offender Registry: In-Home Care	N	Percent
Did not answer	12	9.2%
No	40	30.5%
Yes	79	60.3%
	131	100.0%

Other Check: Center-Based	N	Percent
Did not answer	9	4.4%
No	135	65.5%
Yes	62	30.1%
	206	100.0%

Other Check: Group Child Care Home	N	Percent
Did not answer	7	6.9%
No	62	61.4%
Yes	32	31.7%
	101	100.0%

Other Check: Family Child Care Home	n	Percent
Did not answer	10	6.5%
No	94	61.0%
Yes	50	32.5%
	154	100.0%

Other Check: In-Home Care	n	Percent
Did not answer	10	7.6%
No	81	61.8%
Yes	40	30.5%
	131	100.0%

6.6.2. Other Registries or Data Bases Used to Conduct Background Checks: If a grantee does implement background checks of providers and employees, they were asked to indicate which of the following methods they used: Child abuse registry, tribal criminal data base, state criminal data base, FBI criminal data base, and sex offender registry. If a grantee used additional sources of information, they were asked to describe it/them (qualitative data):

State's Criminal Offender Record or State Patrol Background Check	Check with Tribal Child Abuse or Neglect Registry or Tribal Indian Child Welfare	Check with County Child Protection	Check with County Inmate Register	DNA Testing, If Appropriate	State Child Protection Checks	State Uses Managed Education & Registry Information Tool
Reported in 2 out of 11 plans in which the question applied	Reported in 2 out of 11 plans in which the question applied	Reported in 2 out of 11 plans in which the question applied	Reported in 1 out of 11 plans in which the question applied	Reported in 1 out of 11 plans in which the question applied	Reported in 1 out of 11 plans in which the question applied	Reported in 1 out of 11 plans in which the question applied

Section 6.3.3. Enforcement of Health and Safety Standards

Conduct regular training on Health & Safety requirements.	n	Percent
No	85	36.6%
Yes	147	63.4%
	232	100.0%

Develop corrective action to address issues.	n	Percent
No	79	34.1%
Yes	153	65.9%
	232	100.0%

Conduct follow up to monitor progress	n	Percent
No	77	33.2%
Yes	155	66.8%
	232	100.0%

Fines	n	Percent
No	229	98.7%
Yes	3	1.3%
	232	100.0%

Injunctions thru court	n	Percent
No	216	93.1%
Yes	16	6.9%
	232	100.0%

Emergency or immediate closure not thru court.	n	Percent
No	190	81.9%
Yes	42	18.1%
	232	100.0%

License or certificate revocation, probation, or non-renewal	n	Percent
No	156	67.2%
Yes	76	32.8%
	232	100.0%

Other	n	Percent
No	144	62.1%
Yes	88	37.9%
	232	100.0%

6.6.3 Enforcement of Health and Safety Standards: The grantees were asked to check the methods they used to effectively enforce CCDF health and safety requirements from the following list: Conduct regular training on the Health and Safety requirements; Develop corrective action plan to address issues; Conduct follow up to monitor corrective action progress; Fines; Injunctions through court; Emergency or immediate closure not through court action; License or certificate revocation, probation, or non-renewal. If a grantee used additional methods, they were asked to describe it/them and those 'other' responses were coded as follows (qualitative data):

Providers Comply with the Regulations of the State	Tribal School Whose Building Program is Housed Facilitates All Enforcement	Tribal Head Start's Self-assessment is Given to Provider to Identify Gaps	Tribal CCDF will Help with Training and Purchase of Items (e.g. fire extinguisher) or Regular Annual Visits
Reported in 5 out of 8 plans in which the question applied	Reported in 1 out of 8 plans in which the question applied	Reported in 1 out of 8 plans in which the question applied	Reported in 2 out of 8 plans in which the question applied

6.6.4. Does the TLA disseminate information to parents and the public about child care program compliance records?

	n	Percent
Did not answer	7	3.0%
No	103	44.4%
Yes	122	52.6%
	232	100.0%

6.6.4 How Is Information about Child Care Program Compliance Disseminated to Parents and Public? The grantees were asked to describe dissemination methods if they answered "Yes" to this question. Responses were coded as follows (qualitative data):

Face-to-Face Private Discussion During the Initial Intake Process	Information is Available upon Request	Parent Meeting / Workshop	Via Tribal Department Newsletter	Placed on a State or Other Website	Given to Clients to All Affected Families (unspecified manner)
Reported in 1 out of 13 plans in which the question applied	Reported in 4 out of 13 plans in which the question applied	Reported in 1 out of 13 plans in which the question applied	Reported in 1 out of 13 plans in which the question applied	Reported in 5 out of 13 plans in which the question applied	Reported in 1 out of 13 plans in which the question applied

Section 6.7. Tribal Licensing Requirements

Minimum Tribal Child Care Standard	n	Percent
Neither response checked	64	27.6%
Serves as Tribal licensing standards	56	24.1%
Tribe adapted portions from state	67	28.9%
N/A	53	22.8%
	232*	100.0%

* Note: sum of responses is greater than 232 because some grantees checked more than one response.

Caring for Our Children or Stepping Stones	n	Percent
Neither response checked	95	40.9%
Serves as Tribal licensing standards	8	3.4%
Tribe adapted portions from state	40	17.2%
N/A	89	38.4%
	232	100.0%

State Licensing Standards	n	Percent
Neither response checked	62	26.7%
Serves as Tribal licensing standards	83	35.8%
Tribe adapted portions from state	55	23.7%
N/A	32	13.8%
	232	100.0%

Other Licensing Standards	n	Percent
Neither response checked	120	51.7%
Serves as Tribal licensing standards	23	9.9%
Tribe adapted portions from state	15	6.5%
N/A	74	31.9%
	232	100.0%

6.7.4 Describe Source of Other Tribal Licensing Requirements: Tribes adopt policies and licensing standards from a variety of sources. In some cases, these policies may serve as the Tribe's licensing standards. In other cases, the Tribe may use only portions of the policies. The grantee checked the source(s) of their licensing requirements from the following list: Minimum Tribal Child Care Standards, Caring for Our Children or Stepping Stones, and State Licensing Standards. If there were source(s) used other than those cited in the list, the grantee was asked to describe them. The responses are coded in the following table (qualitative data):

Environmental Health Agency	Tribal Health Center	Other educational/child care agency standards (Boys & Girls Clubs; Head Start; Tribally-operated Center)	Tribal Legal Code	Indian Health Board	State oversight agency
Reported in 1 out of 10 plans in which the question applied	Reported in 1 out of 10 plans in which the question applied	Reported in 4 out of 10 plans in which the question applied	Reported in 1 out of 10 plans in which the question applied	Reported in 1 out of 10 plans in which the question applied	Reported in 1 out of 10 plans in which the question applied

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