

COMPLETE NAME OF TRIBAL LEAD AGENCY: ADDRESS: CONTACT PERSON: Phone: E-Mail: TOTAL	(A)	CATEGORY/TYPE OF CHILD CARE										
		CARE PROVIDED BY A CCDF PROVIDER – NO LICENSE CATEGORY AVAILABLE IN A							CARE PROVIDED BY CCDF PROVIDER – LICENSED OR REGULATED IN A			
		CHILD'S HOME BY A		FAMILY HOME BY A		GROUP HOME BY A		(H) Center	(I) Child's Home	(J) Family Home	(K) Group Home	(L) Center
		(B) Relative	(C) Non- Relative	(D) Relative	(E) Non- Relative	(F) Relative	(G) Non- Relative					
PART 1												
1. Total number of families that received child care services this fiscal year												
2 a. Average number of children served each month												
2 b. Total number of children that received services this fiscal year												
3. Total number of children receiving services that fall into each age category:												
a. 0 up to 1 year	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.
b. 1 year up to 2 years	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.
c. 2 years up to 3 years	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.
d. 3 years up to 4 years	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.
e. 4 years up to 5 years	e.	e.	e.	e.	e.	e.	e.	e.	e.	e.	e.	e.
f. 5 years up to 6 years	f.	f.	f.	f.	f.	f.	f.	f.	f.	f.	f.	f.
g. 6 years up to 13 years	g.	g.	g.	g.	g.	g.	g.	g.	g.	g.	g.	g.
h. Total number of children 0 to 13 years (add Column A, 3a thru 3g)	h.	h.	h.	h.	h.	h.	h.	h.	h.	h.	h.	h.
i. 13 years and older	i.	i.	i.	i.	i.	i.	i.	i.	i.	i.	i.	i.
4. Number of children who received child care services Because:												
a. Their parent(s) worked	a.											
b. Their parent(s) were in training or an education program	b.											
c. Child received or needed protective services	c.											
Because there was a Federal Emergency and:												
d. Their parent(s) worked	d.											
e. Their parent(s) were in training or an education program	e.											
f. Child received or needed protective services	f.											
5. Average number of hours of child care service provided per child per month												
6. Average monthly amount paid for child care service												
a. Average monthly CCDF program subsidy per child	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.
b. Average monthly parent copayment per child	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.
7. Number of children served whose family income was:												
a. at or below the poverty threshold for families of the same size	a.											
b. above the poverty threshold but at or below 150 percent of the poverty threshold for families of the same size	b.											
c. above 150 percent of the poverty threshold but at or below 200 percent of the poverty threshold for families of the same size	c.											
d. above 200 percent of the poverty threshold for families of the same size	d.											
8. Number of children served by payment type this fiscal year:												
a. Grant/contract with provider	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.
b. Certificate or voucher to parent and/or provider	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.
c. Cash payment to parent	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.
d. Tribally-operated center	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.

Comments: (Please use the back of this sheet if necessary)
 Public reporting burden for this collection of information is estimated to average 35 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

CCDF grantees with 102-477 status are not required to complete the ACF-700 report.

PART 2

TRIBAL NARRATIVE QUESTIONS

1. Provide a brief description of the Tribe's quality improvement activities during the last fiscal year by answering the questions below. Please check all the boxes that apply. Under the "Describe" field, identify the Tribal Lead Agency's accomplishments and best practices.

<p>1a. What trainings did the Tribal Lead Agency provide for child care providers? Check all that apply.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Prevention and control of infectious diseases (including immunizations) <input type="checkbox"/> Prevention of sudden infant death syndrome (SIDS) and use of safe sleeping practices <input type="checkbox"/> Administration of medication, consistent with standards for parental consent <input type="checkbox"/> Prevention of and response to emergencies due to food and allergic reactions <input type="checkbox"/> Prevention of shaken baby syndrome and abusive head trauma <input type="checkbox"/> Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility) <input type="checkbox"/> Handling and storage of hazardous materials and the appropriate disposal of bio contaminants <input type="checkbox"/> Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic <input type="checkbox"/> Precautions in transporting children (<i>if applicable</i>) <input type="checkbox"/> Family engagement <input type="checkbox"/> Nutrition <input type="checkbox"/> Language and literacy <input type="checkbox"/> Fiscal management <input type="checkbox"/> Curriculum development and instruction <input type="checkbox"/> Other topic(s) (List): <ul style="list-style-type: none"> <input type="checkbox"/> First aid and cardiopulmonary resuscitation (CPR) certification <input type="checkbox"/> Access to physical activity <input type="checkbox"/> Promotion of child development <input type="checkbox"/> Caring for children with special needs <input type="checkbox"/> Administration and program management <input type="checkbox"/> Child care as a business <input type="checkbox"/> None <p>Describe the trainings the Tribal Lead Agency provided during the fiscal year. In your narrative, please also include the number of providers trained during the fiscal year:</p>
<p>1b. Did the Tribal Lead Agency support child care providers in achieving any of the following along a career pathway? Check all that apply.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Credit towards required training hours <input type="checkbox"/> Certificate <input type="checkbox"/> Credential <input type="checkbox"/> Degree <input type="checkbox"/> Other (List): <input type="checkbox"/> None <p>Describe the support given to providers in achieving credits, credentials, or degrees. In your narrative, please also include the number of providers who received support from the Tribal Lead Agency to obtain credits, credentials, or degrees. (For example, providing educational opportunities to support a pathway to professional development in early childhood development that enables providers to earn a Child Development Associate (CDA) credential, an AA or BA degree, etc.; offering a Native language credential; or providing coaching to providers on dealing with children's challenging behaviors.):</p>
<p>1c. How did the Tribal Lead Agency assist providers in meeting health and safety standards? Check all that apply.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Provide health and safety equipment/materials <input type="checkbox"/> Classroom materials and resources <input type="checkbox"/> Other (List): <input type="checkbox"/> Grants/mini-grants for health and safety equipment/materials <input type="checkbox"/> Financial assistance in meeting licensing requirements <input type="checkbox"/> None <p>Describe how the Tribal Lead Agency assisted providers in meeting health and safety standards:</p>
<p>1d. How did the Tribal Lead Agency support and provide culturally appropriate activities to children, parents, and providers? Check all that apply.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Incorporation of Tribal language into child care settings <input type="checkbox"/> Served traditional Tribal foods in facilities <input type="checkbox"/> Culturally-based training to non-Tribal providers <input type="checkbox"/> None <input type="checkbox"/> Modified curriculum to reflect Tribal culture <input type="checkbox"/> Culturally-based training opportunities for parents and providers <input type="checkbox"/> Other (List): <p>Describe the Tribal Lead Agency's support and provision of culturally appropriate activities:</p>

<p>1e. How did the Tribal Lead Agency provide consumer education to parents and providers? Check all that apply.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Written materials, including newsletters, brochures, booklets, checklists, or handbooks about child care topics. <input type="checkbox"/> Local/Tribal media <input type="checkbox"/> Social media such as Facebook, Twitter, Instagram <input type="checkbox"/> Guidance and Education from Child Care Resource and Referral Agencies <input type="checkbox"/> Internet, including electronic media, publications, and webcasts about child care topics <input type="checkbox"/> Postings on community bulletin boards <input type="checkbox"/> Other (List): <input type="checkbox"/> None
<p>Describe the consumer education the Tribal Lead Agency provided to parents and child care providers:</p>	
<p>1f. Did any CCDF child care providers participate in the following? Check all that apply.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> State system of assessing and improving quality such as Quality Rating Improvement System (QRIS) <input type="checkbox"/> Tribal system of assessing and improving quality, such as QRIS <input type="checkbox"/> Nationally-recognized accreditation <input type="checkbox"/> Other (List): <input type="checkbox"/> None
<p>Describe the quality rating improvement system used. If none was selected, please explain why no quality rating improvement system is being used:</p>	
<p>1g. Describe any other significant quality activities that occurred during the last fiscal year:</p>	
<p>2. Did the Tribal Lead Agency coordinate activities with child care and early childhood development programs during the last fiscal year?</p>	
<p>Check all that apply.</p>	<ul style="list-style-type: none"> <li style="width: 33%;"><input type="checkbox"/> Head Start <li style="width: 33%;"><input type="checkbox"/> Early Head Start <li style="width: 33%;"><input type="checkbox"/> Early Head Start - Child Care Partnerships <li style="width: 33%;"><input type="checkbox"/> Home visiting <li style="width: 33%;"><input type="checkbox"/> State Child Care Development Fund (CCDF) <li style="width: 33%;"><input type="checkbox"/> Pre-Kindergarten <li style="width: 33%;"><input type="checkbox"/> Child and Adult Care Food Program (CACFP) <li style="width: 33%;"><input type="checkbox"/> Summer Food Service Program <li style="width: 33%;"><input type="checkbox"/> Public Education <li style="width: 33%;"><input type="checkbox"/> Public health entities (including agencies responsible for immunizations and dental care) <li style="width: 33%;"><input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <li style="width: 33%;"><input type="checkbox"/> Public-private partnerships <li style="width: 33%;"><input type="checkbox"/> Social services <li style="width: 33%;"><input type="checkbox"/> Employment services/Workforce development <li style="width: 33%;"><input type="checkbox"/> Other (List): <li style="width: 33%;"><input type="checkbox"/> None
<p>Describe the coordinated activities during the fiscal year:</p>	
<p>3. Did the Tribal Lead Agency supplement the CCDF grant with dollars from other sources to help run the child care program during the last fiscal year? Check one.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>a. If yes, what other sources of funding were used? Check all that apply.</p>	<ul style="list-style-type: none"> <li style="width: 25%;"><input type="checkbox"/> Tribal funds <li style="width: 25%;"><input type="checkbox"/> Grant/Foundation funds <li style="width: 25%;"><input type="checkbox"/> Private donations <li style="width: 25%;"><input type="checkbox"/> State funds <li style="width: 25%;"><input type="checkbox"/> Other Federal funds <li style="width: 25%;"><input type="checkbox"/> Other (List): <p>Describe the additional sources of funding and how they were used:</p>

4. Does the Tribal Lead Agency have any unmet technical assistance needs? Check one. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the Tribal Lead Agency's unmet technical assistance needs (up to five areas):	
5. Did the Tribal Lead Agency use the Child Care Data Tracker to collect data during the last fiscal year? Check one. <input type="checkbox"/> Yes (proceed to 5a) <input type="checkbox"/> No (proceed to 5b)	
a. If yes, please include a description of how the Tribal Lead Agency is using the Child Care Data Tracker for the ACF-700 report or other data reporting and administrative efforts.	Describe:
b. If no, please describe why the Tribal Lead Agency is not using the Child Care Data Tracker.	Describe:
6. In Section 5.1.1 of the Tribal Plan, Tribal Lead Agencies were asked to identify goals. The following questions will be related to the goals identified by the Tribal Lead Agency in the State Plan.	
a. Please report on progress made towards those identified goals. Include a description of how the Tribal Lead Agency is tracking and measuring this progress.	Describe the Tribal Lead Agency's activities as they relate to progress towards your goals:
b. As a result of progress made towards the identified goals, did the Tribal Lead Agency do any of the following? Check all that apply.	<input type="checkbox"/> Changes in current policies/procedures <input type="checkbox"/> Provided technical assistance and/or training <input type="checkbox"/> Enforced compliance <input type="checkbox"/> Increased number of monitoring visits <input type="checkbox"/> Identified challenges <input type="checkbox"/> Set new goals <input type="checkbox"/> Other (List): <input type="checkbox"/> None
	Describe the changes made as a result of progress made towards the identified goals:
7. Additional Comments (Optional). Please feel free to provide any additional information about the program that you would like to include with this report. (For example, initiatives, cultural activities, testimonials, good news, and/or stories.)	Describe: