



Office of Child Care

“FUN”DAMENTALS OF CCDF ADMINISTRATION



CHAPTER 4

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Web Resources for this Chapter...

- Child Care Resources for Disasters and Emergencies
<https://www.acf.hhs.gov/programs/occ/resource/child-care-resources-for-disasters-and-emergencies>



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WHO IS SERVED BY CCDF? (FAMILY ELIGIBILITY)¹

The Child Care and Development Fund (CCDF) serves families with children under the age of 13 (or, if the child is mentally or physically incapable of self-care or is under court supervision, the age may be over 13 and under 19) who meet the following eligibility criteria:

- Children must be citizens or qualified aliens and reside with parents, or individuals acting *in loco parentis*, who are working or participating in education or training activities.
- Family income must be at or below 85% of State median income; however, States have the option to set a lower income threshold in order to target services to certain priority groups of families or children.
- Children receiving or in need of receiving protective services may be eligible for child care services.

At a minimum, CCDF requires Lead Agencies (LAs) to give priority for child care assistance to children with special needs or to families with very low incomes. LAs have the discretion to define “children with special needs” and “children in families with very low incomes.” LAs are not limited in defining *children with special needs* to only those children with physical or mental disabilities (e.g., with a formal Individual Education Plan required under the Individuals with Disabilities Education Act (IDEA)). LAs could consider children in the child welfare system, children of teen parents, or homeless children as examples of *children with special needs*.

Under CCDF, Indian children have dual eligibility, meaning the eligibility of Indian children for a tribal program does not affect their eligibility for a State program. A family could be eligible for services from both the State and Tribal CCDF programs if they meet the eligibility criteria of both programs. This does not mean an Indian child can receive

¹ 45 CFR 98.20, 98.44, 98.80 (d)

duplicative assistance from both a State and a Tribal program for the same expense. States and Tribes have a *mutual* responsibility to coordinate to ensure that duplication of services and expenses does not occur. This coordination can also help to maximize resources.

Implementation Options – Family Eligibility

States and Territories can make a variety of decisions regarding family eligibility to promote continuity of care for families.

- **Definitions of Working** – LAs have the flexibility to include any work-related activities in its definition of *working*, including periods of job search and travel time to/from work.
- **Definitions of Job Training or Education** - LAs have the flexibility to include any training or education-related activities in its definition of job training or education, including study time and travel time to/from training or education.
- **Definition of Protective Services** – LAs have the flexibility to define protective services. Often, formal child welfare or foster care cases are included in Grantees’ definitions, but LAs may elect to include homeless children, teen parents, etc. in their definition of protective services.
- **Income Exclusions by Type** – LAs may deduct or exclude some types of income when determining eligibility. Common exclusions include Federal or State tax credits; income from scholarships, grants or loans; government benefits (e.g., Temporary Assistance for Needy Families (TANF), Social Security, Supplemental Nutrition Assistance Program benefits); and child support payments.
- **Income Exclusions by Family Member** – LAs can exclude income from certain family members when determining eligibility. Exclusions include income from children younger than 18 in the household and income from teen parents living with parents.
- **Tiered Eligibility** – LAs can establish a two-tier eligibility system that establishes a one-income threshold for initial entry into the CCDF program and a separate income threshold for continued receipt of CCDF.

- **Priority for Services** – LAs can establish additional priority rules to ensure access to services for targeted populations; for example, children in Head Start programs, teen parents, military families, and migrant families. Prioritization of CCDF services is not limited to eligibility determination (i.e., establishment of a waiting list or ranking of eligible families in priority order to be served). LAs may fulfill priority requirements in other ways such as higher payment rates for providers caring for children with special needs or waiving co-payments for families with very low incomes (at or below the Federal poverty level). (658E(c)(3)(B), §98.44)

Resources

- Continuity of Child Care Services
<https://www.acf.hhs.gov/programs/occ/resource/im2011-06>
- Disregard of Federal Tax Refunds in Determining CCDF Eligibility
<https://www.acf.hhs.gov/programs/occ/resource/111-312-states>
- Tribes and States Working Together: A Guide to Tribal-State Child Care Coordination <https://www.acf.hhs.gov/programs/occ/resource/tribes-and-states-working-together-a-guide-to-tribal-state-child-care>



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WHO PROVIDES CHILD CARE SERVICES? (PROVIDER ELIGIBILITY)¹

Child care providers who wish to serve families who participate in the CCDF program must be operating legally within the jurisdiction in which they operate. Providers must be licensed or regulated in their jurisdiction under State or Tribal law, or must be *legally exempt* from regulation. For program data reporting purposes, all providers are designated as “Licensed/Regulated” or “CCDF Provider, No License Category Available.”

CCDF regulations define four categories of care:

- **Center-based child care** – Group care provided in a facility outside of the child or provider’s home.
- **Family child care** – Care provided by one caregiver (family child care provider) in a private residence other than the child’s residence.
- **Group home child care** – Care provided by two or more caregivers in a private residence other than the child’s residence.
- **In-home child care** – Care provided in the child’s home.²

CCDF requires providers caring for children receiving CCDF to meet the health and safety requirements that address the prevention and control of infectious diseases (including immunizations), building and physical premises safety, and minimum health and safety training appropriate to the provider setting. Certain relative caregivers can be excluded from some or all of these standards.

¹ 45 CFR 98.2, 98.41

² States may define their categories of care somewhat differently than the providers listed above and the regulations do allow for other providers of child care services for compensation that is regulated under State or local law and satisfies State and Federal requirements. 45 CFR 98.2, 98.41

Implementation Options – Provider Eligibility

LAs make a variety of decisions regarding provider eligibility requirements.

- **Licensing Exemptions by Provider Type** – Some LAs exempt center and home-based providers from licensing requirements. Common exemptions for centers include school-based and/or school-age programs, centers that operate part-time or on a drop-in basis, and centers operated by religious organizations. Common exemptions for family child care home providers include a small number of children (two or less) in care or because all children in care are from one family.
- **Health and Safety Requirements Exemptions** – Approximately two-thirds of States and Territories subject all relative care providers to the same health and safety requirements as those for all other child care providers. A third of States and Territories exempt relative providers from some or all health and safety requirements.

Resources

- What Providers Should Know About Child Care Assistance for Families: A Targeted Effort to Reach Hispanic Families and Providers
https://www.acf.hhs.gov/sites/default/files/occ/provider_access.pdf
- Parental Choice and Quality Improvement Systems
<https://www.acf.hhs.gov/programs/occ/resource/piq2011-01>
- Background Checks, Health, and Safety Requirements
<https://www.acf.hhs.gov/programs/occ/resource/program-instruction-ccdf-acf-im-2011-05>
- Equal Treatment Regulation for Faith-Based Organizations
<https://www.acf.hhs.gov/programs/occ/resource/equal-treatment-regulations-for-faith-based-organizations>



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DIRECT SERVICES THROUGH CERTIFICATES AND CONTRACTS¹

LAs must offer child care certificates for services that permit parents to choose from a variety of child care categories, including child care centers, group home care, family child care, and in-home care. LAs also may provide CCDF services through grants or contracts with providers. (658E(c)(2)(A), §98.15(a))

The majority of CCDF funding is spent on child care services provided to eligible children. States have the flexibility to determine the payment mechanism for providing eligible low-income families with assistance. Some States provide subsidies to eligible families through certificates (sometimes referred to as a voucher). Other States may choose to extend contracts and grants to eligible providers. Families who obtain a certificate can use it to purchase the child care of their choice from the full range of available providers that meet the eligibility requirements. Also, depending on the needs of the State and resources available, State grantees may contract with eligible providers to have child care slots available to families who participate in the child care assistance program. Parents can then choose to use a contracted provider or any eligible child care provider who will accept a certificate.

Implementation Options – Certificates and Contracts

States and Territories make a variety of decisions regarding use of certificates and contracts.

- **Use of Certificates** – About half of States and Territories require parents to select a provider before a child care certificate is issued. The other half issue a certificate to parents once eligibility is determined and before a child care provider is selected.
- **Use of Grants and Contracts** – About half of States and Territories offer grants or contracts for child care slots in addition to certificates. Common reasons for awarding grants and contracts is to increase the supply of care that is hard to find (e.g., care for children with special needs, care for infants and toddlers, or care

¹ 45 CFR 98.2, 45 CFR 98.30

during non-traditional hours), or to coordinate child care services with programs such as Head Start, pre-Kindergarten, and after-school programs.

- **Sectarian Purposes and Activities Restriction** – CCDF funds provided under grants or contracts may not be expended for any sectarian purpose or activity, including sectarian worship or instruction. CCDF funds provided through child care certificates may be expended for sectarian purposes of activities, including sectarian worship or instruction provided as part of the child care services.

Resources

- Continuity of Child Care Services
<http://www.acf.hhs.gov/programs/occ/law/guidance/current/im2011-06/im2011-06.htm>



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PARENTAL RIGHTS OF CHOICE, ACCESS, AND INFORMATION¹

Parents have the primary influence on their children’s development and are their child’s first and most important teacher. Parents are invaluable partners for working together with child care programs so that they can meet the physical, health, emotional, social, and cognitive needs of the children.

Parents of children participating in the child care program should, to the maximum extent possible, have the opportunity to choose from the full range of eligible provider options for their children’s care. By providing a range of services, the LA’s child care program supports the needs and preferences of families for their children. Once care is chosen, parents must have unlimited access to their children during the provider’s operating hours.

The LA must maintain a record of substantiated parental complaints associated with CCDF programs and services. The LA must also provide parents with consumer education information to help them make informed choices when selecting a child care provider.

Implementation Options – Parental Rights of Choice, Access, and Information

LAs make a variety of decisions regarding parental choice.

- **Consumer Education** – Most LAs partner with a variety of agencies to promote access to CCDF services and provide additional help for families to make informed choices about the quality of care provided by various providers. Common partners include child care resource and referral agencies, TANF agencies, public schools, Head Start programs, and religious organizations. LAs may also develop informational brochures that include provider lists showing licensing history and/or Quality Rating and Improvement System (QRIS) ratings, or that address importance of quality and different care options available.

¹ 45 CFR 98.30-98.34

- **Promoting Access to Families with Limited English Proficiency (LEP)** – Most LAs apply a range of activities to serve families with limited English proficiency, including use of translation services, employing bilingual staff, and translating materials into and delivering training in other languages. LAs may also fund outreach on quality child care and subsidy eligibility targeted to LEP families.

Resources

- Parental Choice and Quality Improvement Systems
<http://www.acf.hhs.gov/programs/occ/law/guidance/current/piq2011-01/piq2011-01.htm>
- Limited English Proficiency
<http://www.acf.hhs.gov/programs/occ/law/guidance/current/pi0107/pi0107.htm>
* See also updated guidance from the U.S. Department of Health and Human Services (HHS) Office of Civil Rights at
<http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/policyguidancedocument.html>
- Program Integrity, Financial Accountability, Access to Child Care
<http://www.acf.hhs.gov/programs/occ/law/guidance/current/pi2010-06/pi2010-06.htm>



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RESTRICTIONS ON THE USE OF FUNDS¹

CCDF shall be expended in accordance with Federal requirements and applicable State and local laws, except as superseded by 45 CFR 98.3. CCDF may not be used as the non-Federal share for other Federal grant programs.

For students enrolled in grades 1 through 12, CCDF may not be used for school tuition or for any service provided during the regular school day or that supplants or duplicates the academic program of any public or private school.

Funds provided under grants or contract to providers may not be used for any sectarian purposes. However, child care certificates may be used for sectarian purposes when provided as part of child care services. For example, a parent can use a CCDF certificate/voucher to pay for child care services provided in a church facility, even when part of the child care program includes worship or religious instruction.

For State and local agencies and nonsectarian agencies or organizations, no funds shall be expended for the purchase or improvement of land, or for the purchase, construction, or permanent improvement of any building or facility. However, funds may be expended for minor remodeling, and for upgrading child care facilities to assure that providers meet State and local child care standards, including applicable health and safety requirements. However, funds may be expended for minor remodeling only if necessary to bring the facility into compliance with the health and safety requirements established pursuant to 45 CFR 98.41.

Resources

- What Congregations Need to Know About Federal Funding for Child Care
<https://www.acf.hhs.gov/programs/occ/resource/what-congregations-need-to-know-about-federal-funding-for-child-care>

¹ 45 CFR 98.54



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HEALTH AND SAFETY STANDARDS¹

Under the Child Care and Development Block Grant Act, LAs have significant responsibility for ensuring the health and safety of children in child care through the State/Territory’s child care licensing system and establishing health and safety standards for children who receive CCDF funds. Child care standards alone cannot guarantee safety or quality in child care settings; however, they are an important component of safeguarding and promoting the health and development of young children.

Health and safety standards must be established by the LA for all four categories of care: child care centers, family child care homes, group child care homes, and in-home child care providers. However, certain relative caregivers (grandparents, great-grandparents, aunts, uncles, and adult siblings living in a residence other than the child’s home) can be exempted from some or all of the standards.

Health and safety standards must address, at a minimum, the areas of prevention and control of infectious diseases; building and physical premises safety; and health and safety training. LAs must certify that health and safety requirements are in place and apply to those who are providing child care to children receiving subsidies; and specify how they enforce the health and safety requirements.

Implementation Options – Health and Safety

LAs make a variety of decisions regarding health and safety standards.

- **Health and Safety Requirements Exemptions** – Approximately two-thirds of States and Territories subject all relative care providers to the same health and safety requirements as those for all other child care providers.
- **Enforcement of Health and Safety Requirements** – States and Territories use a variety of strategies to enforce health and safety standards, including unannounced visits, background checks (e.g., child abuse registry checks, criminal background, and fingerprint checks), and reports of serious injuries.

¹ 45 CFR 98.41

Resources

- Background Checks, Health and Safety Requirements
<http://www.acf.hhs.gov/programs/occ/law/guidance/current/im2011-05/im2011-05.htm>
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REIMBURSEMENT RATES AND FAMILY FEES

Reimbursement Rates

LAs are required to conduct a market rate survey¹ within two years of the effective date of their currently approved CCDF Plan. A current market rate survey is used to determine the rates (price) charged by child care providers and paid by the families that receive child care services, within a certain geographical area. The objective in determining the market rate is to understand what the general population is being charged for child care services, so that adequate reimbursement rates can be set to allow subsidized families equal access to the full range of child care available to families not receiving child care subsidies. While there is no threshold set for equal access, a benchmark of the 75th percentile is suggested for payment rates, allowing subsidized families access to three out of four child care providers or slots in the market.

Family Fees

Families are required to pay a portion of the child care fee or family co-payment. Sliding fee scales, defining different parent co-payments based on family size and income, are used to help ensure that the parent fee is affordable. It is suggested that co-payments which are no more than 10 percent of family income would generally be considered affordable.² Co-payments may be waived in two circumstances: 1) for families under the poverty level and 2) on a case-by-case basis for families whose children are receiving protective services.³

Implementation Options – Reimbursement Rates and Family Fees

LAs make a variety of decisions regarding reimbursement rates and family fees.

- **Reimbursement Rates** – While payment rates may not vary based on family’s eligibility status, LAs can establish payment rates that, based on market prices,

¹ 45 CFR 98.43(b)(2)

² 45 CFR 98.43.

³ 45 CFR 98.42(c), 98.20(a)(3)(ii).

vary based on the age of child, child care setting, number of care hours, and geographic area.

- **Tiered Reimbursement** – LAs can establish tiered reimbursement rates for higher levels of quality, special needs care, non-traditional hour care, and care for infants and toddlers.
- **Family Fees** – Sliding fee scales vary based on income and family size, and also can consider additional factors such as the number of children in care or whether the care is full- or part-time.

Resources

- Market Rate Surveys <https://www.acf.hhs.gov/programs/occ/resource/pi-2009-02>
- Resource for Federal Poverty Level Guidelines and State Median Income <https://www.acf.hhs.gov/programs/ocs/resource/state-median-income-estimates-for-fy-2012-liheap-program>



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COLLABORATIONS AND PARTNERSHIPS¹

LAs are encouraged to coordinate the provision of services with other Federal, State, and local child care and early childhood development programs, including such programs for the benefit of Indian children; with the State/Tribal agency responsible for public health, employment services, public education, and TANF; and, to the maximum extent feasible, with any Indian tribes in the State receiving CCDF funds.

Collaborations and partnerships are important to the success of CCDF programs and can facilitate ways to best meet the program goals for children and families. Key program partners for CCDF programs include Head Start and Early Head Start, preK programs, TANF, child care resource and referral programs, employment services, public health, Tribal CCDF programs, and community educational programs. Over half of States and Territories combine multiple funding streams in an effort to streamline services for families.

Implementation Options – Collaborations and Partnerships

States and Territories make a variety of decisions regarding collaborations and partnerships. Collaboration projects involving the Office of Child Care (OCC) include:

- **The Race to the Top Early-Learning Challenge (RTT-ELC)** – The RTT-ELC grant competition focuses on improving early learning and development programs for young children by supporting States’ efforts to: (1) increase the number and percentage of low-income and disadvantaged children in each age group of infants, toddlers, and preschoolers who are enrolled in high-quality early learning programs; (2) design and implement an integrated system of high-quality early learning programs and services; and (3) ensure that any use of assessments conforms with the recommendations of the National Research Council’s reports on early childhood.
- **State Advisory Councils (SAC)** – These councils are authorized by the Head Start Act of 2007. The overall responsibility of SAC is to lead the development or enhancement of a high-quality, comprehensive system of early childhood development and care that ensures Statewide coordination and collaboration among the wide range of early childhood programs and services in the State, including child care, Head Start, IDEA preschool and infants and families programs, and preK programs and services.
- **The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Programs** – Authorized by Section 511 of Title V, as added by the Affordable Care Act, MIECHV authorizes the award

¹ 45 CFR 98.2, 98.12, 98.14

grants to Indian Tribes, Tribal Organizations, or Urban Indian Organizations. Home visiting services provided under this grant are meant to improve child and family outcomes focusing on areas such as prenatal, maternal, and infant health; child health and development; parenting skills; school readiness; family socio-economic status; and reducing incidence of child abuse and neglect, injuries, crime, and domestic violence.

- **The Early Head Start for Family Child Care (EHS for FCC) Project** – The EHS for FCC Project was a joint project of OCC and the Office of Head Start to design, implement, and evaluate a replicable framework that supports a partnership between Early Head Start and family child care. This project aimed to increase quality for low-income children in family child care homes by leveraging comprehensive services that include health and social services.

Resources

- Early Childhood Education, Financial Stability, and Asset Building Strategies for Families with Young Children <http://www.acf.hhs.gov/programs/occ/law/guidance/current/im2011-04/im2011-04.htm>
- Child Welfare and Child Care Partnerships http://www.acf.hhs.gov/programs/occ/law/guidance/current/im_child_welfare/im_child_welfare.htm
- Cross System Collaboration: A Fresh Look at Working Together <https://www.acf.hhs.gov/programs/occ/resource/cross-system-collaboration-a-fresh-look-at-working-together-0>
- Using TANF to Fund Childhood Education <https://www.acf.hhs.gov/programs/occ/resource/program-instruction-tanf-acf-pi-2005-01>
- Race to the Top–Early Learning Challenge (RTT-ELC) <http://www2.ed.gov/programs/racetothetop-earlylearningchallenge/index.html>
- State Advisory Council (SAC) <https://www.acf.hhs.gov/programs/ecd/programs/state-advisory-councils>
- Maternal, Infant, and Early Childhood Home Visiting (MIECHV) <https://www.acf.hhs.gov/programs/ecd/programs/home-visiting>
- Early Head Start for Family Child Care (EHS for FCC) <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start/ehs-fcc>



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QUALITY ACTIVITIES¹

LAs are required to spend at least 4% of their CCDF allocation on quality activities. In addition, Federal appropriations law has targeted portions of CCDF funds for quality improvement including services for infants and toddlers, school-age child care, and for child care resource and referral services. States and Territories undertake a variety of initiatives to improve the availability and quality of child care.

One of the key goals for CCDF is helping more children from low-income families access higher quality care. LAs have the flexibility to consider its goals and strategic plans for a child care quality improvement system for all families, not just those receiving assistance under CCDF. Starting with Fiscal Year 2012–13 CCDF Plans, CCDF administrators are asked to conduct a self-assessment of the status of quality efforts in their programs and to identify goals for making progress. At the end of 2012 (and annually after), LAs will be asked to report on their goals using the Quality Performance Report discussed in Chapter 3 of the CCDF Plan.

Implementation Options – Quality Activities

Quality investments and support systems to promote continuous quality improvement of both programs and the staff who work in them are a core element of CCDF. OCC is dedicated to creating both pathways to excellence for child care programs through program quality activities and pathways to an effective, well-supported child care workforce through professional development systems and workforce initiatives.

Key elements for systems of quality in early childhood programs

- **Program standards** – expectations for quality, or quality indicators, which identify different levels of and pathways to improved quality, specifically those that build upon and go beyond minimum health and safety requirements.
- **Supports to programs to improve quality** – activities such as technical assistance (TA) and consultation services for programs to assist in meeting child care quality improvement standards.

¹ 45 CFR 98.51

- **Financial incentives and supports** – the types of monetary supports offered to programs in meeting and sustaining licensing and QRIS or other child care quality improvement standards for programs.
- **Quality assurance and monitoring** – the ways that the LA measures program quality for the purposes of its QRIS or other quality improvement system and the methods for measuring that the child care quality improvement standards for programs are met initially and maintained over time.
- **Outreach and consumer education** - the strategies used to promote the child care quality improvement standards to parents, programs, and the general public.

Key elements for workforce systems

- **Core Knowledge and Competencies** – the expectations for what the workforce should know (content) and be able to do (skills) in their role working with and/or on behalf of children and their families.
- **Career Pathways (or Career Lattice)** – the options and sequence of qualifications and ongoing professional development to work with children.
- **Professional Development Capacity** – the capability of the higher education system and training and TA system to meet the needs of the diverse workforce including the provision of content that addresses the full range of development and needs of children.
- **Access to Professional Development** – the degree to which practitioners are made aware of, and receive supports and assistance to take advantage of, professional development opportunities.
- **Compensation, Benefits, and Workforce Conditions** – any financial supports provided to practitioners for participating in and completing education or training or for increasing compensation.

Resources

- Parental Choice and Quality Improvement Systems
<http://www.acf.hhs.gov/programs/occ/law/guidance/current/piq2011-01/piq2011-01.htm>



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STATE-TRIBAL COORDINATION¹

Over 500 federally recognized Indian Tribes, Alaska Native Villages, and a Native Hawaiian organization receive CCDF funds directly or through consortium arrangements. Indian children are dually eligible to receive services from a Tribal or State CCDF program. With few exceptions, Tribal CCDF LAs are located in rural, economically challenged areas. In these communities, the CCDF program plays a crucial role in offering child care options to parents as they move toward economic self sufficiency.

The CCDF regulations provide significant flexibility for Tribes to design and administer their programs in accordance with the unique needs and challenges in their communities. Recognizing that many smaller Tribes do not have the infrastructure to support certain CCDF requirements, OCC exempts these Tribal grantees from two key provisions. First, unlike the States and large Tribes, exempt Tribes are not required to spend at least 4% of their CCDF funds on activities to promote child care quality. Second, exempt Tribes are not required to operate a certificate (voucher) program. The 1998 CCDF regulations (45 CFR Parts 98 and 99) set the exempt/nonexempt threshold at \$500,000. Therefore, a Tribe with an annual CCDF allocation of \$500,000 or greater is considered nonexempt and must operate a certificate program and meet the 4% quality requirement.

Unlike States, Tribes may use their CCDF funds to construct or renovate child care facilities, subject to the Administration for Children and Families’ approval of an application for construction and major renovation application.

Native Language and Culture

There is a strong emphasis on traditional culture and language in Tribal child care settings, which is usually reflected in a Tribe’s CCDF program activities. For example, in many Tribal communities, parents place their children with Tribal child care providers or relative providers, where the child’s heritage, culture, and native language will be supported. A 1998 HHS Office of the Inspector General (OIG) report on Tribal child care

¹ 45 CFR 98.12, 98.80

found that most Tribal families prefer to have neighbors and relatives care for their children.

Coordination with Tribes

The CCDF statute and regulations require CCDF LAs to:

- Consult with appropriate representatives of local government.
- Coordinate services with other Federal, State, and local child care and early childhood development programs, including those serving Indian children.
- Coordinate with other State and Tribal agencies responsible for public health, employment, education, and TANF.

These State-Tribal child care collaborations have increased greatly over the past few years, in part due to increased TA and support to both State and Tribal CCDF administrators on this topic. Both States and Tribes have described a number of ways they are coming together to provide services and supports. Examples of State/Tribal child care coordination and collaboration include:

- Joint planning and policymaking, especially as related to the establishment of reimbursement rates, sliding fee scales, and eligibility requirements.
- Child care subsidies and dual enrollment.
- Development of Early Learning Guidelines and Quality Rating and Improvement System.
- Providing child care resource and referral services.
- Child care licensing and monitoring.
- Training and professional development.
- Grant and funding opportunities.

Resources

- Tribes and States Working Together: A Guide to Tribal-State Child Care Coordination <https://www.acf.hhs.gov/programs/occ/resource/tribes-and-states-working-together-a-guide-to-tribal-state-child-care>
- CCDF Indian Children Dual Eligibility <https://www.acf.hhs.gov/programs/occ/resource/piq-acyf-piq-cc-97-01>



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PROGRAM INTEGRITY AND ACCOUNTABILITY

The CCDF block grant allows maximum flexibility for States to set critical policies such as establish eligibility criteria, define administrative structures that allow maximum choice for parents, and establish fiscal management approaches.

In order to promote accountability and program integrity, OCC has worked to emphasize transparency, public participation, coordination, and the importance of reducing improper payments and fraud, while at the same time promote consideration for impacts on eligible families seeking benefits.

In response to the Improper Payments Elimination and Reduction Act (July 2010), OCC has instituted a Program Integrity plan which offers TA and support to States to increase program accountability and reduce improper payments, fraud, waste, and abuse.

Implementation Options – Strengthening Program Integrity

- **CCDF Plan and Annual Reporting** – Submission of the biennial CCDF Plan (ACF-118) includes reporting of LA actions to prevent, measure, reduce, and collect improper payments. LAs must have systems in place to document that CCDF funds have been spent in compliance with the law and the approved Plan. LAs must also submit quarterly ACF-696 Financial Reports indicating the status of expenditures and uses of funds. LAs also submit administrative data reports on the number of children served and the characteristics of services and recipients (ACF-800 & ACF-801).
- **Improper Payments Error Rate Review Process** – Effective October 1, 2007, a Final Rule revised CCDF regulations requiring all States, Puerto Rico, and the District of Columbia to report on error rates in the expenditure of CCDF grant funds once every three years on a rotational cycle. OCC works with LAs to conduct triennial case record reviews to identify and reduce administrative errors in the CCDF program.
- **Self-Assessment of Internal Controls** – OCC has created a Self-Assessment of Internal Controls tool to help States better analyze risk and strengthen internal

controls to prevent improper payments. This assessment is not mandatory but does assist States in reviewing systems and identifying weaker areas in that system.

- **Audits** – LAs are required to have an audit conducted at the close of each program period in accordance with the Office of Management and Budget Circular A-133 and CCDF regulations at 45 CFR § 98.65. The LA must report findings to OIG.

Resources

- Program Integrity, Financial Accountability, Access to Child Care
<http://www.acf.hhs.gov/programs/occ/law/guidance/current/pi2010-06/pi2010-06.htm>
- Data Collection Forms and Instructions
http://www.acf.hhs.gov/programs/occ/ccdf/ipi/final_rule.htm#data_collection
- Improper Payments Information Technology Guide
http://www.acf.hhs.gov/programs/occ/ccdf/ipi/it/it_guide.htm



“FUN”DAMENTALS OF CCDF ADMINISTRATION



EMERGENCY PREPAREDNESS

A primary goal of OCC is to help ensure early childhood programs support children's healthy growth and development even in the event of a major disaster or emergency. Child care can be a critical human service needed to help protect the safety of children and support the stabilization of families after a disaster. Child care prevents children from being left alone or in unsafe environments and can help expedite recovery efforts by ensuring that children are safe while parents visit damaged property, access public benefits, and make other efforts to rebuild their lives.

Implementation Options – Emergency Preparedness

- **Emergency Preparedness Plans for Child Care** – Many States, Territories, and Tribes maintain emergency preparedness plans for child care, and maintain a continuity of operations plan to ensure continuity of services to families and providers. Several States, Territories, and Tribes have created guidance and regulations for child care providers regarding various aspects of emergency preparedness and response.
- **State Training and Resources** – LAs provide training and resources to the child care community and planning for a coordinated, comprehensive response to any large-scale crisis which may include establishing temporary child care facilities, assessing damage and impact to child care providers, and facilitating families' access to child care.

Resources

- Emergency Preparedness and Response Planning for Child Care
<https://www.acf.hhs.gov/programs/occ/resource/im-2011-01>
- Federal Emergency Management Agency Guidance: Reimbursement of Child Care Services During Federally Declared Disasters and Emergencies
<https://www.acf.hhs.gov/programs/occ/resource/im-2010-01>
- Flexibility in Spending CCDF Funds in Response to Federal or State Declared Emergency Situations <https://www.acf.hhs.gov/programs/occ/resource/im-cc-05-03>
- Emergency Preparedness Checklist for CCDF Administrators
<https://www.acf.hhs.gov/programs/occ/resource/emergency-preparedness-checklist-for-ccdf-administrators>