Reauthorization of the Child Care and Development Fund (CCDF): An Exciting New Era for Child Care

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What is CCDF Reauthorization?

• The Child Care and Development Block Grant (CCDBG) Act of 2014 (P.L. 113-186) was signed into law November 19, 2014. Reauthorizes the CCDF program for the first time since 1996.

• CCDF is a $5.3 billion block grant program that provides funding to States, Territories, and Tribes to provide access to child care services for low-income families and improve the quality of child care.

• The CCDBG Act of 2014 renews authority for CCDF through FY 2020 and represents an historic re-envisioning of the program.

• Focused on better balancing dual purposes – to promote economic self-sufficiency for low-income families and support healthy development and school readiness needs of children.
Enhanced Purposes of CCDF

(1) to allow each State maximum flexibility in developing child care programs and policies that best suit the needs of children and parents within that State;

(2) to promote parental choice to empower working parents to make their own decisions regarding the child care services that best suits their family’s needs;

(3) to encourage States to provide consumer education information to help parents make informed choices about child care services and to promote involvement by parents and family members in the development of their children in child care settings;

(4) to assist States in delivering high-quality, coordinated early childhood care and education services to maximize parents’ options and support parents trying to achieve independence from public assistance;

(5) to assist States in improving the overall quality of child care services and programs by implementing the health, safety, licensing, training, and oversight standards established in this subchapter and in State law (including State regulations);

(6) to improve child care and development of participating children; and

(7) to increase the number and percentage of low-income children in high-quality child care settings.
Scope of Reauthorization

• Reauthorization brings significant advancements to the program:
  – Makes child care safer by defining health and safety requirements for child care providers, requiring background checks, and inspection of facilities.
  – Provides more stability for parents and children through family-friendly eligibility policies.
  – Helps parents better understand child care choices available to them by improving accessibility and transparency of information about providers.

• Includes a significant number of changes, some of which are straightforward to implement, while others are complex and will be phased-in over several years.

• More expansive and far-reaching than the proposed rule. A Notice of Proposed Rulemaking for the CCDF program was issued in May 2013 (78 FR 29441). HHS is ending that rulemaking process and will focus on implementing reauthorization.
Key Features of Reauthorization

- Health and Safety
- Criminal Background Checks
- Monitoring
- Training & Professional Development
- Eligibility Policies
- Consumer Education

- Family Engagement
- Increased Quality Spending
- Infants and Toddlers
- Payment Rates & Provider Payment Practices
- Underserved Populations
- Tribal Provisions
Keeping Children Safe and Healthy

States must establish policies and provide training in the following areas*: (658E(c)(2)(I))

1. Prevention and control of infectious diseases (including immunization);
2. SIDS and safe sleep practices;
3. Administration of medication;
4. Prevention/response to food allergies;
5. Building and physical premises safety, including identifying electrical hazards, bodies of water, and vehicular traffic;
6. Shaken baby syndrome and head trauma;
7. Emergency preparedness and response planning, for natural or man-caused event;
8. Storage of hazardous materials and bio contaminants;
9. If applicable, precautions in transporting children; and
10. First-aid and CPR.

- States must establish standards for group size limits and appropriate child-to-provider ratios. (658E(c)(2)(H))
- States must provide parents information about access to developmental screening services. (658E(c)(2)(E)(ii))
- Providers must comply with child abuse and neglect reporting. (658E(c)(2)(L))
- States must explain any exemptions to licensing and why exemptions do not endanger health and safety of children in the care of such providers. (658E(c)(2)(F)(ii))

*States continue to have the option to exempt relatives from CCDF health and safety requirements.
Criminal Background Checks (658H)

- Requires States to conduct criminal background checks on all child care providers and their staff members. Not limited to providers serving CCDF children. Relative caregivers excluded.
- Includes child care staff members who don’t care directly for children but have unsupervised access to children.
- Must include check of:
  - State criminal and sex offender registry,
  - State child abuse and neglect registry,
  - National Crime Information Center (run by the FBI),
  - FBI fingerprint check using Integrated Automated Fingerprint Identification System, and
  - National Sex Offender Registry (operated by DOJ)
- Includes list of disqualifying crimes, allows State discretion to provide exceptions for felony drug offenses. Must have appeals process for providers.
- Penalty for non-compliance: HHS shall withhold 5% of the State’s CCDF funds.
Keeping Children Safe and Healthy

Monitoring and Inspections (658E(c)(2)(K))

States must have monitoring and inspection requirements for CCDF providers that include:

• *Licensed CCDF Providers* – 1 pre-licensure inspection for health, safety, and fire standards and annual, unannounced inspections.

• *License-Exempt CCDF Providers* – Annual inspections for compliance with health, safety, and fire standards.

• States must ensure licensing inspectors are qualified and have received training in related health and safety requirements.

• Ratio of inspectors to providers must be sufficient to ensure visits occur in a timely manner.
Establishing a Professional Pathway for Providers

Training & Professional Development (658E(c)(2)(G)):

• Requires establishment of professional development and training requirements to improve knowledge and skills of CCDF providers and the child care workforce.

• Professional development requirements should:
  – Include ongoing, annual training and a progression of professional development (which may include postsecondary education)
  – Include focus on social-emotional behavioral intervention models

• Incorporate State’s Early Learning and Development Guidelines describing what children should know and be able to do. (Required at 658E(c)(2)(T))

• New list of quality activities specifically identifies professional development and provider accreditation as allowable quality activities.
Creating a Stable Pathway to Family Success

Eligibility Policies (658E(c)(2)(N)):

• Establishes 12-month eligibility re-determination period.
  – CCDF families remain eligible during the 12-month period, regardless of changes in income (as long as income remains below 85% SMI) or temporary changes in work, training, education status.

• Requires minimum 3-month period of job search.
  – States have option to terminate assistance prior to re-determination if a parent loses employment, but must allow for a 3-month period of job search.

• States must provide for a graduated phase-out of assistance for families whose income has increased, but remains below the federal threshold.

• Eligibility re-determination should not require parents to unduly disrupt their employment.
Helping Families Find High Quality Care

Transparent Consumer Education(658E(c)(2)(D) &(E)): 

- States must make available by electronic means provider-specific information showing results of monitoring and inspection reports.
- Report on the number of deaths, serious injuries and instances of child abuse in child care settings each year.
- States must have a website describing licensing and monitoring requirements, and processes for background checks (including offenses that prevent individuals from becoming providers).
- Sets aside up to $1.5 million for a national hotline and website to disseminate consumer education (searchable by zip code with referral to local child care providers) and for reporting of child abuse and neglect. (658O(a)(3))
Partnering with Families and Other Sectors

• **Highlighting Family Engagement**
  
  – Added purpose of CCDF, “...to promote involvement by parents and family members in the development of their children in child care settings.” (658A(b)(3))

  – Consumer education must include dissemination of information regarding early childhood development and “meaningful parent and family engagement.” (658E(c)(2)(E)(i)(VI))

  – Quality funds for professional development should include, “providing training and outreach on engaging parents and families in culturally and linguistically appropriate ways...” (658G(b)((1)(E))

• **Coordination and Access to Services**

  – Addressing needs of families by coordinating with other programs and providing information as part of consumer education (e.g., TANF, Head Start, developmental screenings, IDEA services, etc.). (658E(c)(2)(E)(i))
Increased Focus on Improving Quality

Minimum Quality Spending Requirement (658G(a)):

- Phases-in increase in minimum quality set-aside from 4% to 9% over a 5-year period. **In addition**, requires States to spend minimum of 3% to improve the quality of care for infants and toddlers.

- Must establish outcome measures and evaluate progress of quality activities.

- Must spend quality funds on at least 1 of 10 specified quality activities:
  - Training and professional development;
  - Early learning and development guidelines;
  - Tiered quality rating system;
  - Infants and toddlers;
  - Child care resource & referral services;
  - Licensing and health and safety requirements;
  - Quality evaluation;
  - Accreditation;
  - Program standards; and
  - Other measurable quality activities as determined by the State.
Improving Care for Infants and Toddlers

Reauthorization added several areas of the statute focused on infants and toddlers:

• 3% quality spending set-aside for infants and toddlers (658G(a)(2)(B))

• Quality spending activities include improving the supply and quality of child care programs and services for infants and toddlers. (658G(b)(4))

• States must describe in their Plan coordination with other programs, including early childhood programs serving infants and toddlers with disabilities. (658E(c)(2)(O))

• Meeting the needs of certain populations – Infants and toddlers identified as one of four groups for which States must implement strategies to increase supply and improve quality of child care services. (658E(c)(2)(M))
Provider-Friendly Payment Practices

Payment Practices (658E(c)(2)(S)):
- States must establish policies that reflect generally accepted payment practices for child care providers, including (to the extent practicable) paying for absence days, and timely reimbursement for child care services.

Equal Access and Rates (658E(c)(4)):
- Requires States to conduct a market rate survey, or use an alternative methodology, such as a cost estimation model, and describe how payment rates will be established based on results of the survey or alternative methodology, taking into account cost of providing higher quality services.
Improving Access for Underserved Populations

- **Homeless families** – Requires States to establish procedures for enrollment of homeless children pending completion of documentation, and use of CCDF funds for training and outreach to promote access to services for homeless families. (658E(c)(3)(B))

- **Children with disabilities** – Establishes new statutory definition; requires greater coordination and providing parents with information about access to services (e.g., IDEA); must take into account when developing training and professional development requirements for CCDF providers.

- **Supply-building** – States must develop strategies for increasing supply and quality of services for children in underserved areas, infants and toddlers, children with disabilities, and children in non-traditional hour care—which may include use of grants/contracts and alternative reimbursement. (658E(c)(2)(M))
How Does the Law Impact Tribes?

• The CCDBG Act of 2014 does not indicate the extent to which many of the new provisions apply to Tribes.

• The Office of Child Care (OCC) will consult with Tribal Leaders and CCDF administrators to help inform decisions about which provisions of the new statute will be applicable to Tribes.

• **1-year extension of Tribal plans.** OCC is extending the current FY 2014-2015 Tribal plan by 1-year to engage in tribal consultation. Tribes will remain subject to their existing CCDF Plans.
  – New law extends Plan period from 2 years to 3 years.
  – Next Tribal Plan will for FY 2017-2019 and will be due July 1, 2016, with an effective date of October 1, 2016.
Tribal-Specific Provisions

- Tribes receive not less than 2% of Discretionary CCDF funding (prior law said up to 2%). (658O(a)(2)) HHS may reserve an amount greater than 2% if two conditions are met:
  - The amount appropriated is greater than the amount appropriated in FY 2014.
  - The amount allotted to States is not less than the amount allotted in FY 2014.

- HHS, in consultation with Tribes, will develop minimum child care standards that appropriately reflect Tribes’ needs and available resources and shall include: (658O(c)(2)(D))
  - Standards requiring a publicly available application,
  - Health and safety standards, and
  - Standards requiring a reservation of funds for activities to improve the quality of child care services.
Tribal-Specific Provisions

- As under the previous statute, Tribes may use CCDF funds for construction or renovation, as long as it will not result in a decrease in the level of child care services. However, the new law allows for a waiver of this clause if:
  - (658O(c)(6)(C))
  - The decrease in the level of child care services is temporary
  - The Tribe submits a Plan that demonstrates that after the construction or renovation is completed the level of child care services will increase or the quality of child care services will improve.
Other Provisions that Impact Tribes

• Requires State training and professional development to be accessible to Tribal CCDF providers. (658E(c)(2)(G)(ii)(IV))

• Training and professional development requirements also should be appropriate for Native American children. (658E(c)(2)(G)(ii)(V))

• At the option of the Tribes, States must coordinate with Tribes in the development of the State Plan. (658D(b)(1)(E))

• States must describe in their Plan coordination of child care services, including tribal early childhood programs, to expand accessibility and continuity of care. (658E(c)(2)(O))

• State Lead Agencies must demonstrate in their Plan how they are encouraging partnerships with Tribes and tribal organizations. (658E(c)(2)(P))
Implementation and Effective Dates

• Several provisions have statutorily-mandated effective dates; other provisions became effective upon enactment.

• OCC will rely on the CCDF Plan to determine compliance with requirements in the new law. For States and Territories, the next Plan is due March 1, 2016 covering the period FY 2016-2018 (3-year Plan).
  – A Program Instruction with more detail about effective dates was published in January 2015 (CCDF-ACF-PI-2015-02) and is available on the OCC Reauthorization Resource page.

• **Waiver authority**: Allows HHS to waive provisions or penalties in the law for up to 3 years (with option of 1 year extension) based on request from State identifying duplicative requirements preventing effective delivery of child care services, extraordinary circumstances, or an extended period of time for a State legislature to enact legislation to implement the statute. (658I(c))
OCC is excited to begin working in partnership with our State, Territory, and Tribal grantees, as well as our stakeholders throughout the country, to implement the CCDBG Act of 2014.

**Resources and Support Activities:**
- Stakeholder input and engagement through outreach webinars and listening sessions.
- Training for CCDF Administrators in January 2015.
- Frequently Asked Questions (FAQ’s) and email address: [ccdf.reauthorization@acf.hhs.gov](mailto:ccdf.reauthorization@acf.hhs.gov)
- Policy guidance through Program Instructions