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| CHILD CARE AND DEVELOPMENT FUND ANNUAL REPORT  ON SERVICES PROVIDED FROM OCTOBER 1, 20\_\_ THROUGH SEPTEMBER 30, 20\_\_ | OMB Control Number: 0970-0430  Expiration Date: MM/DD/YYYY |
| COMPLETE NAME OF TRIBAL LEAD AGENCY (TLA):  ADDRESS:  CONTACT PERSON:  Phone:  Email: | |

**INTRODUCTION: Program Characteristics**

1. Did your Tribal Lead Agency (TLA) supplement the CCDF grant with dollars from other sources during the last fiscal year? Check one.

* Yes
* No

1a. If yes, what other sources of funding were used? Check all that apply.

* Tribal funds
* Grant/Foundation funds
* Private donations
* State funds
* Other Federal funds
* Other (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1a (i). Describe the additional sources of funds and how they were used:

1a (ii) Do the numbers provided in Part 1: Administrative Data include (check one):

* CCDF funded children only [preferable]
* All children regardless of funding source [used if TLA is unable to only report CCDF funded children]

1. If you are a grantee with a small allocation, did your Tribal Lead Agency only provide quality activities and no direct child care services? [Note that Tribal grantees with large and medium allocations are required to report both Part 1: Administrative Data and Part 2: Tribal Narrative. Tribal grantees with small allocations are not required to report Part 1 if NO direct child care services are provided].

* Yes (skip to Part 2: Tribal Narrative)
* No (complete Part 1: Administrative Data and Part 2: Tribal Narrative)

**PART 1: Administrative Data**

Provide the administrative data for the families and children you served during the fiscal year.

| **PART 1: ADMINISTRATIVE DATA QUESTIONS** | **NUMBER/RESPONSE** |
| --- | --- |
| 1. Total number of families that received child care services this fiscal year: |  |
| 2. Total number of children that received services this fiscal year: |  |
| 2a. Number of children served by a Relative in a Child’s Home |  |
| 2b. Number of children served by a Non-Relative in a Child’s Home |  |
| 2c. Number of children served by a Relative in a Family Child Care Home |  |
| 2d. Number of children served by a Non-Relative in a Family Child Care Home |  |
| 2e. Number of children served in a Center |  |
| 3. Total number of children receiving services that fall into each age category below: |  |
| 3a. 0 up to 1 year |  |
| 3b. 1 year up to 2 years |  |
| 3c. 2 years up to 3 years |  |
| 3d. 3 years up to 4 years |  |
| 3e. 4 years up to 5 years |  |
| 3f. 5 years up to 6 years |  |
| 3g. 6 years up to 13 years |  |
| 3h. 13 years and older |  |
| 4. Number of children who received child care services because: |  |
| 4a. Their parents worked |  |
| 4b. Their parents were in training or an educational program |  |
| 4c. Child received or needed protective services |  |
| 4d. Their parents worked AND were in training/educational program |  |
| 4e. Program has implemented categorical eligibility and employment or training status is not an eligibility criterion |  |
| 5. Average number of hours of child care services provided per child per month: |  |
| 6. Average monthly amount paid for child care service: |  |
| 6a. Average monthly CCDF program subsidy per child |  |
| 6b. Average monthly parent copayment per child |  |
| 7. Number of children served by payment type this fiscal year: |  |
| 7a. grant/contract with provider |  |
| 7b. certificate or voucher to parent and/or provider |  |
| 7c. cash payment to parent |  |
| 7d. CCDF funding to a tribally operated center for direct services |  |
| Comments: | |

**PART 2: Tribal Narrative**

Provide a brief description of the Tribal Lead Agency’s quality improvement activities during the last fiscal year by answering the questions below.

| **TRIBAL NARRATIVE QUESTIONS** | **RESPONSE/NARRATIVE** |
| --- | --- |
| 1. What quality improvement efforts did the Tribal Lead Agency fund this fiscal year? Check all that apply. Tribal Lead Agencies must fund quality efforts in at least one of the following 10 activities (98.53(a)): | * Supporting the training and professional development of the child care workforce * Improving on the development or implementation of early learning and developmental guidelines * Developing, implementing, or enhancing a tiered quality rating and improvement system for child care providers and services * Improving the supply and quality of child care programs and services for infants and toddlers * Establishing or expanding a system of child care resource and referral services * Supporting compliance with requirements for licensing, inspection, monitoring, training, and health and safety * Evaluating the quality of child care programs, including evaluating how programs positively impact children * Supporting providers in the voluntary pursuit of accreditation * Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development * Carrying out other activities determined by the Tribal Lead Agency to improve the quality of child care services provided, and for which measurement of preparedness, child safety, child well-being, or entry to kindergarten is possible. This can include activities and services related to tribal language, culture, and consumer education activities. |
| 2a.What trainings did the Tribal Lead Agency provide for child care caregivers, teachers and directors? Check all that apply. | * ******Prevention and control of infectious diseases (including immunizations) * ******Prevention of sudden infant death syndrome (SIDS) and use of safe sleeping practices * ******Administration of medication, consistent with standards for parental consent * ******Prevention of and response to emergencies due to food and allergic reactions * ******Prevention of shaken baby syndrome and abusive head trauma * ******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) * ******Handling and storage of hazardous materials and the appropriate disposal of bio contaminants * ******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 * ******Precautions in transporting children (if applicable) * ******First aid and cardiopulmonary resuscitation (CPR) certification * ******Family engagement * ******Access to physical activity * ******Nutrition * ******Promotion of child development * ******Language and literacy * ******Caring for children with special needs * ******Fiscal management * ******Administration and program management * ******Curriculum development and instruction * ******Child care as a business * Other topic(s) (List):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * None |
| Describe the trainings the Tribal Lead Agency provided during the fiscal year. In your narrative, please also include the number of caregivers, teachers and directors trained during the fiscal year: |
| 2b.Did the Tribal Lead Agency support child care caregivers, teachers, and directors in achieving any of the following along a career pathway? | * Credit towards required training hours * Certificate * Credential * Degree * Other (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * None |
| Describe the support given to providers in achieving credits, credentials, or degrees. In your narrative, please also include the number of caregivers, teachers and directors who received support from the Tribal Lead Agency to obtain credits, credentials or degrees: |
| 2c.How did the Tribal Lead Agency assist providers in meeting health and safety standards? Check all that apply. | * Provide health and safety equipment/materials * Grants/mini-grants for health and safety equipment/materials * Classroom materials and resources * Financial assistance in meeting licensing requirements * Other (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * None |
| Describe how the Tribal Lead Agency assisted providers in meeting health and safety standards: |
| 2d.How did the Tribal Lead Agency support and provide culturally appropriate activities to children, parents, and providers? Check all that apply. | * Incorporation of Tribal language into child care settings * Modified curriculum to reflect Tribal culture * Served traditional Tribal foods in facilities * Culturally-based training opportunities for parents and providers * Culturally-based training to non-Tribal providers * Other (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * None |
| Describe the Tribal Lead Agency’s support and provision of culturally appropriate activities: |
| 2e.How did the Tribal Lead Agency provide consumer education to parents and providers? Check all that apply. | * Written materials, including newsletters, brochures, booklets, checklists, or handbooks about child care topics * Local/Tribal media * Social media such as Facebook, Twitter, Instagram * Guidance and Education from Child Care Resource and Referral agencies * Internet, including electronic media, publications, and webcasts about child care topics * Postings on community bulletin boards * Other (list): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * None |
| Describe the consumer education the Tribal Lead Agency provided to parents and child care providers: |
| 2f. Did any CCDF child care providers participate in the following? Check all that apply. | * State system of assessing and improving quality, such as Quality Rating and Improvement System (QRIS) * Tribal system of assessing and improving quality, such as QRIS * Nationally-recognized accreditation * Other (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * None |
| Describe the quality rating and improvement system used. If none was selected, please explain why no quality rating and improvement system is being used: |
| 2g. Describe any other significant  quality activities that occurred during the past fiscal year: |  |