



Bipartisan Policy Center

Righting a Wrong: Advancing Equity in Child Care Funding for American Indian & Alaska Native Families

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Foreword

As some know, I worked for the Department of Defense (DOD) for many years, but I began my career in early childhood on the Northern Cheyenne Reservation in Montana where I set up a child care center in Lame Deer, the tribal headquarters. Decades ago, tribal leadership understood how important child care was to get—and keep—its members employed. The tribe, just like DOD, knew then, what most businesses are just coming to realize—that without child care—parents cannot work. But that is where the similarities end. Unlike the support for military families, Congress has failed in its responsibility to our first Americans. Not only are American Indian and Alaska Native (AI/AN) children more likely to need services, but they are also less likely to receive them. DOD, with the support of Congress, developed strategies and mechanisms to serve military families wherever they were living—both on and off base.

Now, four decades later, we are not even close to meeting the need for AI/AN child care on tribal lands much less those living off reservations. Still, recent data shows that more than half of Indigenous children do not live on tribal lands and thus do not have access to tribal child care or Head Start programs. Furthermore, current AI/AN child care funding from Congress is neither based on actual need nor a parent's proximity to child care, thus leaving thousands of our most vulnerable children in potentially unstable, unhealthy settings that do little to promote their optimal development and support their parents in seeking and retaining employment.

As this report will show, Congress has not required federal agencies to collect the data needed to fulfill its responsibility to AI/AN families. Without that data it is easy for Congress to continue its *laissez faire* approach of picking a random percentage to add to legislation. As this report will show, it is time for policymakers at all levels of government to recognize our collective responsibility to our Native children no matter where they are so we can move forward to create more realistic solutions. It's time to right a wrong and ensure our Native American children have the same opportunities as all other children.

Linda K. Smith

Executive Summary

There are approximately half a million AI/AN children under the age of 13 who potentially need child care so their parents can work. Nearly half are below the age of five. Access to affordable, quality child care is a challenge for most American families, but the challenges are greater for AI/AN parents and compounded by the high unemployment rates, limited job opportunities and lack of proximity to child care programs of any type. Even though Native American children are more likely than all other groups to be living in poverty (the poverty rate for AI/AN children is twice the national average) as First Americans, they have not been a priority for policymakers and are often an afterthought when it comes to Congress.

Without a clear understanding of the needs of AI/AN families, it is no surprise that Congress continues to add random percentage-based set-asides for Native communities to existing federal programs. The Child Care and Development Block Grant (CCDBG) is the primary federal funding stream for child care. Under CCDBG, there are two separate and distinct funding streams, discretionary and mandatory funding that, when combined by the Department of Health and Human Services (HHS), form the Child Care and Development Fund (CCDF). CCDF provides funds in the form of block grants to states, tribes, and territories to help meet the need for child care among low-income families.

By law, HHS must allocate at least 2% of discretionary CCDF funding and up to 2% of mandatory CCDF funding to tribes. In fiscal year 2020, this amounted to \$58.3 million in mandatory funding (a 2% set-aside) and \$335 million in discretionary funding (a 5.75% set-aside) for tribes. There is no evidence that suggests these set-asides sufficiently meet the need in tribal communities.

To receive funding, each tribe must submit an application in the form of a plan to HHS that includes their child counts and provides a description of their child care programs, services available to low-income families, and assurances and certifications statutorily required by CCDBG. Specifically, [tribes must describe](#) how they manage their CCDF services, eligibility guidelines, priority groups, provider payment rates, parental rights, program accountability, and quality improvement activities. HHS then reviews each tribe's plan and, if approved, the tribe receives CCDF funding until the next application cycle. However, these plans have not been made publicly available and the child counts are not used by Congress to determine topline funding levels.

In the Tribal CCDF Plans (hereafter referred to as Tribal Plans), HHS takes a tiered approach to reporting requirements. This means that medium and large tribes are required to submit more extensive information than small tribes. HHS defines small tribes as those

receiving CCDF allocations of less than \$250,000, medium tribes as those receiving allocations between \$250,000 and \$1 million, and large tribes as those receiving allocations of more than \$1 million.

However, due to a lack of thorough, consistent data collection on AI/AN populations, little is known about child care needs for AI/AN families, including accurate child counts for all 574 tribes and where AI/AN families reside. Where these families reside is critical information because whether children live on or off tribal lands impacts the amount of CCDF funding received by the tribes. As a result, little is known about the true need for child care and the extent to which current funding levels meet that need among AI/AN families.

What We Wanted to Know:

To the best of our knowledge there has been only one other comprehensive analysis of child care on tribal lands that includes analyses of the Tribal Plans. This lack of data on tribal communities drove the Bipartisan Policy Center to try to understand the need for, and access to, child care for AI/AN families. BPC wanted to understand:

- How tribes spend their CCDF dollars;
- General demographic information;
- How tribes incorporate culturally relevant care into their early childhood programming;
- The extent to which tribal CCDF programs coordinate with Head Start;
- Tribal efforts to prevent suspensions and expulsions in early childhood programs;
- How tribes conduct background checks for providers;
- How tribes prioritize services for marginalized groups;
- How tribes build the supply of care for underserved children;
- The extent to which the state and tribes coordinate; and
- Tribal quality improvement goals.

Methodology:

In the fall of 2020, the HHS Office of Child Care (OCC) graciously provided BPC with access to 184 of the FY2019-FY2022 Tribal Plans. BPC analyzed 88 plans from small tribes and 96 plans from medium and large tribes. BPC worked with the National Indian Child Care Association (NICCA) to evaluate which information in the Tribal Plans best supports BPC's analysis and contextualizes the tribal child care landscape.

In addition, BPC reviewed other data as available and relevant, including U.S. Census Bureau, Department of Labor (DOL), Department

of Education (ED), HHS, Bureau of Indian Affairs (BIA), San Diego State University, Data Resource Center for Child and Adolescent Health, First Nations Development Institute, the Center for Law and Social Policy, and National Home Visiting Research Center data.

What We Learned:

Not only are federal programs for AI/AN families systematically underfunded, but HHS and other federal agencies have not used the Tribal Plans to incorporate the voices, experiences, and preferences of AI/AN people into these federal programs. This was apparent in the lack of information on culturally and linguistically appropriate CCDF-funded child care programs within the Tribal Plans. For this reason, BPC recommends that HHS be more conscientious in analyzing future plans so they can be used to better serve tribes and provide more useful information.

In addition, BPC identified several other common themes throughout our analysis of the Tribal Plans, including that:

- Because Congress does not use child count data to determine tribal funding levels, not all eligible AI/AN children and families can access the federally funded support they may need.
- There is a lack of coordination between tribal and state agencies providing care to AI/AN children and between tribal child care and tribal Head Start programs. This may lead to duplication of effort, or the converse of children not being served, particularly if they live off tribal lands.
- There are large gaps in the information completed in the plans making comparisons difficult, especially among tribes of varied sizes. These mask any gaps in funding needed for the programs that might help improve the socioeconomic conditions of AI/AN parents and their ability to seek and maintain employment when lack of access to child care may be a barrier.
- There are significant inconsistencies in the reporting requirements between the HHS administered CCDF programs and tribes with 477 status. This makes it impossible to evaluate the gaps in services and funding.
- The Tribal Plan requirements are extensive (180+ pages) and frequently duplicative thus making it difficult to determine what the programs are accomplishing and the effectiveness of the funding.

What We Recommend:

The following summarizes the recommendations in our report. The full report provides a more detailed set of recommendations and the basis for each.

Congress:

1. Establish a data-driven method based on the actual number of AI/AN children for determining funding levels set aside for tribes rather than a flat percentage. This will ensure tribes receive sufficient funding to effectively provide services.
2. Add language in CCDBG that would authorize tribes to access FBI fingerprinting.
3. Provide funding and technical assistance to support the implementation of early childhood mental health consultants in tribal child care and Head Start programs. This should include extensive coordination with the Substance Abuse and Mental Health Services Administration (SAMHSA).
4. Conduct oversight hearings on tribal child care and specifically examine the extent to which HHS and the BIA coordinate oversight of the use of CCDBG funds to support child care services and quality improvement.

Federal Agencies:

5. The Census Bureau and Department of Commerce should work with tribes and other federal agencies to ensure more accurate data on this population. At a minimum, this should include HHS, ED, Department of Agriculture, DOL, and BIA.
6. HHS should streamline the Tribal CCDF Plan to reduce duplication and ensure that child count data are submitted at the same time in one document. HHS should ensure that Tribal Plans, including child count data, and other basic demographic information are publicly available so Congress and other policymakers can effectively set funding levels based on the actual number of AI/AN children.
7. The HHS Interagency Task Force on Child Safety (ITFCS) on the implementation of criminal background checks should address how tribes access interstate checks and NCIC/NSOR compliance, and the impacts on a Tribal Lead Agency's ability to comply with the regulatory requirements.
8. The BIA should make the 477 Tribal Plans publicly available in an easily accessible, online database to promote greater understanding of the program and allow tribes and policymakers access to the data needed to make necessary improvements.

9. HHS should include an open-ended narrative section in the Tribal Plans asking tribes to explain how their quality goals, provider trainings, and curricula are culturally relevant for AI/AN children in their programs. HHS should require tribes to report on progress on these goals from one cycle to the next.
10. HHS should require all tribes to define underserved groups and how they are prioritizing services to them, particularly children with special needs and children experiencing homelessness. Additionally, HHS should collect comprehensive data on cases of child abuse and neglect in tribal communities so it may better understand, coordinate with, and support tribes and inform specific policy recommendations empowering the community to effectively address instances of abuse and neglect as they arise. HHS should require tribes to describe specific efforts taken to prevent suspensions and expulsions in tribal child care centers and how they will reduce instances of harsh discipline.

Tribes

11. Tribes should coordinate CCDF-funded and Head Start programs to reduce duplication; ensure better alignment of program standards and policies, needs assessments and data collection, and monitoring efforts; and ensure more culturally relevant services for children and families.

States

12. States with large AI/AN populations should recruit early childhood staff who have a cultural understanding of AI/AN communities.



Introduction

BACKGROUND:

The Child Care and Development Fund (CCDF) is the main federal program that provides child care subsidies to low-income children and families.¹ The secretary of Health and Human Services (HHS) must reserve at least 2% of all CCDF federal funding for tribes and tribal organizations (henceforth

jointly referred to as “tribes”). Tribes receive grants for a period of three years as part of this block grant program and are required to apply by filing a Tribal CCDF Plan.

Beginning in the fall of 2020, the HHS Administration for Children and Families (ACF) and the Office of Child Care (OCC) graciously granted the Bipartisan Policy Center access to 184 completed fiscal year 2019-2022 Tribal CCDF Plans. BPC analyzed 88 plans from small tribes and 96 plans from medium and large tribes.

Tribal CCDF Plans (henceforth referred to as “Tribal Plans”) have rarely been shared publicly or analyzed. BPC’s analysis of this information provides a unique opportunity to inform state and federal policymakers, as well as tribes themselves, on how best to support American Indian/Alaska Native (AI/AN) children and families.

What are “small” versus “medium/large tribes”?

Throughout the report, we refer to tribes as small, medium, or large. These terms refer to the total CCDF allocations a tribe receives:

- **Small:** Receives less than \$250,000
- **Medium:** Receives between \$250,000 and \$1 million
- **Large:** Receives more than \$1 million in funding

¹ According to 25 USC 5304(l), “Tribal Organization” is defined as the following:
(l) “Tribal organization” or “tribal organization” means the recognized governing body of any Indian tribe; any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities: Provided, That in any case where a contract is let or grant made to an organization to perform services benefiting more than one Indian tribe, the approval of each such Indian tribe shall be a prerequisite to the letting or making of such contract or grant; and
(m) “construction contract” means a fixed-price or cost-reimbursement self-determination contract for a construction project, except that such term does not include any contract-
(1) that is limited to providing planning services and construction management services (or a combination of such services);
(2) for the Housing Improvement Program or roads maintenance program of the Bureau of Indian Affairs administered by the Secretary of the Interior; or
(3) for the health facility maintenance and improvement program administered by the Secretary of Health and Human Services.

STRUCTURE AND FUNCTION OF TRIBAL CCDF PLANS

The Tribal Plans are 238 pages of set forms with specific information tribes are statutorily and regulatorily required to report. Tribal Lead Agencies submit their plan, which serves as their funding application, to the appropriate ACF regional program manager. The HHS secretary must approve the plan before funding is allocated. HHS takes a tiered approach to the CCDF requirements. All tribes, regardless of size, have the same standard application, but medium and large tribes are required to submit slightly different and more in-depth information than small tribes. The applications clarify which sections tribes must fill out depending on their size. The [OCC](#) describes the requirements as follows:

Small tribes

They submit a shortened Tribal Plan that outlines how the tribe intends to meet CCDF and federal requirements, including:

- Defining CCDF leadership and coordination with relevant systems;
- Fulfilling health and safety requirements;
- Monitoring requirements for providers;
- Undertaking background checks, with the option to propose an alternative background check approach;
- Fulfilling quality spending requirements (except infant and toddler quality spending requirements);
- Establishing continuous quality improvements;
- Defining eligibility of Indian child, Indian reservation and service areas as designated by a Tribe and approved by the Bureau of Indian Affairs;
- Describing direct services if they provide them (small tribes are not subject to the requirements to provide direct child care services to children and families);
- Meeting the 15 percent administrative cap; and
- Undertaking fiscal, audit, and reporting requirements.

Small tribes have more flexibility than others because they are exempt from the majority of CCDF requirements. This flexibility allows them to focus their funds on health, safety, and quality spending. HHS allows tribes to submit abbreviated plans to [balance flexibility with accountability](#).

Medium tribes:

In addition to all the required reporting requirements for small tribes, medium tribes must explain how they will use their CCDF funding to:

- Provide stable child care assistance to families;
- Ensure equal access to high-quality child care; and
- Promote family engagement through outreach and consumer education.
- Medium tribes are allowed the same exemptions as large tribes but are also exempt from operating a certificate program.

Large tribes:

They are subject to the same reporting requirements as medium tribes.

All tribes, regardless of size, are exempt from the CCDF requirements to:

1. Maintain or implement early learning and developmental guidelines;
2. Maintain a consumer education website;
3. Have licensing requirements applicable to child care services;
4. Have a training and professional development framework;
5. Conduct a market rate survey;
6. Give priority services to children of families with very low family income or in areas with significant concentrations of poverty and unemployment;
7. Spend at least 70 percent of mandatory funds on TANF-related families²; and
8. Complete the Quality Progress Report.

ELIGIBILITY FOR CCDF FUNDS

[Tribes are eligible](#) for CCDF funding if they are federally recognized and have a tribal population of at least 50 children under age 13. If a tribe has fewer than 50 children under 13, they may apply as members of a tribal consortium.³

Twenty tribes are part of a consortium.

² This is defined as families who are receiving assistance under a state program under Part A of Title IV of the Social Security Act; are attempting through work activities to transition off such assistance program; and are at risk of becoming dependent on such assistance program.

³ A tribal consortium is a partnership between two or more tribes working together to achieve a common objective, typically participating in self-governance.

FUNDING AND THE ROLE OF THE CHILD COUNT DECLARATION

As part of their Tribal Plan, Tribal Lead Agencies are required to submit a “child count declaration.” The declaration is a certification from the tribe regarding the number of AI/AN children under age 13 who reside on or near the reservation or in service areas as defined in the Tribal Plan. The child count is particularly important, because it allows the HHS secretary to determine how much funding each tribe receives as its total CCDF allocation.

However, as this report will demonstrate, it does not appear that Congress uses the child counts to set top-level funding levels for federal programs that support AI/AN children and families.

A combination of tribes’ discretionary and mandatory funding, along with tribal child count declarations, determines the total amount each tribe is allocated. The total 2020 tribal allocation levels may be found on the ACF OCC [website here](#).

- **Discretionary funding:** HHS must reserve at least 2% of discretionary funding for tribes. To be eligible for CCDF funding, tribes must be federally recognized and have at least 50 children under age 13. For these tribes, CCDF funding consists of a base amount of \$30,000 plus a per-child amount of funding determined by the child count, up to 50 children.
- **Mandatory funding:** HHS may set aside up to 2% of any mandatory funding provided by section 418(a)(3) of the Social Security Act for tribes. Mandatory funding for tribes is based solely on a per-child amount as determined by the child count.

Tribes that submit P.L. 102-477 plans (discussed later in this report) must also submit a child count declaration, but they submit their plans on a different cycle than the Tribal CCDF Plan.

The secretary of HHS must reserve at least 2% of discretionary funding for tribes and up to 2% of any mandatory funding. The total amount each tribe is allocated is based on a combination of its discretionary and mandatory funding, but both funding streams are calculated based on tribal child count declarations.

METHODOLOGY

The landscape of tribal child care is diverse and the Tribal Plans are lengthy. BPC selected certain sections of the plans to analyze. Based on this analysis, we offer recommendations to

- Congress for changes that can be made in the next reauthorization of the Child Care Development Block Grant Act of 2014 (CCDBG); and
- HHS to improve plans so they better serve tribes; and
- Tribes to improve the administration of tribal programs.

BPC worked with the National Indian Child Care Association (NICCA) to evaluate which sections of the Tribal Plans were best suited for analysis to meet these objectives and developed the following guiding questions for our evaluation below:

1. **General Demographic Trends:** *What are the general demographic trends among small, medium, and large tribes?*
2. **Eligibility Requirements:** *How do eligibility requirements vary between small, medium, and large tribes?*
3. **Types of Child Care Centers:** *What patterns emerge in terms of the types of child care providers offered for tribes that differ in size and how are they funded?*
4. **Head Start:** *To what extent are tribes coordinating with Head Start to deliver child care services?*
5. **Culturally Appropriate/Informed Care:** *To what extent are tribes able to provide culturally informed and relevant child care services? To what extent do they work with the state to incorporate culturally informed training?*
6. **Marginalized Children:** *Which groups of marginalized children are tribes prioritizing, and how are they doing so?*
7. **Background Checks:** *How do tribes perceive background checks and how can policymakers better support the implementation of the checks.*
8. **Coordinating Services:** *What trends emerge in the external programs that tribes coordinate with to provide services to children and families? Are there any differences in the services that small, medium, and large tribes decide to coordinate with?*
9. **Quality Improvement Goals:** *What patterns emerge in terms of the quality improvement goals tribes identify as their priorities?*

Figure 2 in the Appendix describes which sections of the Tribal CCDF Plans BPC identified to answer these questions. BPC conducted a combination of a quantitative and qualitative analysis of these sections to inform the trends, findings, and recommendations discussed below.

General Demographic Trends

BACKGROUND:

BPC examined demographic trends among tribes to contextualize the AI/AN children served by CCDF funding. Because the Tribal Plans do not require tribes to submit comprehensive demographic information, the only demographic information pertinent to our analysis within the plans was the ages of children served with CCDF funding. As a result, we drew from a variety of other sources including census and labor data and our own survey data.

As part of CCDF reporting, Tribal Lead Agencies are required to submit a child count of the number of AI/AN children under the age of 13 who reside on or near the reservation or in a service area, as defined in the Tribal Plan. Although HHS uses these child counts to determine how much CCDF funding each tribe receives, child counts are not publicly available. Tribes did not include their child count declarations in the FY2019-2022 Tribal Plans that BPC analyzed. However, HHS shared child count data submitted independently during this application cycle.

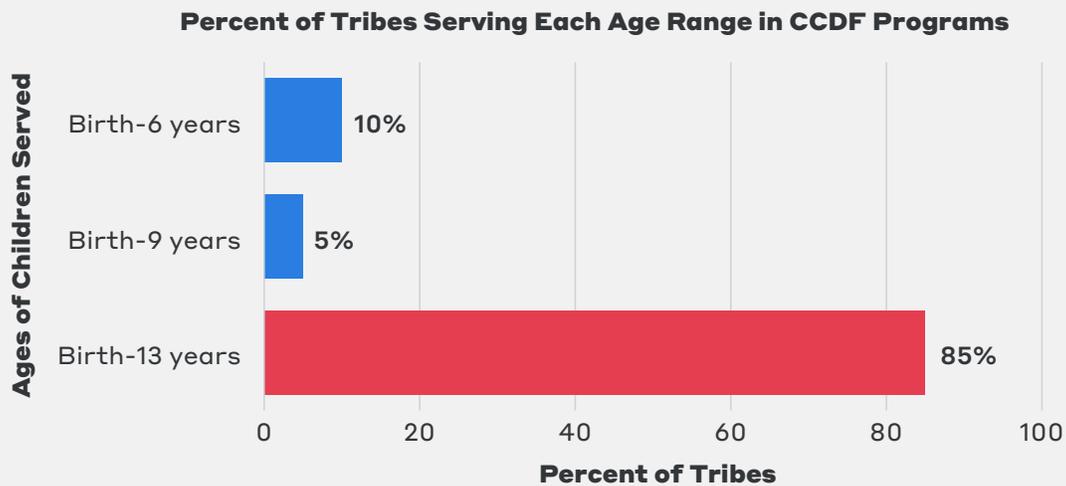
Due to the lack of demographic information in the CCDF Plans, BPC examined the U.S. Census Bureau database, which compiles information on tribes using the 2015-2019 American Community Survey (ACS) 5-Year Estimates. In addition to the child count and ages of children served, BPC wanted to understand other data related to the need for child care. This included unemployment rates, average median household incomes, poverty levels, and percentage of single-parent families with a female head of household. These combined factors affect the family's need for and ability to afford child care.

As BPC examined the census data, we noticed inconsistencies that called the accuracy of the information into question. For example, the Census Bureau reported that six tribes had a 0% unemployment rate. Given the economic conditions of most tribal communities, this seemed highly unlikely. Census data showed that the average median household income for tribes ranged from \$10,000-\$182,500, with nine tribes having an average median household income at or below \$20,000. Finally, according to census data, 26 tribes had a 0% poverty rate and 15 tribes had 100% poverty rates. This made the validity of the Tribal Census data questionable. Therefore, we refrained from using it and as a result, we make recommendations for data collection with an emphasis on collecting accurate information from tribal communities.

Ages of children served: As mentioned, the only demographic information found in the Tribal Plans pertinent to BPC's analysis was the ages of children served with CCDF funds, to which 146 tribes responded (Section 4.1c for

small tribes; Section 5.1.1 for medium/large tribes). CCDF funds can be used to serve any range of children up to 13 years old. For this reason, the Tribal Plans asked tribes to report their CCDF program eligibility criteria, including a child’s age. Figure 1 summarizes the age ranges of children served by Tribal CCDF programs, as reported in the Tribal Plans.

Figure 1: The Age Ranges of Children Served by Tribal CCDF Programs



Child count: The plans ask tribes to submit a child count and in particular “the number of potentially eligible children who meet the Tribal Lead Agency’s definition of Indian Child and reside in the designated service area. This was left blank in their CCDF plans. We later found that HHS required them to submit the count separately during the past application cycle.

Depending on how the Tribes define “service area” is highly likely that the child count data does not capture the significant percentage of AI/AN people living off tribal lands especially members living in urban areas. However, this data still provides a sense of how many children identify as AI/AN, particularly in tribal lands. Across the 184 tribes included in our analysis, the tribes tabulated 433,339 children. Table 1 summarizes the number of AI/AN children across small, medium, and large tribes.

Table 1: Number of Children in Tribal Service Areas Based on Tribally Reported Child Counts

	Total	Mean	Median	Range
All tribes	433,339	2,355	708	51-52,060
Small tribes	29,961	340	244	51-1,678
Medium tribes	42,661	1,016	804	394-2,527
Large tribes	360,717	6,680	4,078	1,917-52,060

BPC estimated the average amount of CCDF funds per child by dividing the average [FY 2020 CCDF tribal allocations](#) by the average child count for small, medium, and large tribes, the results of which are summarized in Table 2. Based on our calculations, all tribes have approximately the same amount of funding per child within a margin of \$67. However, this amount is far below the average cost of child care in any state.

Table 2: Average Funding per Child, Based on CCDF Allocations and Child Count Data

	Total	Average CCDF Funds	Average Funding per Child
All tribes	\$225,643,732	\$1,226,325	\$520.73
Small tribes	\$17,381,182	\$197,513	\$580.92
Medium tribes	\$22,850,192	\$544,052	\$535.48
Large tribes	\$185,412,358	\$3,433,562	\$514

Unemployment Rates and Median Household Income: In 2016-2018, the [unemployment rate](#) for AI/AN people was 7.8 %—nearly double the national rate of 4.4%. AI/AN people residing on tribal lands are more likely to be unemployed than AI/AN people living elsewhere, with 11.4% and 6.6% unemployment rates, respectively.⁴

The [median household income](#) for AI/AN people is \$49,906, compared with \$71,664 for non-Hispanic white households. There is no data with any more specificity for either unemployment or median household income that reflects the diversity of tribal communities.

Families below the poverty level: According to census data for 2017, AI/AN people had a poverty rate of 26.8%, nearly twice the national rate of 14.6%. Given the variations in poverty rates for AI/AN people, especially across the urban and tribal lands divide, no reliable data with any greater detail is available.

BPC’s Recommendations

The lack of reliable data hinders policymakers at all levels and contributes to inequitable distribution of federal funds. We make the following recommendations:

- **The Census Bureau should work with other federal agencies, including the Bureau of Indian Affairs (BIA), and HHS/ACF, and tribes to ensure accurate data reporting on this population.**
- **HHS should require tribes to submit the child count data with the Tribal Plans at the same time in one process.** This would streamline the submission process and ease tribes’ administrative burdens by removing duplication in what is being asked of tribes. It would also make child count data easier to locate for each tribe.

⁴ “Tribal lands” refers to a federal or state American Indian reservation, or to an off-reservation land trust, tribal statistical area, or Alaska Native village statistical area.

- **HHS should ensure that the tribal child count data are publicly available so Congress and other policymakers can effectively set topline funding levels based on an accurate accounting of AI/AN children.**

Congressional access to accurate child count numbers would ensure that funding set-asides for tribes are based on objective, tribal-specific needs. This change, in turn, would help ensure that every AI/AN child receives adequate assistance. **HHS should require that basic demographic information be added to the Tribal CCDF Plans to ensure accurate data are available.** Specifically, HHS Tribal Plans should include:

- The total number of individuals living on or near the reservation or in a service area;
- The unemployment rate for individuals residing on or near the reservation or in a service area;
- The median household income for each tribe;
- The median household income for single-parent, maternal-led household in each tribe;
- The percentage of families below the poverty line in each tribe; and
- The percentage of single-parent households below the poverty line in each tribe.



Culturally Relevant and Appropriate Care

BACKGROUND:

Each tribe has a unique culture specific to its people's history, yet these histories are rarely represented in mainstream American culture. This gap increases the need for tribes to pass down their languages, stories, and traditions to younger generations—a process that occurs, in part, in early care and learning settings where children regularly spend time. BPC wanted to better understand the extent to which tribes provide culturally informed care in their child care and early learning programs.

Although the Tribal Plans have no stand-alone section asking whether or how tribes incorporate culturally relevant care into early childhood programs, the plans do have sections that touch on culturally relevant care.

FINDINGS:

In the quality improvement section of the Tribal Plans, tribes indicated which culturally relevant activities they incorporate into their early childhood programs (Section 3.1.2(j)(1)). Of the 180 tribes that completed this section, 131 tribes (73%) reported they incorporate tribal language into child care settings. One hundred and one tribes (56%) reported they partner with other tribal language and culture departments to develop early learning curricula.

The Child Care and Development Block Grant requires all lead agencies, including Tribal Lead Agencies, to describe how they support the training and professional development of providers within their CCDF Plans ([658E\(c\)\(2\)\(G\)](#)). The Tribal Lead Agencies must also ensure that the training and professional development opportunities are culturally appropriate for AI/AN children.

As required by regulation, the Tribal Plans ask the tribes how they support the training and professional development of their child care workforce using CCDF quality funds. Specifically, the plans ask if and how these training and professional development requirements apply to child care providers who serve Indigenous-language learners (Section 3.2.1).

Of the 155 respondent tribes filling out the section on professional development, slightly more than half (84 tribes) reported that their training and professional development requirements were applicable to providers caring for Indigenous-language learners. Medium and large

tribes (62%) were more likely than small tribes (44%) to report that they offer this type of training and professional development support.

The Tribal Plans also ask whether the state contacted the Tribal Lead Agency for input into how to make the state’s training programs and professional development opportunities more culturally relevant to AI/AN children (Section 3.2.1(b)). Of the 178 respondent tribes, only 41 (23%) said yes.

Table 3 displays the number of tribes, by state, which were contacted by the state about how to make training and professional development opportunities more culturally relevant to AI/AN children. Table 4 shows these responses by tribal region.

Table 3: Number of Tribes in Each State Contacted by the State about Culturally Relevant Training

State	Number of Tribes Contacted by the State
Alabama	0/1
Alaska	1/13
Arizona	2/13
California	6/28
Colorado	0/1
Connecticut	0/1
Idaho	0/3
Kansas	0/3
Louisiana	0/2
Maine	2/5
Massachusetts	0/1
Michigan	2/10
Minnesota	5/10
Mississippi	0/1
Montana	2/4
Nebraska	0/3
Nevada	1/6
New Mexico	0/5
New York	1/2
North Carolina	0/1
North Dakota	0/3
Oklahoma	7/16
Oregon	2/9
Rhode Island	0/1
South Carolina	1/1
South Dakota	2/6
Texas	0/3
Utah	1/4
Virginia	0/1
Washington	5/23
Wisconsin	0/3

Table 4: Number of Tribes in Each Region Contacted by the State about Culturally Relevant Training

Region Number	Number of Tribes Contacted by the State
1 (ME, RI, MA, CT)	2/8
2 (NY)	1/2
3 (VA)	0/1
4 (AL, MS, NC, SC)	1/4
5 (MI, MN, WI)	7/23
6 (LA, NM, OK, TX)	8/27
7 (KS, NE)	0/6
8 (CO, MT, ND, SD, UT)	5/18
9 (AZ, CA, NV)	9/47
10 (AK, ID, OR, WA)	8/48

BPC's Recommendations

The Tribal Plans do not explicitly ask how the Tribal Lead Agency ensures CCDF-funded child care programs are culturally appropriate for AI/AN children. HHS does not require the Tribal Plans to include a section on making CCDF-funded child care culturally appropriate for AI/AN children. This gap makes it difficult to assess the extent to which tribal child care programs are culturally relevant for the children they serve. BPC offers the following recommendations to incorporate more culturally informed care:

- **HHS should add an open-ended narrative section to the Tribal Plans in which tribes would explain how provider training and curricula are culturally relevant to AI/AN children in their child care programs.**
- **States with large AI/AN populations should recruit staff who have a cultural understanding of AI/AN communities.**
Recruiting and retaining staff with a culturally appropriate understanding of AI/AN communities would allow programs to integrate AI/AN cultural values into state programs.

Coordinating with Tribal Head Start

BACKGROUND

Throughout the Tribal Plans, there are multiple opportunities for tribes to indicate the extent to which they coordinate with Tribal Head Start programs. CCDBG and Head Start are two distinct federal programs. In addition to providing programming to tribal communities, they both supplement care in the mixed-delivery system of child care.

MODELS OF COORDINATION: THE TRIBAL EARLY LEARNING INITIATIVE (TELI)

In 2012, after witnessing a quality gap between Head Start/Early Head Start and Tribal CCDF, the Administration for Children and Families began TELI by funding four tribes to better coordinate across three programs: Head Start/Early Head Start, CCDF, and [Tribal Mother Infant Early Childhood Home Visiting \(MIECHV\)](#). The purpose of TELI was to:

- Support tribes to coordinate tribal early learning and development programs.
- Create and support seamless, high-quality early childhood systems.
- Raise the quality of services to children and families across the pregnancy-to-kindergarten-entry continuum.
- Identify and break down barriers to collaboration and systems improvement.

The [results](#) of this first round were impactful. The final report found that children and families could be better served and that success was achieved when technical assistance was combined with tribal capacity and desire to create more coordinated programming. In addition to improved coordination, gaps in service or quality were also identifiable, which consequently made them possible to fix because tribes were administering programs in a more collaborative manner.

CCDBG provides subsidies to children from low-income families to help them afford child care. Head Start is an early childhood development program that provides educational, health, nutritional, and social services

for children from families with household incomes below the federal poverty level and at no cost. [Tribal Head Start programs](#), administered by federally recognized tribes, also teach language and cultural practices to help preserve the tribal heritage of participating families.

HHS allocates funds directly to Head Start grantees to serve children who are at least 3 years old and to Early Head Start programs that serve children from birth to age 2. Each year, HHS sets aside such sums as necessary to provide base grants to Tribal Head Start programs. In FY2019, HHS allocated \$320 million to AI/AN tribal governments for Head Start and Early Head Start purposes. As of 2022, federally recognized tribes administer 150 Head Start and 58 Early Head Start programs. During the 2018-2019 program year, Tribal Head Start programs (including Early Head Start) served [25,592 AI/AN participants](#).

Families and children are better served when Head Start and child care programs can effectively collaborate. Unfortunately, Head Start and CCDF frequently operate independently of one another even though the populations they serve, and how, are similar with areas of potential administrative and population overlap. Without coordination between the programs, gaps or duplication of services exists, which may contribute to inefficiencies. However, tribes are uniquely positioned to coordinate between the two federal funding streams. Unlike states, tribes are the recipients and administrators of both CCDF and Head Start funds.

As part of BPC's analysis, we gauged the extent to which Tribal Head Start and CCDF-funded programs effectively coordinate services under the tribal administrators.

FINDINGS:

The following Head Start analysis considered:

- Whether the tribe indicated that it has or administers a Tribal Head Start program;
- Whether a tribe indicated that Head Start is listed under its coordinating services; and
- To what extent coordinating with Head Start is a quality improvement goal for tribes.

Although these are “yes or no” questions, the influence of Head Start policies is pervasive throughout the Tribal Plans and is important to consider on a broader scale. Alignment between Head Start policies and the way tribes administer CCDF-funded programs is therefore a theme throughout BPC's analysis.

In the Tribal Plans, BPC found that 77% of medium and large tribes have their own tribally operated Head Start Center, compared with 62% of

small tribes; 75% of tribes coordinate closely with Head Start (Section 1.7.1). Of the 25% of tribes that are not coordinating with Head Start, 24% of them indicated that improving coordination with Head Start is among their main quality improvement goals (Section 3.1.2(d)).

BPC reviewed the responses of the 131 tribes that indicated they coordinate closely with Head Start. BPC then identified themes pertaining to how the CCDF-funded programs coordinated with Head Start (Figures 2 and 3). Table 5 provides expanded definitions for the terms used on the x-axis in Figures 2 and 3. Figures may exceed 100% because some tribes plan to use multiple methods to address the suspension and expulsion of children from child care programs.

Table 5: Coding for How CCDF-Funded Programs Coordinate with Head Start

Term	Definition
Information	CCDF-funded and Head Start programs share information with one another and with parents about available services, including referrals for parents to Head Start centers
Care	CCDF-funded and Head Start programs partner to provide full-day, wrap-around child care services, particularly by allowing families to simultaneously enroll in each and use them as needed
Training	CCDF and Head Start providers attend the same training
Family engagement	The CCDF-funded and Head Start programs work together to facilitate family engagement events
Reporting	CCDF-funded and Head Start programs coordinate to monitor and submit reporting requirements to government agencies and/or on needs assessments
Location	CCDF-funded and Head Start programs share spaces for their services
Meetings	CCDF program leaders meet regularly with the Head Start directors
Standards	CCDF programs are run according to Head Start standards or follow some Head Start policies
Department	CCDF-funded and Head Start programs are housed under one department to allow for easier, more effective coordination
Transportation	CCDF-funded and Head Start programs coordinate transportation to bring children both to their early care and education program
Culture	CCDF-funded and Head Start programs work together to teach children in their programs about their language and culture
Food	CCDF-funded and Head Start programs coordinate to administer the Child and Adult Care Food Program or other summer food programs
No description	The tribe indicates that they coordinate with Head Start, no specifics are provided

Figure 2: Tribes Using Each Mechanism to Coordinate with Head Start by Percent

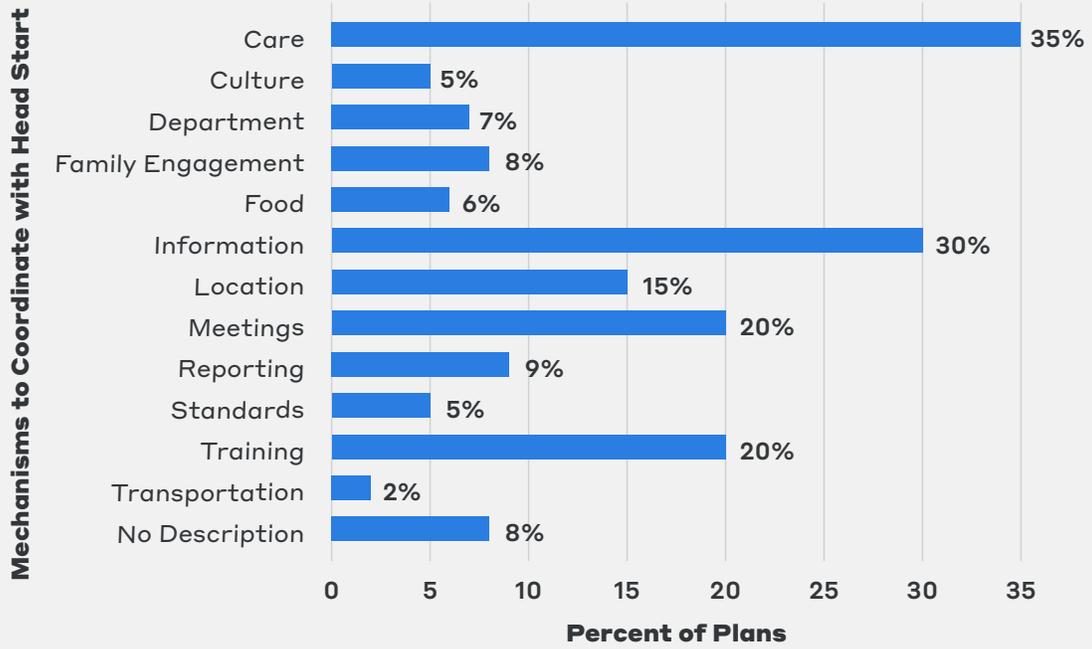
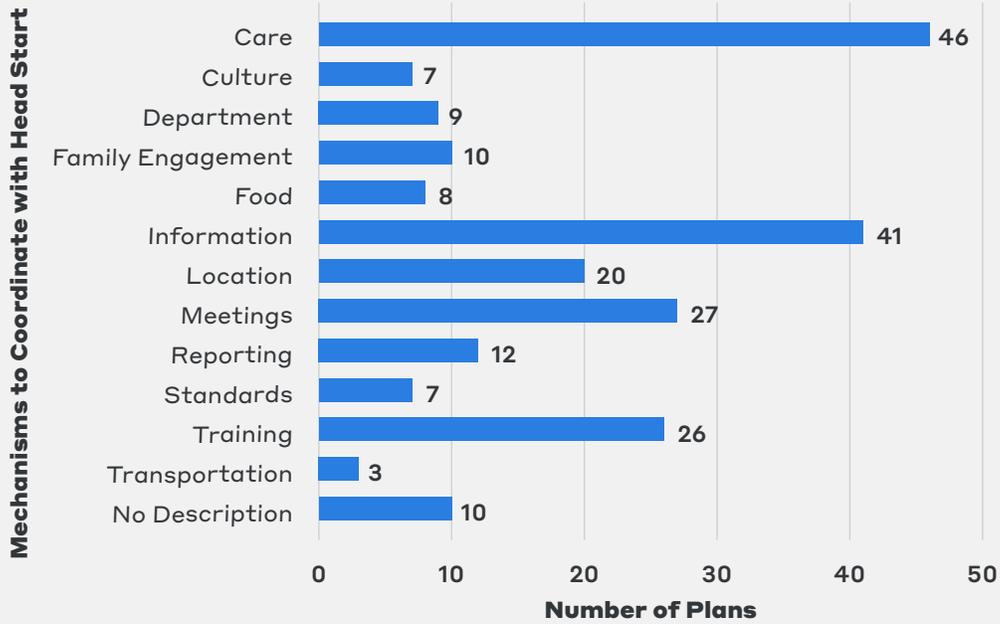


Figure 3: Tribes Using Each Mechanism to Coordinate with Head Start by Number



As demonstrated in Figures 2 and 3, Tribal CCDF and Head Start programs primarily coordinate on the following issues:

1. **Care (34.5%):** CCDF-funded child care and Head Start programs coordinate to provide comprehensive, wrap-around early care and learning services for children. This may involve allowing families to enroll in both so they can attend either program as needed, such as going to the CCDF-funded program before and after Head Start. For example, children can attend Head Start in the morning and child care in the afternoon so their parents can work.
2. **Information (30.4%):** CCDF-funded child care and Head Start programs share information about relevant training and resources and coordinate the dissemination of information about services available to parents. This includes the CCDF programs providing parents with referrals to available Head Start programs.
3. **Meetings (20%):** CCDF and Head Start program directors meet regularly to keep one another abreast of programmatic updates. The frequency and content differ by tribe, but updates may include information on slot availability, funding levels, and hours of operation.
4. **Training (19.5%):** CCDF and Head Start providers attend the same training.

BPC's Recommendations

Although a sizable portion of the tribes have both tribally operated Head Start and child care, most are not actively coordinating with their Head Start services, and the level of coordination varies widely by tribe.

- **Tribes should coordinate more closely with their CCDF-funded and Head Start programs on:**
 - Creating a more culturally relevant curriculum;
 - Executing family engagement events;
 - Administering the Child and Adult Care Food Program and other summer nutrition programs;
 - Conducting monitoring and data collection, as part of their required reporting to state and federal government agencies;
 - Conducting needs assessments;
 - Aligning programmatic standards and policies; and
 - Providing transportation to children enrolled in child care programs.
- **HHS should require Tribal Plans to describe how tribes intend to improve the coordination between their CCDF and Head Start programs and, if applicable, to explain why they do not coordinate with Head Start.** This requirement would encourage Tribal Lead Agencies to actively seek to coordinate their CCDF services with Head Start.

Preventing Suspensions and Expulsions

BACKGROUND:

In recent years, officials at the federal, state, and local levels have made concerted efforts to address high rates of harsh discipline, especially in early childhood settings. Harsh disciplinary practices include exclusionary discipline such as expulsion or suspension, corporal punishment, seclusion, and the use of restraints. [A national survey](#) found that in a single year, 50,000 children under the age of 5 were suspended and 17,000 were expelled. Further, children of color and children with disabilities were restrained or secluded at significantly higher rates than their peers. This was particularly true for AI/AN children.

AI/AN children [make up less than 1%](#) of the preschool population but 9% of corporal punishment incidents. In California, AI/AN boys are 2.5 times more likely and AI/AN girls are [3.7 times more](#) likely to be suspended in early childhood settings than their same-age, same-gender peers. AI/AN children [compose 1%](#) of the national student population but account for 3% of restraint and seclusion cases. From 2013-2014, AI/AN children were the [second-largest demographic](#) behind Black students to receive out-of-school suspensions in the public school system.

CCDBG includes provisions requiring lead agencies to describe how they intend to address suspensions and expulsions in their CCDF Plans. Notably, this differs from Head Start because, according to the [2016 Head Start Program Performance Standards](#), Head Start programs are prohibited from expelling a child for behavioral reasons. These performance standards also [“require programs to prohibit or severely limit the use of suspension due to a child’s behavior.”](#)

According to OCC:

“The CCDF final rule, published September 30, 2016, requires Lead Agencies to provide information about age-appropriate social-emotional behavioral health policies for children from birth to school-age, and policies to prevent suspension, expulsion, and denial of services due to behavior of children birth to age 5 in child care and other early childhood programs.

“The CCDBG Act of 2014 also enables states to use quality improvement funds for professional development, including effective behavior management strategies and training, including positive behavior intervention and support models, that promote positive social and emotional development and reduce challenging behaviors, including reducing expulsions of preschool-aged children for such behaviors.”

One source available to early learning systems to address disruptive behaviors is the Substance Abuse and Mental Health Services Administration ([SAMHSA](#)), which is administered under HHS. SAMSHA's Office of Tribal Affairs and Policy (OTAP) serves as the agency's primary point of contact for tribal governments, tribal organizations, and other organizations focusing on AI/AN behavioral issues. SAMHSA offers tribal consultations to provide advice on AI/AN behavioral health concerns and provides technical assistance to assist tribal communities in implementing community-based plans to support the mental health of AI/AN people. SAMHSA also offers dedicated funding streams for tribal communities. One grant program—the Planning and Developing Infrastructure to Promote the Mental Health of Children, Youth and Families in AI/AN Communities (“Circles of Care”)—focuses on improving the mental health of AI/AN children and families. These grants provide tribal and urban native communities with resources to implement a holistic, community-based system of care and increase the capacity and effectiveness of mental health systems serving AI/AN communities. These grants are also intended to reduce the gap between the need for and access to mental health services.

In [2014](#), the federal government promoted the use of Early Childhood Mental Health Consultation (ECMHC) to reduce rates of exclusionary discipline, and several states have begun implementing it. Since 2014, two randomized control trials assessed ECMHC's effectiveness: one in [Connecticut](#) and another in [Ohio](#). Both trials, led by Dr. Walter Gilliam at Yale University, found that the program significantly decreased the number of problem behaviors exhibited by children.

FINDINGS:

Small tribes were exempted from reporting the use of harsh discipline in their Tribal Plans. However, medium and large tribes were required to describe the Tribal Lead Agency's policies for preventing suspensions and expulsions in CCDF-funded early childhood programs. The tribes also had to detail how these policies were shared with families, providers, and the public (Section 7.3.6). Of the 120 medium and large plans BPC analyzed, only 55 (46%) responded, yet their plan still received approval.

As previously stated, 62% of small tribes and 77% of medium and large tribes established their own tribally operated Head Start Center. Similarly, 75% of all tribes indicated they coordinate with Head Start. Despite this, only four medium and large tribes reported in the Tribal Plans that they follow Head Start's standards on suspension and expulsion. These four tribes are the Salt River Pima-Maricopa Reservation in Arizona, California Rural Indian Health Board, Redding Rancheria in California, and Confederated Tribes of the Warm Springs in Oregon.

In addition to these four tribes, another 10 tribes have policies that either prohibit, or prohibit with a few exceptions, expulsions and/or suspensions from

their CCDF-funded early care programs. Although such policies are aligned with Head Start, these tribes did not expressly state that they follow Head Start.

Figures 4 and 5 capture the recurring themes that arose in the Tribal Plans of medium and large tribes regarding how they address suspensions and expulsions. Table 6 provides definitions for the terms used on the x-axis. Figures may exceed 100% because some tribes use multiple methods to address suspension and expulsion.

Table 6: Coding for Tribes That Address Suspensions and Expulsions

Term	Definition
Conducts education & outreach	The Tribal Lead Agency provides in-person information on its policies directly to families and/or child care centers
Coordinates with state on policies	The Tribal Lead Agency defers to state policies or works with the state on this issue in some capacity
Posts the policy publicly	The Tribal Lead Agency posts its policy on suspension or expulsion publicly (webpage, community bulletin, newsletter, etc.)
Describes policy without implementation plan	The Tribal Lead Agency describes its policy but does not explain how they implement/disseminate the information
Early Childhood Mental Health Consultation (ECHMC)	The Tribal Lead Agency provides a mental health behavioral specialist to intervene in cases of challenging behavior
Training	The Tribal Lead Agency provides training to child care providers
Professional development encouraged	The Tribal Lead Agency encourages, but does not require, providers to attend professional development. The agency also does not explicitly state that it offers training and education
Prohibited	Suspension or expulsion is not allowed
Policy under Development	The Tribal Lead Agency indicates that it is developing its policy but does not yet have one
Aligned with Head Start	CCDF-funded child care programs follow Head Start policies
No policy	

Figure 4: Tribal Use of Mechanisms to Address Suspensions and Expulsions by Percent

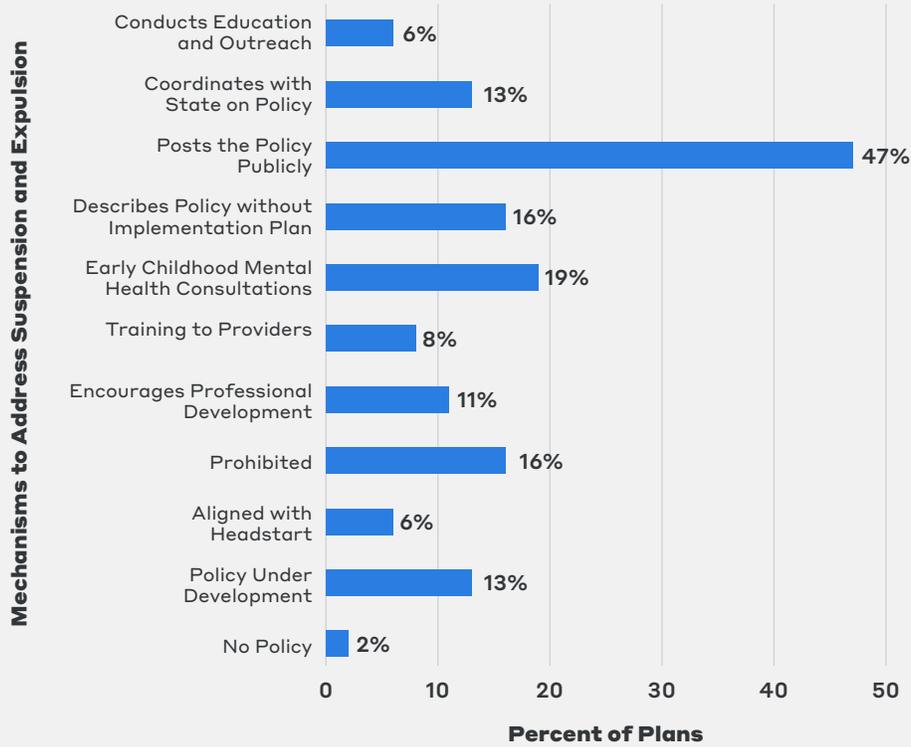
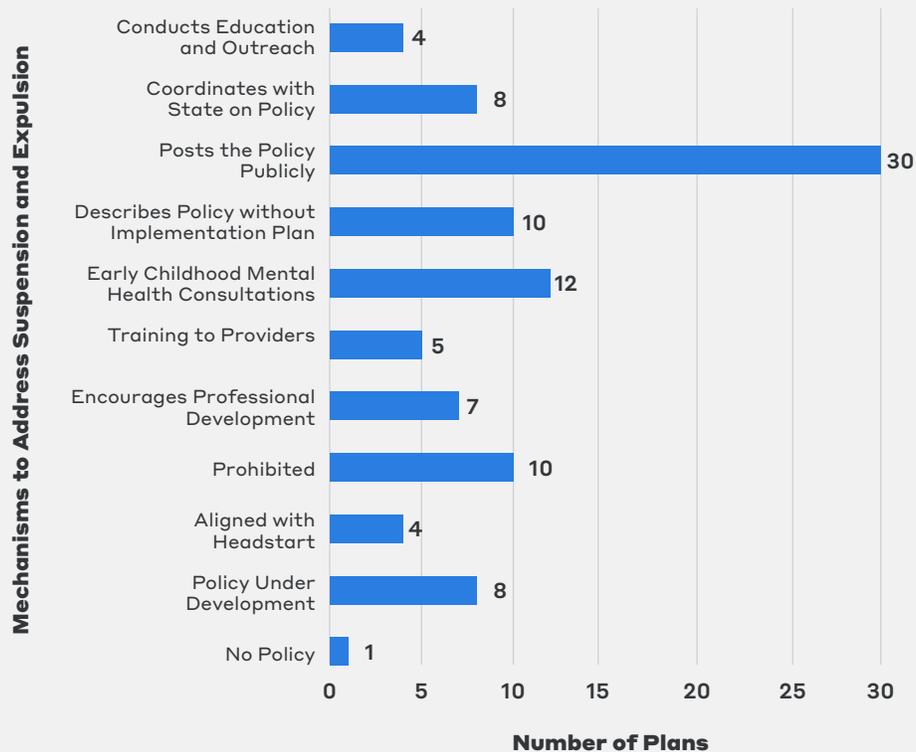


Figure 5: Tribal Use of Mechanisms to Address Suspensions and Expulsions by Number



As shown in Figures 4 and 5, the primary ways that tribes chose to implement their suspension/expulsion policies fell into the following categories:

1. Post the policy publicly (47%)
2. Implement Early Childhood Mental Health Consultation (16%)
3. Encourage professional development (although not required) (11%)
4. Provide training to child care providers (8%)
5. Conduct education and outreach (6%)

BPC's Recommendations

Overall, the Tribal Plans lack data on suspensions and expulsions. Although most tribes report having a policy, they are not required to report the progress they have made toward implementing or enforcing the policy. HHS has taken steps to [offer guidance](#) and [resources](#) to lead agencies to reduce suspensions and expulsions but the guidance is not specific to tribes. It is unclear to what extent tribes have received direct guidance on this issue.

- **HHS should also require small tribes to describe the Tribal Lead Agency's policies for preventing suspensions and expulsions in CCDF-funded early childhood programs.**
- **HHS should require tribes to describe specific efforts to prevent suspensions and expulsions in tribal child care centers and how they will reduce instances of harsh discipline.** HHS should also require tribes to report data on the number of suspensions and expulsions in their CCDF-funded early care and learning programs.
- **Congress and HHS should work together to ensure tribes have sustained, dedicated funding and technical assistance to support the implementation of ECMHC in tribal child care centers. This should include extensive coordination with SAMSHA.** Using ECMHC was among the most popular methods utilized by tribes to address suspension and expulsion. Due to a [growing body of evidence](#) on the effectiveness of ECMHC, momentum is increasing to use and implement ECMHC to address challenging behaviors in early learning centers. Implementing ECMHC is an authorized use of CCDF quality improvement funds. State and Tribal Lead Agencies can also use the [American Rescue Plan's COVID-19 stabilization funds](#) to implement ECMHC. HHS should provide technical assistance to tribes to ensure that they can effectively implement ECMHC to reduce rates of suspensions and expulsions.

CCDF Background Checks and Implications for Tribal Lead Agencies

BACKGROUND:

While analyzing the Tribal Plans, BPC examined the extent to which tribes conducted background checks on child care staff. Tribal Lead Agencies frequently coordinate closely with the state to complete background checks – but the state-level process has been fraught with issues since it was first statutorily required. States have struggled repeatedly to implement the background checks required by the 2014 CCDBG law. By [May 2019](#), (the latest date data was available for) only two states were in full compliance with the background check requirements, even though all states were required to be in full compliance by September 2020. As a result, in December 2020, Congress passed the [Child Care Protection Improvement Act of 2020](#). This legislation requires ACF to chair an interagency task force to determine how best to support states in implementing their required criminal background checks.

In BPC’s analysis of the plans, we determined that Tribal Lead Agencies are often dependent on state-level implementation or coordination with the state to fulfill the background check requirements. A state’s level of compliance, as a result, often affects tribal compliance.

TRIBES AND BACKGROUND CHECKS:

To ensure children’s health and safety, the CCDBG Act of 2014 required State Lead Agencies to establish policies and procedures to conduct criminal background checks on all staff working in early care and education programs. Although the statute does not explicitly extend the requirements to tribes, federal regulation [45 CFR Part 98](#) determined that Tribal Lead Agencies are required to conduct background checks on [staff members or prospective employees every five years](#). Current child care staff, as well as applicants, must complete a background check if they are working for child care providers that are:

1. Licensed, regulated, or registered under tribal law; or
2. Providers who are otherwise eligible to deliver CCDF services.

For home-based child care services, the background check requirement applies to any adults residing in the home who are 18 years or older, but it does not apply to individuals who may be related to *all* children who are receiving child care services in that home.

As mandated in federal statute and CCDF regulation (98.43(b))” a criminal background check must include the following components, unless the tribe has an ACF-approved alternative approach:

1. FBI fingerprint search;
2. National Sex Offender Registry (NSOR) search;
3. State criminal registry or repository check in the state where the individual currently resides and in any other state where the individual has resided in the past five years;
4. State sex offender registry or repository check in the state where the individual currently resides and in any other state where the individual has resided in the past five years; and
5. State child abuse and neglect registry and database check in the state where the individual currently resides and in any other state where the individual has resided in the past five years.

The CCDF regulation recognized that tribes would likely face complications complying with the FBI fingerprint check requirement. Tribes must be granted authority under federal statute to request FBI fingerprint checks for child care staff. However, the CCDBG Act does not grant tribes this authority. As a result, they may not be able to access the appropriate data bases. Consequently, tribes are frequently forced to coordinate with the state to complete FBI fingerprint checks in addition to other background check requirements. Acknowledging this difficulty, the final CCDBG rule (at § 98.83(d)(3)) allows tribes to describe an alternative background check approach in their Tribal Plans.

When tribes are coordinating with the state on the background checks, the Tribal Lead Agency’s ability to meet the federal requirements is automatically affected if the state is:

- Noncompliant with the statute;
- Operating under a waiver; and/or
- Otherwise unable to meet all the background check requirements.

FINDINGS:

Within the Tribal Plans, Section 3.2 is devoted to tribes' criminal background check process. Within this section, BPC focused on the following questions:

- Whether the tribe has an alternative approach for background checks (Section 2.3.2);
- Which background check requirements the Tribal Lead Agency does not conduct, and the reason (Section 2.3.2a); and
- A description of the Tribal Lead Agency's alternative approach to conducting background checks (Section 2.3.2b).

Of the 184 Tribal Plans that BPC analyzed:

- 41 tribes reported they do not have an alternative approach to conduct background checks.
 - Thirteen tribes without an alternative approach were in states where tribes also reported that the state was noncompliant or operating under a waiver.
 - Notably, seven of the 13 tribes in Arizona (*reported as having a waiver*) said they had no alternative plan.
- 139 tribes indicated they had an alternative plan for conducting background checks. Almost every tribe that chose this option was operating in a state that had a waiver at the time the plans were submitted.
- Four tribes did not answer whether they have an alternative approach to conducting background checks.

The Impact of State Noncompliance

Tribes with an alternative approach to conducting background checks frequently indicated that they were reliant on the state system. In the Tribal Plans, many tribes stated that “when the state is in compliance, then the tribe will also be in compliance.” (Section 2.3.2(a)). If states are unable to comply with the statutory requirements to complete the background checks, then they are eligible to apply for, and receive, waivers from ACF. At the time that these 2019 Tribal Plans were completed, tribes reported that the following states were either noncompliant or operating under a waiver for one or more background check requirements:

Table 7: Tribal CCDF Plans on State Noncompliance or Waiver Status for Background Check Requirements

	FBI fingerprint	NCIC NSOR	State criminal registry or repository check (including interstate check)	State sex offender registry or repository check (including interstate check)	State child abuse and neglect registry and database check (including interstate check)
Alaska		Does not conduct	No interstate check	No interstate check	No interstate check
Arizona					Waiver
California	Uses TRUST-LINE ⁵	Waiver	Waiver (no interstate check)	Waiver (no interstate check)	Waiver (no interstate check)
Connecticut		Does not conduct	No interstate check	No interstate check	No interstate check
Idaho			No interstate check		No interstate check
Iowa		Waiver	Waiver (no interstate check)		Waiver (no interstate check)
Maine		Noncompliant with NSOR			
Massachusetts	<i>Unclear</i>	<i>Unclear</i>	<i>Unclear</i>	<i>Unclear</i>	<i>Unclear</i>
Nebraska			Waiver (no interstate check)	Waiver (No interstate check)	
South Dakota			Waiver	Waiver	Waiver
Oklahoma		Waiver			
Oregon		State does not have access	No interstate check	No interstate check	No interstate check
Washington			Waiver (no interstate check)	Waiver (no interstate check)	

Most frequently, Tribal Lead Agencies indicated the need for an alternative plan because the states in which their tribes resided were unable to fully complete the statutorily required interstate checks. For example, at the time these 2019 Tribal Plans were completed, Alaska, Oregon, Connecticut, and California were not conducting out-of-state criminal registry checks or out-of-state child abuse and neglect checks.

Similarly, some states included in Figure 5 were noncompliant with the NCIC/NSOR requirement, which made it difficult for Tribal Lead Agencies to comply with this aspect of the background check.

⁵ Many tribes in California reported using TRUSTLINE. According to the plan filled out by Cloverdale Rancheria: “TRUSTLINE is a database of nannies and baby-sitters that have cleared criminal background checks in California. It’s the only authorized screening program of in-home caregivers in the state with access to fingerprint records at the California Department of Justice and the FBI.”

New Mexico:

No tribe in New Mexico reported that the state was noncompliant in any way, but five tribes indicated they had an alternative plan for completing background checks. Two of the tribes said they did not have access to the state criminal systems. Instead, they used tribal court records to search for criminal histories.

Progress on State Compliance

Since the tribes submitted their plans, ACF reported in [January 2021](#) that two states were fully compliant; 35 states had made sufficient progress toward implementing their background checks and received waivers; 10 states were placed on corrective action plans; and four states received a notice of possible noncompliance and possible penalty. Arizona, Connecticut, and Massachusetts were three of the 14 states that did not make sufficient progress on instituting their background checks. Maine was also included on the list of states receiving notice of possible noncompliance.

Exceptions: Outlying Tribes with Alternative Plans

Several tribes indicated they had an alternative approach for background checks but did not point to any issues with state coordination or state non-compliance. While these tribes were still not in full compliance with the regulatory requirements, they all pursued a patchwork of strategies to ensure the safety of the children. In many cases, the Tribal Lead Agency specified that the tribe handled much of the background check themselves or relied on outside vendors. For example, some tribes

THE NAVAJO NATION

The Navajo Nation, which is in region 9 and spans three states, declared Arizona as its home. A large tribe in a state with at least one waiver at the time of the Tribal CCDF Plan, the Navajo Tribal Lead Agency was a bit unusual in that it did not indicate any direct coordination with the state, but also reported that it did not conduct any of the background check requirements

- **Next Generation Identification Fingerprinting:** the Navajo Nation processes manual fingerprinting cards.
- **NCIC/NSOR:** the Navajo Nation Department of Public Safety does not have access to NCIC or NSOR
- **State Sex Offender Registry or Repository:** the Navajo Nation did allocate any funds for state searches, not is there a process to ensure accountability of funds.
- **State Child Abuse and Neglect Registry Check:** the Navajo Nation cannot access this information without an agreement with the Navajo Nation Department of Public Safety

relied on internal sources, such as the tribe's attorney general or tribal detective unit, to implement fingerprinting and drug testing policies.

FBI Fingerprinting

As discussed previously, CCDBG recognized that tribes would likely face complications complying with the FBI fingerprint check. However, only a few tribes reported challenges with FBI fingerprinting. Overall, it was unclear to what extent the FBI requirement was a barrier for tribes.

Impact of COVID-19

During the COVID-19 pandemic, [a majority of states](#) are operating under new waivers for specific portions of their background check system. For example, many fingerprint locations have been closed due to the pandemic, which affected states' compliance with CCDF requirements.

Notably, six tribes applied for background check waivers during the pandemic, four of which were included in BPC's analysis.⁶ These four tribes are based in Alaska, Arizona, Montana, and South Dakota. Although their CCDF Plans were completed before these waivers were in place, the explanations from the four tribes were consistent with BPC's overall analysis. Tribes reported being reliant on their respective states to meet the requirements. They largely said that they lacked the capacity, and in some cases, even the authority, to fulfill background check requirements. As a result, these tribes also reported that they rely on third-party organizations to conduct national criminal database checks.

BPC's Recommendations

- **As ACF's Interagency Task Force on Child Safety discusses the implementation of criminal background checks, it should consider how the state's level of compliance, particularly as it relates to interstate checks and NCIC/NSOR compliance, affects a Tribal Lead Agency's ability to comply with the regulatory requirements. In its recommendations to Congress, the task force should offer ways to improve the process.**
- **HHS should look further into alternative approaches to background checks because Tribal Lead Agencies lack authority to access FBI fingerprinting.** HHS should conduct additional research and outreach to understand the extent to which tribes face complications complying with the FBI fingerprint checks. After doing so, HHS should seek input from stakeholders, including Tribal Lead Agencies, on the barriers they face in complying with regulatory requirements.
- **As states continue to comply with the CCDBG statute, they should ensure they are coordinating with Tribal Lead Agencies in implementing the most robust background checks for child care staff members.**

⁶ The remaining two tribes are P.L. 102-477 tribes, which are not required to submit these particular CCDF Plans.

Marginalized Children

BACKGROUND:

In determining a tribe's child care needs, Tribal Lead Agencies must consider underserved populations including infants and toddlers, families experiencing homelessness, children with special needs, and children in need of nontraditional hours of care.

Furthermore, Tribal Lead Agencies are required ([§98.46\(a\)](#)) to give priority for child care assistance to:

- Children from low-income families;
- Children with special needs (which can include any populations as defined by the Tribal Lead Agency); and
- Children experiencing homelessness.

These requirements encourage tribes to determine how to expand child care to marginalized groups who may face increased difficulty in receiving care. Early identification, typically through developmental screenings, are a critical aspect to serving children with special needs or developmental disabilities. Developmental screenings help doctors and families determine whether a child has any developmental delays and, ideally, connects families with necessary resources and services.

CCDBG requires that lead agencies collect and disseminate information on, and referrals to, developmental screenings. Lead agencies must describe how families and eligible child care providers can utilize these services for children receiving CCDBG subsidies or are at risk of developmental delays ([658E\(c\)\(2\)\(E\)\(ii\)](#)). Tribal Lead Agencies must provide this information to families during their CCDF intake process and to providers through training and education ([§98.83\(c\)](#)).

Part C of the Individuals with Disabilities Education Act (IDEA) is a federal grant program that assists states in implementing a statewide early intervention program for infants and toddlers with disabilities. Black and AI/AN infants and toddlers are [slightly less likely to be served](#) under Part C than other racial groups. Compared with other groups, [a smaller percentage](#) of AI/AN children receive Part C services in the home and a larger percentage receive these services in community-based settings.

IDEA Part B Section 619, serving children ages 3 to 5, authorizes additional preschool formula grants to states that provide free and appropriate education

available to all preschool-age children with disabilities. AI/AN and White children are [most likely](#) to receive services under Part B Section 619.

Furthermore, AI/AN people account for some of the [highest rates](#) of reported child abuse and neglect in the country at 14.3 cases per 1,000 children, compared with a national rate of 9.1 per 1,000. AI/AN child sexual abuse is [nearly six times](#) the national average. The Child Abuse and Treatment Prevention Act ([CAPTA](#)) is a federal law that provides grants to states and tribes to support the prevention, assessment, investigation, prosecution, and treatment of child abuse and neglect. CAPTA consists of four main funding streams, which are distributed to states on a formula basis and do not require a state match:

1. **State Grants:** These grants improve child protective services, including reporting of child maltreatment, intakes, screenings, investigations, case management, and trainings.
2. **Child Abuse Discretionary Activities Grants:** These grants fund research and contracts at public and private agencies working to prevent child maltreatment. The grants also fund technical assistance to states to support the prevention and treatment of child abuse and neglect.
3. **Children's Justice Act Grants:** These grants fund programs that investigate, assess, and prosecute child abuse and neglect with a focus on sexual abuse, child fatalities resulting from abuse, and abuse of children with special needs or severe health issues.
4. **Community-Based Child Abuse Prevention Grants:** These funds are granted to the lead entity in each state, as determined by the governor, who distributes the money to community-based organizations working to prevent child abuse and neglect. One percent of funds appropriated must be set aside for tribal AND migrant programs.

Although CAPTA has tribal-specific provisions detailing eligibility for federal grants and focusing on AI/AN child abuse, tribes receive little CAPTA funding. They are ineligible for the state grants and receive, on average, less than \$300,000 a year total from the appropriated CAPTA funds. As with the Tribal MIECHV program, needs of tribal communities go unaddressed. Only two of the 574 tribes receive funding while every state receives some level of funding. Consequently, projects targeting tribal child abuse and neglect largely go unfunded or underfunded, and tribal communities often lack the money to address child maltreatment.

In 2013, Congress established the Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF). Among other recommendations, CECANF advised improving data collection on AI/AN child abuse and neglect fatalities and integrating this data into a national database for analysis and development of prevention strategies.

FINDINGS:

All tribes are required to disclose which underserved populations they plan to help in establishing the tribe’s child care needs (Section 1.7.2(a)). All but three of the 184 tribes answered this question. The Tribal Plans explicitly ask if tribes include infants and toddlers, families experiencing homelessness, children with special needs, and children in need of nontraditional hours of care, but the plans also leave an open-ended “other” category for tribes to list additional populations. Table 8 summarizes which populations the tribes reported when determining child care needs. Percentages may exceed 100 percent because some tribes indicated more than one population to determine their child care needs.

Table 8: Underserved Populations Included in Establishing the Tribe’s Child Care Needs

	Number of Respondents	Percent of Respondents
Homeless children	133	73%
Children with special needs	144	80%
Both homeless children and children with special needs	120	66%
Neither homeless children nor children with special needs	25	14%
Infants and toddlers	172	95%
Children in need of nontraditional hours of care	71	39%
Children from families involved with Child Protective Services (CPS)	12	7%
Children in foster care	16	9%
Children in custody of grandparents or other non-parental relatives	10	6%
Other	3	2%

Most tribes included homeless children, children with special needs, and infants and toddlers when establishing their child care needs. The most frequently written-in demographic were children in foster care.

Homeless children:

Medium and large tribes must report how they comply with regulations by prioritizing services for homeless children, as defined in the Tribal Plans (Section 5.3.2(b)). Of the 96 medium and large tribes, only 63 answered. Table 9 summarizes BPC’s analysis of the specific ways that medium and large tribes prioritized homeless children. The totals may exceed 100 percent because some tribes reported using multiple methods to prioritize services for homeless children. Small tribes were not required to respond to this question.

Table 9: How Medium/Large Tribes Prioritize Services for Homeless Children

	Number of Respondents	Percentage of Respondents
Waiving some or all application materials for homeless families	13	21%
Helping families find another provider when they move	6	10%
Completely covering the family’s copayment	9	14%
Automatically enrolling the child with a provider	10	16%
Placing the child on top of the waitlist	33	52%
Families of homeless children can receive a portion of set-aside funding to assist families as immediately as needed	4	6%
Under development	3	9%

More than half of tribes reported that they place homeless children at the top of their waitlist for enrollment in a child care program. Overall, these methods focus on helping families by paying their child care costs or by helping them enroll in a program in some capacity. Of note, four tribes have emergency funds set aside to help families as quickly as needed.

Children with Special Needs:

As previously stated, developmental screenings are crucial to supporting children with special needs. As required by [regulation \(98.15\(a\)\(9\)\)](#), Tribal Lead Agencies must report how they circulate information pertaining to available resources and services for conducting developmental screenings to parents and CCDF child care providers (Section 7.4.1(a)). Small tribes are exempt from responding to this requirement. Medium/large tribes must define children with special needs in the Tribal Plans, but small tribes do not have to (Section 5.3.1(a)).

Only 64 medium and large tribes completed this section; 32 did not. Table 10 summarizes how these tribes reported their approach to distribution on developmental screenings and resources. The totals may exceed 100 percent because some tribes described multiple methods to disseminate this information.

Table 10: How Medium and Large Tribes Collect and Disseminate Information on Developmental Screenings

	Number of Respondents	Percentage of Respondents
Tribe works with state partners to spread information	15	23%
Information about screenings is posted on websites, or in newsletters, newspapers, handbooks, or other accessible places for parents	49	77%
Parents are provided information through in-person meetings, such as community fairs or orientations	14	22%
The tribe works with outside partner organizations to disseminate information, such as Child Care Resource and Referral agencies	10	16%
The tribe offers training to either providers, parents, or both to learn about available services	4	6%
Every child is automatically screened upon entering one of the tribal programs	5	8%
Surveys are conducted with providers, parents, or both to learn about the need	1	2%
New policy that is under development	6	9%

Nearly three-quarters of tribes publicly post information about developmental screenings in writings for CCDF providers and families, making it by far the most popular method. However, more than one-fifth of tribes provide information verbally to parents during in-person meetings. Alongside communicating with families directly, many tribes disseminate information on developmental screenings by partnering with external organizations. Slightly more tribes reported that they work with state partners (15) rather than with other external organizations (10). These external organizations include child care resource or referral agencies, state health centers, and local social workers.

BPC’s Recommendations

- **HHS should require small tribes to report how they circulate information on available resources and services for developmental screenings to parents and CCDF child care providers.**
- **HHS should require all tribes to define underserved groups in their Tribal Plans to gain greater clarity on priority groups, particularly children with special needs.** Although medium and large tribes must define children with special needs, small tribes are exempt from this requirement. Small tribes should also be required to define this group because, under regulation, children with special needs can include any populations as defined by the Tribal Lead Agency. Without defining children with special needs, it is unclear which children small tribes are prioritizing.

- **HHS should collect additional data on child abuse and neglect in tribal communities to better inform specific policy recommendations on how tribes can address and prevent abuse.** This data should become available through a publicly accessible, national database and include a breakdown of AI/AN children under tribal, state, and federal jurisdiction. This data should also include information on how tribes are addressing abuse.
- **Congress should make tribes eligible to receive state grants so tribes can strengthen their child protection services programs.** A portion of the funds available to states should be set aside for tribes.
- **Congress should base the CAPTA set-asides for tribes on child maltreatment data and the tribal child count data to ensure that all tribes receive sufficient funding to effectively prevent child abuse and neglect.**
- **In the next reauthorization of CAPTA, Congress should clarify whether CAPTA assistance is being distributed equitably.** Currently, CAPTA requires an equitable distribution of CAPTA assistance among the states, geographic areas of the country, and rural and urban areas. Congress should include tribal communities in the assessment of whether CAPTA funding is equitably distributed.
- **Congress should establish a commission to examine child abuse and neglect prevention approaches in tribal communities and make recommendations to Congress.** This work will help inform policies that can better support existing, culturally- relevant tribal policies.



Supply Building for Underserved Children

BACKGROUND:

It is critical to expand child care for underserved children, including for AI/AN children, who face increased difficulties accessing care within an already volatile system.

A RECENT BPC SURVEY FOUND THAT 77% OF AI/AN PARENTS WITH SOMEONE IN THEIR HOUSEHOLD NOT WORKING SAID THAT CHILD CARE RESPONSIBILITIES INFLUENCED THEIR DECISION NOT TO WORK, INCLUDING 64% WHO SAID THESE RESPONSIBILITIES SIGNIFICANTLY INFLUENCED THEIR DECISION. ALTHOUGH ONLY 19% OF AI/AN PARENTS WOULD MOST PREFER USING PARENT-PROVIDED CARE AND 15% WOULD MOST PREFER FAMILY CARE, 32% RELY ON PARENT-PROVIDED CARE AND 23% RELY ON FAMILY CARE.

This reliance on informal child care partially results from a lack of formal child care options such as a child care center, Head Start, part-day pre-K, or a family child care center.

In the Tribal Plans, Tribal Lead Agencies must describe the methods they are implementing to increase the supply and improve the quality of care for the following groups of underserved AI/AN children:

- Children in underserved areas;
- Infants and toddlers;
- Children with disabilities; and
- Children who receive care during nontraditional hours.

Typically, fewer spots are available for these underserved groups in child care programs, and those that are available can be more expensive. Following the passage of the American Rescue Plan in

March 2021, ACF released guidance regarding how lead agencies can increase the supply of child care for these populations.

Children in underserved areas:

The BIA estimates [over one-half](#) of the total AI/AN population live away from their tribal lands, and [more than half of AI/AN people \(54%\)](#) live in rural areas. According to 2021 BPC survey data, one-fifth of AI/AN parents who reside outside of tribal lands live in rural areas. Both tribal lands and rural areas are underserved, including by federal child care programs.

Tribal lands: As previously discussed, because congressional CCDBG funding for tribes is not always based on child count data, the funding allotted is inadequate. As a result, only [six percent](#) of eligible AI/AN children received CCDBG subsidies between 2011 and 2013, the most recent available data. Tribal Home Visiting, part of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, provides grants to tribes to support families with children under 5. Home Visiting employs a multifaceted approach to promote the well-being of participating families, including educating parents on child development, providing guidance on achieving financial self-sufficiency, and screening caregivers for mental illness.

Like CCDBG, Tribal Home Visiting funding is not based on child count data and is subject to an arbitrary set-aside. [Of the \\$400 million](#) allocated annually to [MIECHV](#) in 2018 through FY2022, only [3% is set aside](#) for tribes, amounting to roughly \$12 million per year. As a result, in 2019, only an estimated [4,177](#) of the 339,400 eligible AI/AN families received home visiting services. Limited funding meant that just [23 of the 574 federally recognized tribes](#) received these grants, compared with all 50 states and the District of Columbia.

Insufficient funding for tribal communities restricts AI/AN families' access to child care. According to BPC survey data, only 15% of AI/AN parents living on tribal lands received government assistance for child care expenses over the past six months. Thirty-two percent of AI/AN parents living on tribal lands must drive more than 15 minutes to access their child care provider, and 32% also live at least 10 miles away from a child care program. Generally, it takes more time for AI/AN parents living near a tribe to transport their child to child care than those who do not live near their tribe.

Overall, 53% of AI/AN parents say child care responsibilities have affected their ability to work over the past month. However, employed AI/AN parents living on tribal land (68%) are more likely than those who are not (49%) to say child care responsibilities have frequently affected their ability to work.

Rural areas: According to [BPC's analysis of the child care gap in 35 states](#), the supply gap is much higher in rural America than it is in other parts of the country. Although urban communities generally have a higher need for child care—BPC estimated 6,302,272 children need care in urban areas, versus 1,988,434 children in rural areas—and thus a greater likelihood of having a higher supply gap, rural areas still usually have bigger gaps than urban areas. Urban areas had an average child care supply gap of 28.9%, versus an average gap of 35.1% in rural areas. This child care gap comes at a cost: BPC estimated that the economic impact of the gap in rural areas falls between [\\$32.79 billion and \\$49.93 billion \(about \\$150 per person in the US\)](#).

BPC's [survey of rural parents](#) found that income, education, and town size factor into the availability of child care. Rural parents with higher levels of education and income are more likely to have access to a child care center and part-day pre-K program in their community than lower-income parents. However, parents in smaller towns must drive farther to access child care. More than half (51%) of parents in towns with less than 500 people say that they must drive more than 10 miles to get to a child care program. Across town sizes, only 46% of rural parents say that their community has a family child care home and only 46% say that their community has a free public pre-K program; 7% report that there is neither a child care center nor a family child care home in their community.

More than four in five rural parents (86%) who report that either they or their spouse/partner is not currently working say child care responsibilities influenced their decision not to work. That figure includes 64% who say these responsibilities significantly influenced their decision not to work.

Infants and toddlers:

Child care is unaffordable for many parents, and care for infants and toddlers is the most expensive. According to BPC [survey data](#), 47% of parents say the maximum amount they can afford to pay for child care each week is less than \$200. This is considerably less than the actual cost of child care for infants, which is over \$300.

Children with disabilities:

In 2019, an estimated [4.3% of children](#) in the United States have a disability, according to the U.S. Census Bureau. Rates were highest among AI/AN children at 5.9%. Three civil rights laws protect children with disabilities: the Individuals with Disabilities Education Act, the Americans with Disabilities Act (ADA), and Section 504 of the Rehabilitation Act.

According to [2016 survey data](#), parents of children with disabilities (34%) were more likely to experience difficulties finding child care than parents of children without disabilities (25%). Parents of children with

disabilities (12%) were also more likely to say that a lack of available spots was their main difficulty in finding care than parents of children without disabilities (8%). In part due to this supply shortage, parents of children with disabilities are more likely to rely on care provided by relatives. Parents of children with disabilities are [three times more likely](#) to experience job disruptions because of child care-related issues.

Children who receive care during nontraditional hours:

**BPC'S [NATIONAL SURVEY OF EMPLOYED](#)
PARENTS OF CHILDREN UNDER 5 FOUND THAT
29% OF PARENTS NEED CHILD CARE OUTSIDE OF
TRADITIONAL WORK HOURS (ANYTIME BETWEEN 6
P.M. AND 8 A.M.).⁷**

Parents particularly need care in the evening, with 49% of these parents needing care from 6 p.m. to 8 p.m. Similarly, 37% of AI/AN parents need child care during nontraditional hours, including a quarter of AI/AN parents living on tribal lands. More than half (53%) of these parents need care from 6 p.m. to 8 p.m. However, it is [difficult to find child care programs operating during these hours](#). During nontraditional hours, 38% percent of parents use parent-provided child care, 27% rely on relative care, and only 11% use child care centers.

Due to the increased difficulty of finding child care for these underserved populations, BPC examined how tribes expand care for such children and their families.

FINDINGS:

BPC analyzed how medium and large tribes build the child care supply for children in underserved areas, infants and toddlers, children with disabilities, and children in need of nontraditional hours of care (Section 5.3.4). Small tribes were exempt in the Tribal Plans from responding to this section.

In this analysis, BPC coded the responses from the Tribal Plans and placed them in similar categories to identify themes. Apart from expanding supply for children with disabilities, BPC identified trends in how tribes enlarge the supply across the different underserved populations and used the same codes. Table 11 shows the codes BPC used and their accompanying definition. Across all the analyses, the percentages may exceed 100%, as some tribes indicated multiple ways they build the child care supply.

⁷ BPC surveyed both full-time and part-time employees.

Table 11: Definitions of Codes Used to Describe How Tribes Build the Child Care Supply

Code	Definition
Training	The tribe administers and/or connects child care providers with training on how to best serve the underserved group of children.
Tracking	The tribe tracks the number of providers providing care to families in underserved areas.
Outside programs	The Tribal Lead Agency partners with outside organizations to expand the supply of child care for the underserved group of children.
Support	The tribe provides technical assistance and support (including help achieving accreditation) to providers caring for the underserved group of children.
Needs assessment	The Tribal Lead Agency conducts needs assessments and outreach to determine the difference in the supply and demand of care (the supply gap) for the group of underserved children.
Payment	Tribes compensate providers at higher rates (differential payment rates) if they provide care for the underserved group of children.
Priority	The Tribal Lead Agency prioritizes placing underserved children in available child care spots.
Community outreach	The Tribal Lead Agency conducts targeted campaigns to increase the recruitment of child care providers and to educate families on their child care options.
Incentives	The Tribal Lead Agency incentivizes providers to care for the underserved group of children through purchasing materials, buying equipment, and/or issuing financial incentives such as grants to the providers.
Expand spots	The Tribal Lead Agency increases the number of spots in classrooms for the group of underserved children.
Family	The Tribal Lead Agency expands family and home-based child care.

Children in Underserved Areas: Table 12 shows how the 60-respondent medium and large tribes build the supply of child care for children in underserved areas (Section 5.3.4(a)).

Table 12: How Medium and Large Tribes Build the Supply for Children in Underserved Areas

	Number of Medium and Large Tribes	Percentage of Medium and Large Tribes
Training	6	10%
Tracking	1	2%
Outside programs	10	17%
Support	6	10%
Community outreach	30	50%
Needs assessment	5	8%
Incentives	9	15%
Payment	8	13%
Priority	3	5%

The most popular method of supply building for children in underserved areas was through community outreach (50%), followed by partnerships with outside organizations (17%), or providing incentives to providers (15%).

Infants and Toddlers: Table 13 captures how the 58-respondent medium and large tribes build the supply of child care for infants and toddlers (Section 5.3.4(b)).

Table 13: How Medium and Large Tribes Build the Supply for Infants and Toddler

	Number of Medium and Large Tribes	Percentage of Medium and Large Tribes
Training	18	31%
Outside programs	6	10%
Support	5	9%
Community outreach	13	22%
Incentives	15	26%
Needs assessment	1	2%
Payment	13	22%
Expand spots	9	16%
Nothing	2	3%

The most popular methods to expand supply for infants and toddlers were either arranging or connecting child care providers with training (31%), providing incentives to providers (26%), conducting community outreach (22%), or administering higher payment rates for providers (22%).

Children in Need of Nontraditional Hours of Care: Table 14 summarizes how the 58-respondent medium and large tribes expand the supply of child care for children in need of nontraditional hours of care (Section 5.3.4(d)).

Table 14: How Medium and Large Tribes Build the Supply for Children in Need of Nontraditional Hours of Care

	Number of Medium and Large Tribes	Percentage of Medium and Large Tribes
Training	5	9%
Support	8	14%
Payment	9	16%
Community outreach	17	29%
Needs assessment	3	5%
Outside programs	3	5%
Incentives	10	17%
Family	8	14%
Nothing	11	20%

The most popular methods tribes use to expand supply for children in need of nontraditional hours of care are conducting community outreach (29%), providing incentives to providers (17%), or administering higher payment rates for providers (16%).

The most popular supply building methods for all three groups of underserved children (children in underserved areas, infants and toddlers, and children in need of nontraditional hours of care) are:

- *Community outreach*: Focused campaigns to recruit more child care providers for these underserved groups and to inform families about their child care options;
- *Incentives*: Providing grants and/or classroom materials and equipment for providers serving these underserved groups; and
- *Payment*: Compensating providers at higher rates if they provide child care to these underserved groups.

These methods are provider-focused, centering on recruiting and retaining child care providers. The least common methods to expand care are conducting needs assessments to determine the child care supply gap and providing technical assistance to providers.

There were also notable differences in how tribes approached expanding the supply of care for all three groups.

ALTHOUGH NEARLY ONE-THIRD OF TRIBES (31%) PROVIDE TRAINING TO PROVIDERS TO BETTER SERVE INFANTS AND TODDLERS, ONLY ABOUT 10% OF TRIBES IMPLEMENT PROVIDER TRAINING TO IMPROVE THE SUPPLY OF CARE FOR CHILDREN IN UNDERSERVED AREAS OR IN NEED OF NONTRADITIONAL HOURS OF CARE; 20% OF TRIBES HAVE NO PLAN FOR EXPANDING CARE FOR CHILDREN IN NEED OF NONTRADITIONAL HOURS OF CARE; AND 3% HAVE NO PLAN FOR BUILDING THE SUPPLY OF INFANT AND TODDLER CARE.

However, all the respondent tribes reported at least one method to expand care for children in underserved areas. This may be indicative of the need for HHS to provide more guidance to tribes on how to spend their money to serve children in need of non-traditional hours of care and infants and toddlers.

Children with Disabilities: Of the 96 medium and large tribes, only 63 responded in the Tribal Plans to how they build the supply of child care for children with disabilities. The tribes used slightly different methods to expand the supply, so BPC developed new codes for our analysis. Table 15 summarizes how medium/large tribes expand this supply of care.

Table 15: How Medium and Large Tribes Build the Supply of Care for Children with Disabilities

	Number of Respondents	Percentage of Respondents
Provide enhanced reimbursement rates to providers who care for children with disabilities	20	32%
Offer technical assistance, such as training providers to care for children with disabilities and/or recruiting more providers to care for children with disabilities	45	71%
Prioritize children with disabilities on child care waitlists	6	10%
Give providers grants for facility upgrades to care for children with disabilities	5	8%
Other (assist in implementing other accommodations as needed, or waive copayments for families who have children with disabilities)	5	8%
Under development	3	5%

The most common method to improve both the quantity and quality of care for children with disabilities is to provide technical assistance to providers (71%), followed by issuing enhanced reimbursement rates to providers (32%) and prioritizing children with disabilities on child care waitlists (10%). Although technical assistance helps ensure that providers are better equipped to care for children with disabilities, higher reimbursement rates incentivize more providers to care for these children. Furthermore, because it can be more difficult to find available spots for children with disabilities, prioritizing these children on waitlists helps connect these families with available spots as soon as possible.

Across all four underserved groups, tribes focused primarily on providing direct support to providers to expand care. However,

ONLY 8% OF TRIBES OFFER GRANTS TO PROVIDERS TO EXPAND CARE FOR CHILDREN WITH DISABILITIES. AND TRIBES DO NOT CONDUCT COMMUNITY OUTREACH ON CARE OPTIONS FOR THESE CHILDREN, UNLIKE FOR THE OTHER THREE GROUPS. MEANWHILE, 5% OF TRIBES PRIORITIZE PLACING CHILDREN IN UNDERSERVED AREAS IN OPEN CHILD CARE SPOTS, AND 10% PRIORITIZE CHILDREN WITH DISABILITIES,

but tribes do not prioritize either infants and toddlers or children in need of nontraditional hours of care.

BPC's Recommendations

- **Congress should base all Tribal funding including CCDBG, MIECHV, and CAPTA on actual data including tribal child counts to ensure that each tribe receives adequate funding to serve all eligible families.** Tribal lands are underserved areas that frequently do not fully benefit from the federal programs created to help them. Grounding topline Tribal Home Visiting funding in tribal child counts and allocating funds to each tribe based on its child count would ensure that each tribe not only receives money but also enough money to serve all eligible families. Until accurate child counts are available, BPC recommends that the amount of Tribal Home Visiting increases to serve all large tribes as defined in this report.

State Coordination

BACKGROUND:

The relationship between a tribe and the state varies based on the state in which the tribe resides. A tribe and state may provide overlapping services for AI/AN people, such as child care, meaning that coordination between the two is necessary to ensure all families are receiving comprehensive support.

Of the 41% of AI/AN parents who use formal child care (a child care center, Head Start, part day pre-K, or a family child care center), 21% use tribally operated care and 20% use non-tribally operated care frequently administered through state governments. A clear majority of AI/AN parents prefer to receive child care services from the tribe (56%). Because a significant percentage of parents reside off tribal lands, it is important to maintain tribal-state coordination to ensure that families have access to care no matter where they live.

[More than half AI/AN people](#) live outside of tribal statistical areas,⁸ yet only 44% of AI/AN parents enrolled in a tribe say their or their spouse/partner's tribe provides child care services outside of tribal lands. Tribal coordination with the state helps AI/AN people living off tribal lands access the care they need through the state, particularly if they cannot receive it from the tribe.

The state also provides services for AI/AN people that tribes may not be able to fully offer even for those living on tribal lands, largely due to a lack of funding and lack of capacity.

ABOUT 68% OF ALL AI/AN PARENTS AND 72% OF AI/AN PARENTS LIVING ON TRIBAL LANDS HAVE RECEIVED SOME FORM OF PUBLIC ASSISTANCE OVER THE PAST SIX MONTHS, AS SUMMARIZED IN TABLE 16.

8 According to the U.S. Census Bureau, "Tribal statistical areas are statistical geographic entities identified and delineated for the Census Bureau by federally recognized American Indian tribes that do not currently have an American Indian reservation and/or off-reservation trust land. A Tribal statistical area is intended to encompass a compact and contiguous area that contains a concentration of individuals who identify with the delineating federally recognized American Indian tribe. Tribal statistical areas are also intended to be comparable to American Indian reservations within the same state or region and provide a means for reporting statistical data for the area."

Table 16: Types of Public Assistance Received by AI/AN Parents in the Past Six Months

	Percentage of All AI/AN Parents	Percentage of AI/AN Parents on Tribal Lands
Supplemental Nutrition Assistance Program (SNAP)	36%	36%
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	25%	34%
Energy assistance	15%	12%
Supplemental Security Income or Social Security Retirement, Disability, or Survivor's Benefits	14%	12%
Child support	12%	8%
Unemployment insurance	8%	8%
Financial assistance for child care	21%	15%

FINDINGS:

No section of the Tribal Plans addresses tribal-state coordination; rather, coordination is more of an overarching theme that is addressed indirectly throughout. For this reason, information about tribal-state coordination has been discussed in other sections of BPC's analysis, including:

- **Culturally Relevant and Appropriate Care:** Whether the state contacted the Tribal Lead Agency for input into how to make the state's training and professional development opportunities more culturally relevant for AI/AN children (Section 3.2.1(b)).
- **Preventing Suspensions and Expulsions:** The Tribal Lead Agency's policies for preventing suspensions and expulsions in CCDF-funded early childhood programs, and how these policies are shared (Section 7.3.6).
- **CCDF Background Checks:**
 - If the tribe has an alternative approach for background checks (Section 2.3.2);
 - Which background check requirements the Tribal Lead Agency does not conduct, and the reason (Section 2.3.2a); and
 - A description of the Tribal Lead Agency's alternative approach to conducting background checks (Section 2.3.2b)
- **Marginalized Children:** How Tribal Lead Agencies circulate information on resources and services for conducting developmental screenings to parents and CCDF child care providers (Section 7.4.1(a)).

Table 17 summarizes data points regarding tribal-state coordination in these previous sections.

Table 17: State-Tribal Coordination in Previous Sections

Data Point	
Culturally relevant and appropriate care	41 of the 178-respondent tribes said they were contacted by the state for input into how to make the state’s training and professional development opportunities more culturally relevant for AI/AN children
Preventing suspensions and expulsions	8 of the 55-respondent medium and large tribes deferred to state policies on or worked with the state to address suspension and expulsion
CCDF background checks	139 of the 184 tribes indicated they had an alternative plan for conducting background checks. Tribes that have an alternative approach to conducting background checks said frequently that they relied on the state system and that “when the state is in compliance, then the tribe will also be in compliance.”
Marginalized children	15 of the 64- medium and large tribes worked with state partners to spread information on developmental screenings

Another indication of coordination between the state and tribe is the use of the state Quality Rating and Improvement System (QRIS), which assesses the quality of child care programs. Use of the state’s QRIS means that the tribe and state are aligned in the standards they use to determine the level of quality in early care and education programs.

In the Tribal Plans, tribes must indicate which QRIS system they used (Section 3.1.2(c)). In BPC’s analysis of the QRIS systems used by tribes, we found that 45% (81 tribes) were participating in a state QRIS system. Of the 55% who were not, only 7% (seven tribes) were implementing a tribal QRIS system of their own. Of the remaining tribes 30% (28 tribes) say they were developing one. 64 tribes were not using and do not plan to use any QRIS system.

Similarly, a sign of coordination between the state and the tribe is whether the tribe uses the state’s Child Care Resource and Referral agencies (CCR&R), which help families locate child care options near their home or work. In the Tribal Plans, tribes are required to report whether they use a state CCR&R (Section 3.1.2(e)). Of the 180 respondent tribes, 100 (56%) used a state CCR&R. Table 18 displays the number of tribes in each state that use the state’s CCR&R.

Table 18: Number of Tribes in Each State Using the State’s CCR&R

State	Number of Tribes Using State CCR&R
Alabama	0/1
Alaska	5/13
Arizona	8/13
California	11/28
Colorado	1/1
Connecticut	0/1
Idaho	3/3
Kansas	2/3
Louisiana	1/2
Maine	0/5
Massachusetts	1/1

Michigan	8/10
Minnesota	5/10
Mississippi	1/1
Montana	2/4
Nebraska	2/3
Nevada	1/6
New Mexico	4/5
New York	1/2
North Carolina	1/1
North Dakota	1/3
Oklahoma	13/16
Oregon	2/9
Rhode Island	0/1
South Carolina	1/1
South Dakota	1/6
Texas	0/3
Utah	3/4
Virginia	1/1
Washington	15/23
Wisconsin	1/3

Using a state's CCR&R is indicative of coordination between the tribe and the state, as it means that they use the same child care networks and communicate on availability within that network.

BPC's Recommendations

- **HHS should organize a roundtable with tribal leaders and state administrators to encourage further communication and allow tribes and states to explore how they can best support one another in a formal way.**
- **In states with significant tribal populations, HHS should require that state administrators conduct annual check-ins with tribal leaders, including the CCDF administrators, of each tribe in the state.** This would help ensure that AI/AN people who are not receiving services through the tribe are receiving services through the state.
- **HHS should include a section of the Tribal Plan explicitly asking the tribe to describe any tribal-state coordination.** Tribes should report the areas in which, and how, they coordinate with the state to effectively deliver services to families and if the tribe is represented on state advisory committees. They should also include areas in which they would like to see more coordination with the state.

Quality Improvement Goals

BACKGROUND:

Tribes are required to spend a percentage (9% as of FY2022) of their CCDF dollars on quality improvement activities.⁹ In the Tribal Plans, tribes must describe how they use quality improvement funds (Section 3.1), with a further requirement stipulating that they use funds on at least one of 10 allowable activities delineated in the Tribal Plans, as follows:

1. Supporting the training and professional development of the child care workforce;
2. Improving the development or implementation of early learning and developmental guidelines;
3. Developing, implementing, or enhancing a quality rating and improvement system (QRIS) for child care providers and services;
4. Improving the supply and quality of child care services for infants and toddlers;
5. Establishing or expanding a system of Child Care Resource and Referral (CCR&R) services; assisting parents with finding and choosing a child care provider; collecting and analyzing child care provider supply and demand data; or providing training and support to providers;
6. Supporting compliance with requirements for licensing, inspection, monitoring, training, and health and safety;
7. Evaluating the quality of a child care program, including how programs positively impact children;
8. Supporting providers in the voluntary pursuit of accreditation;
9. Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development; and
10. Supporting other activities determined by the Tribal Lead Agency to improve the quality of child care services and which measurement of outcomes is possible related to improved provider preparedness, child safety child well-being, or kindergarten entry.

Within the Tribal Plans, all 10 of these activities are listed. Under each, there

⁹ The mandated quality set-aside increased from 8% in FY2020 and FY2021 to 9% in FY2022.

are a total of 70 more specific sub-activities that tribes may select, in addition to an “other” box that tribes may fill in with original activities. If a tribe plans to spend its money on one of these 10 allowable activities, they must indicate which of the more specific activities they will conduct within that goal.

Based on BPC’s guiding questions, we examined the 10 goal subsets to better understand tribes’ quality improvement goals. Table 19 summarizes other sections in the report where quality improvement goals have been discussed.

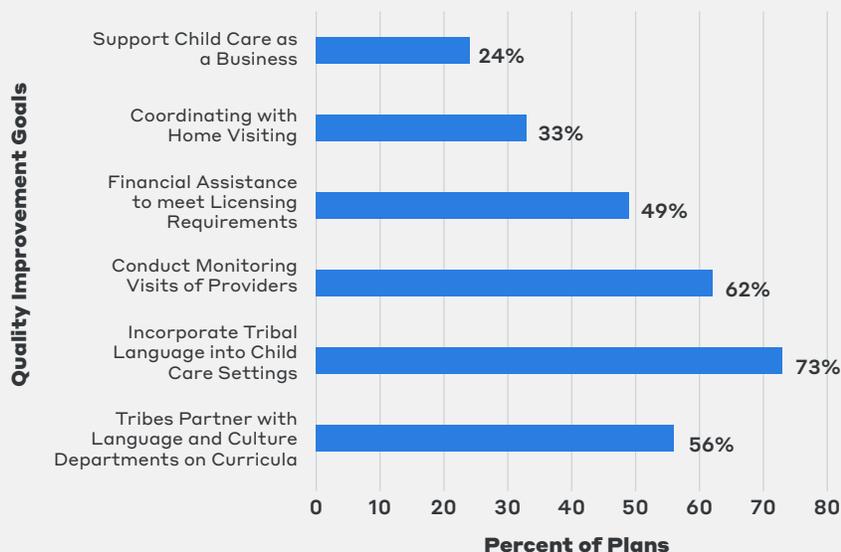
Table 19: Tribal Quality Improvement Activities in Previous Sections

Data Point	
Culturally relevant and appropriate care	<p>Tribes may report which culturally relevant activities they will incorporate into their early childhood programs (Section 3.1.2(j)(1)). BPC found that:</p> <ul style="list-style-type: none"> • 131 tribes incorporate tribal language into child care settings • 101 tribes partner with language and culture departments to build curricula
Coordinating with Tribal Head Start	<ul style="list-style-type: none"> • Tribes can choose coordinating with Head Start as a quality improvement activity (Section 3.1.2(d)). Of the 25% of tribes that are not currently coordinating with Head Start, 24% of them indicated that improving coordination with Head Start is one of their main quality improvement goals
State coordination	<ul style="list-style-type: none"> • Tribes select which QRIS system they use (Section 3.1.2(c)). 45% of tribes (81 tribes) are participating in a state QRIS system. 36% of all tribes (64 tribes) are not using and do not plan to use any QRIS system • Tribes also may select the status of their CCR&R (Section 3.1.2(e)). BPC found that 100 tribes (56%) use a state CCR&R

FINDINGS:

BPC’s findings on tribal quality improvement activities are delineated in Figure 6.

Figure 6: Tribal Prioritization of Quality Improvement Goals by Percent



BPC's 2021 survey of AI/AN parents found that they differ from parents nationally because they frequently prioritize finding culturally relevant care and curriculums when choosing a child care program. This emphasis on culture carries into the tribal quality improvement goals. Three-quarters (73%) incorporate tribal language into child care settings, and more than half (56%) partner with language and culture departments to develop the curriculum. Notably, 62% of tribes help ensure that providers are complying with health and safety standards by conducting monitoring visits of providers.

However, the structure of the Tribal Plans makes it difficult to assess whether tribes are achieving their goals because the tribes merely check boxes under each quality improvement goal and do not detail what progress they are making.

BPC Recommendation:

HHS should require tribes to report on progress made on the quality improvement activities that they focused on during the previous application cycle.



477 Tribes: Tribes That Do Not Submit Tribal Plans

BACKGROUND:

Eligible federal departments in which tribes can consolidate funding:

1. Interior
2. Education
3. Labor
4. Health and Human Services
5. Agriculture
6. Commerce
7. Energy
8. Homeland Security
9. Housing and Urban Development
10. Transportation
11. Veterans Affairs
12. Justice

Congress passed the Indian, Employment, and Training and Related Services Demonstration Act (Pub. Law 102-477) in 1992 to reduce unemployment within tribes, enhance tribes' economies, and promote their self-sufficiency by streamlining and integrating workforce development programs that they administer. Before the law's enactment, tribes lacked the flexibility to utilize federal funds, including funding for programs that prioritize tribal goals and support self-sufficiency. As a result of PL 102-477, tribes that receive "477 status" (often called 477 tribes) can consolidate funding from 12 different federal programs, including those from the Departments of Labor, Interior, and Health and Human Services, into a single integrated budget, as opposed to receiving

separate funding for specific departmental uses. The lead agency responsible for approving a tribe's 477 application is the Division of Workforce Development at the Office of Indian Services within the Bureau of Indian Affairs.

To receive 477 tribal status, a tribe must submit a 477 plan that serves as the tribal application. The plan must specify which federal programs the tribe proposes to integrate into a project to enhance employment opportunities and provide training services to its workforce. Additionally, tribes must specify how these programs and services will be integrated, which agencies within their tribal government will be responsible for implementing these, and what outcomes can be expected from the integration. Tribes are also required to document foreseeable expenditures for their programs and submit a single budget to the BIA. Finally, tribes must identify any regulations they want exemption from to implement their plan more effectively. Exemptions to regulations such as CCDF regulations must be approved by the agency with oversight of the program, in this case HHS.

Plans are accepted on a rolling basis. The tribe's governing board must first approve the plan, then submit it to the secretary of the Interior for review

and approval. If a 477 plan is approved, the tribe retains 477 status for three years. It is important to note that these plans, once approved, are not publicly available. As of November 2019, of the 270 tribes and tribal organizations that had submitted 477 plans, BIA reported it had approved 67. It is unknown how many tribes asked for an exemption for child care. According to HHS reports, in 2021 CCDF funds were transferred from HHS to the BIA for 45 tribes. Because applications can be accepted on a rolling basis, this number may vary.

Programs and services eligible for integration:

1. Job training
2. Welfare to work
3. Employment opportunities
4. Skill development
5. Assisting Indian youth
6. Encouraging self-sufficiency
7. Creation of job opportunities

A 477 status increases tribes' flexibility for prioritizing and creating more effective workforce development projects. The CCDF program under HHS and Section 166 Supplemental Youth Services Program of the Workforce Investment Act (WIA) under the Department of Labor are two of the 12 federal programs currently eligible for integration into the 477 plan. A tribe or tribal government can request that funding from these agencies be consolidated into a single budget and plan if its intent is to promote workforce development within the tribal community. In addition, 477 tribes have different reporting requirements than non-477 tribes receiving CCDF funding.

Each year, 477 tribes are required to submit a Workforce Development Annual Report to the BIA detailing their use of funds from all combined federal programs, including financial, statistical, and narrative information. The federal government is prohibited from requiring 477 tribes to submit expenditure data on each separate program; it instead allows tribes to give a general account of activities conducted with the combined funds. As a result, 477 tribes have few reporting requirements pertaining to the spending of CCDF funds compared with the plans submitted by non-477 tribes. In the Workforce Development Annual Report, 477 tribes that receive CCDF funding are required to report annual expenditures on child care services and quality improvement, the number of children served, and a narrative report describing efforts made toward ensuring high-quality child care. These tribes also submit a triennial child count of the number of tribal children under the age of 13 residing within the reservation and the service area as defined by the tribe, which is used to determine the amount of CCDF funding sent to the BIA for each of the 477 tribes.

As described earlier, non-477 tribes receiving CCDF funding submit a biennial CCDF Tribal Plan along with a yearly funding application to HHS. These plans serve as the tribe's application for funding and have comprehensive reporting requirements on child care services. For instance, tribes must specify which child care programs and services the Tribal Lead Agency offers and how it will implement these services to meet CCDF requirements, such as health and safety, monitoring, and background check requirements. 477 tribes, on

the other hand, do not have similar reporting requirements. As more tribes apply for 477 status, it is important to consider how this may affect the quality, availability, and health and safety of child care in tribal communities.

FINDINGS: 477 TRIBES' REPORTING TRENDS FOR FY 2017

Given the lack of transparency around 477-approved tribal plans, it is possible that more tribes submitted 477 plans but did not submit Workforce Development Annual Reports. Our analysis was limited to publicly available reports. Fifty-four tribes submitted Workforce Development Annual Reports, with 29 reporting funding spent on child care services, in FY2017, the latest year for which reports are publicly available. CCDF data for 2021 show that funds for 45 tribes were transferred to the BIA for child care. BPC cannot tell whether the number of tribes increased from 2017 to 2021 or whether the reports for 2017 were sufficient.

In the financial reports, tribes specify where they allocated their 477-plan funding. These reports ask tribes to indicate if they used the money to pay for child care services and child care quality improvement. In analyzing the fifty-four reports from 2017, two were incomplete and did not include details on the spending breakdown. Of the remaining 52, BPC found that:

1. 29 tribes spent FY2017 funds on child care related services.
2. 15 tribes spent FY2017 funds on child care quality improvements.

477 tribes also submit a statistical report that includes the number of children served by their child care-related services and facilities. Of the 53 tribes in 2017 that submitted statistical reports, 19 did not list any children or families served under the child care and development activities section. Five provided either one sentence or no description of how they spent child care funds in their tribal communities. Of the remaining tribes, several trends emerged pertaining to how tribes invested funding in child care, including:

- Developing educational materials and resources to share with families, educators, and communities;
- Providing professional development workshops, trainings, and certification opportunities; and
- Offering subsidized care for working or low-income families.

477 status permits tribes to account for their funding via a single plan or budget, and this streamlined reporting system eases tribes' administrative burden. However, such flexibility makes it harder to monitor and account for child care for non-477 tribes. As federal investments in child care continue to increase, the BIA should offer more guidance regarding accountability to determine which 477 tribes are to remain eligible for CCDF funding.

BPC's Recommendations

The 477 program enables participating tribes to support workforce development opportunities that best meet tribally determined goals and the needs of the communities they serve. However, to fully understand the efficacy of the 477 programs, additional measures are needed to ensure that federal funding is adequately and efficiently spent in ways that benefit tribes and their communities.

HOW AND TO WHAT EXTENT TRIBES ALLOCATE FUNDING TO CHILD CARE WARRANTS GREATER ATTENTION WITHIN THE 477 PROGRAM TO ENSURE THIS PRIORITY AREA IS NOT LEFT BEHIND AMONG OTHER WORKFORCE DEVELOPMENT INITIATIVES. ACHIEVING THIS GOAL WILL REQUIRE MORE COMMUNICATION AND ACCOUNTABILITY BETWEEN THE BIA, RELATED AGENCIES, AND 477 TRIBES, AS WELL AS A MORE ADVANCED AND ORGANIZED DATABASE THAT WILL ALLOW FOR BETTER OVERSIGHT OF THE 477 PROGRAM.

BPC's Recommendations:

- **Congress should direct HHS and Interior to develop an accountability system and require coordination between ACF and the BIA to ensure reporting for 477 and non-477 tribes are more consistent and transparent;**
- **Congress should direct the BIA to establish guidelines for withholding funding to 477 tribes that fail to complete 477 plans and reporting requirements;**
- **The BIA should issue clear reporting requirements for 477 tribes on how they use funds to support child care services and quality improvement, including; and**
 - Assurance that tribes are monitoring the health and safety of children and staff in child care settings.
 - A description of direct child care services offered within their communities.
 - A description of how financial assistance is provided to families.
 - A description of how they ensure all families, especially families of children with special needs and other vulnerable children, have equal access to child care.

- **To improve oversight and transparency, the BIA should publicly post 477 Plans on online.** Because 477 plans are not public, it is impossible to analyze the degree to which federal investments are achieving their stated purpose. Published 477 plan data should include:
 - Number and list of tribes that applied to the 477 program that year;
 - Number and list of tribes that enrolled in the 477 program for that year;
 - Number and list of 477 tribes that received CCDF funding for that year, including providing a Tribal CCDF allocations table;
 - Any approved tribal exemptions to CCDF guidelines; and
 - Tribes' narrative, financial, and statistical reports for that fiscal year.

Final Recommendations

BPC's recommendations are based on an analysis of 184 Tribal Child Care Development Fund plans and related reports, such as those on the 477 Tribes. BPC also drew upon data available from the Census Bureau, Department of Labor, and other reports noted in the Appendix.

CONGRESS

1. Congress should establish a data-driven method to set funding levels for tribes that is based on the number of AI/AN children rather than an arbitrary, flat percentage of federal funding. This will help ensure that tribes can more effectively provide services.
2. Congress should amend the Child Care and Development Block Grant to authorize tribes to access FBI fingerprinting.
3. Congress and HHS should provide funding and technical assistance to support the hiring of early childhood mental health consultants in tribal child care and Head Start programs. Implementation of this should include extensive coordination with the Substance Abuse and Mental Health Services Administration (SAMHSA).
4. Congress should conduct oversight hearings on tribal child care and examine the extent to which HHS and the BIA coordinate oversight of the use of CCDBG funds to support child care services and quality improvement.

FEDERAL AGENCIES

5. The U.S. Census Bureau and Department of Commerce should work with tribes and other federal agencies to ensure more accurate data is collected on this population. At a minimum, this should include the Department(s) of HHS, Education, Agriculture, Labor, and Interior (Bureau of Indian Affairs).
6. HHS should only approve plans when the Tribes have completed all required information.
7. HHS should streamline the Tribal CCDF Plan submission process to reduce duplication and should ensure tribal child count data and other demographic information are included. Approved plans should be publicly available so Congress and policymakers can effectively set topline funding levels based on accurate data.
8. The HHS Interagency Task Force on Child Safety should review how tribes access interstate checks and NCIC/NSOR compliance and examine the effects on a Tribal Lead Agency's ability to comply with regulatory requirements.

9. The BIA should make 477 Tribal Plans publicly available in an easily accessible online database, to promote greater understanding of the program and allow tribes and policymakers to have access to the data needed to make improvements.
10. HHS should include an open-ended narrative section in the Tribal Plans asking tribes to explain how their quality goals, provider training, and curricula are culturally relevant for AI/AN children in their programs. HHS should require tribes to report on progress on these goals from one cycle to the next.
11. HHS should require all tribes to define underserved groups and how they are prioritizing services for them, particularly children with special needs and children experiencing homelessness. Additionally, HHS should collect comprehensive data on cases of child abuse and neglect in tribal communities so it may better understand, coordinate with, and support tribes. This data would inform specific policy recommendations empowering the community to effectively address instances of abuse and neglect as they arise. HHS should require tribes to describe specific efforts taken to prevent suspensions and expulsions in tribal child care centers and how they will reduce instances of harsh discipline.
12. HHS should provide guidance to states to support better coordination between states and Tribal Lead Agencies in implementing the background checks for child care staff members.

REQUIREMENTS FOR TRIBES

13. Tribes should coordinate CCDF and Head Start programs to reduce duplication and ensure better alignment of program standards and policies. The tribes should also coordinate with these programs on needs assessments, data collection, monitoring efforts, and ways to ensure more culturally relevant services for children and families.

STATES

14. States with large AI/AN populations should recruit early childhood staff who have a cultural understanding of AI/AN communities.

Appendix

Appendix 1: Glossary of Acronyms

ACF: Administration for Children and Families

ACS: American Community Survey

ADA: Americans with Disabilities Act

AI/AN: American Indian/Alaska Native

BIA: Bureau of Indian Affairs

BPC: Bipartisan Policy Center

CACFP: Child and Adult Care Food Program

CAPTA: Child Abuse and Treatment Prevention Act

CCDBG: Child Care and Development Block Grant

CCDF: Child Care and Development Fund

HHS: Health and Human Services

IDEA: Individuals with Disabilities Act

NCIC: National Crime Information Center

NICCA: National Indian Child Care Association

NSOR: National Sex Offender Registry

OCC: Office of Child Care

OTAP: Office of Tribal Affairs, Substance Abuse and
Mental Health Services Administration

QRIS: Quality Rating and Improvement System

SAMHSA: Substance Abuse and Mental Health Services Administration

SNAP: Food Stamps or Supplemental Nutrition Assistance Program

TANF: Temporary Assistance for Needy Families

WIA: Workforce Investment Act

WIC: Special Supplemental Nutrition Program
for Women, Infants, and Children

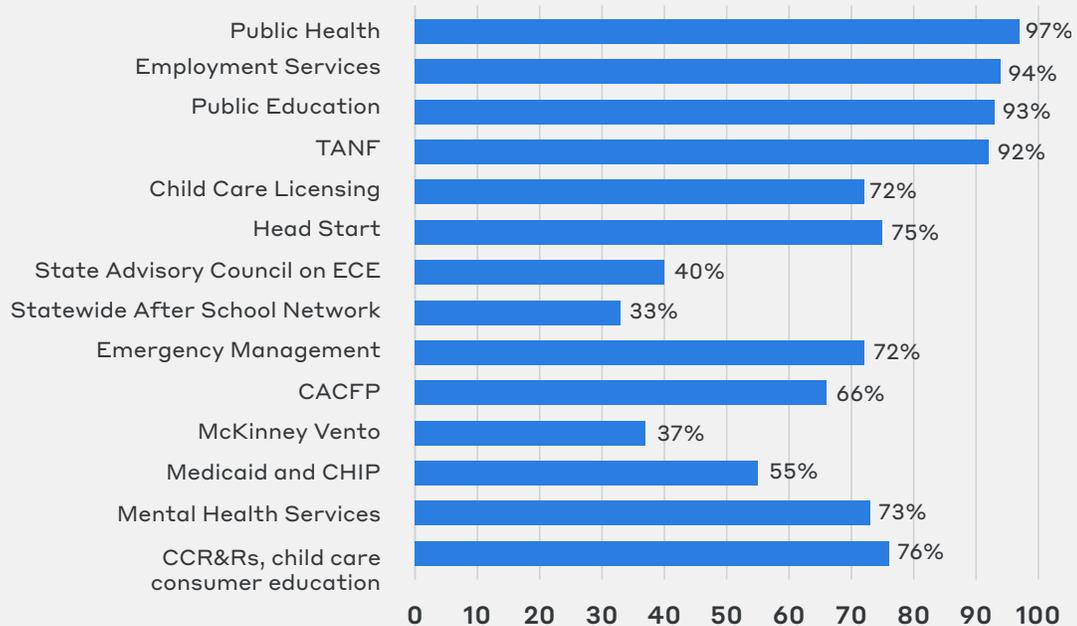
Appendix 2: Data Collected from and Section of the CCDF Plan

Data Point	Section of CCDF Plan
Name of the Tribal Lead Agency	1.2.1(a)
Contact information of the Tribal CCDF administrator	1.2.2(a)
Definition of an “Indian child” by the Tribal Lead Agency	1.5.1
The reservation/service area, as defined by the Tribal Lead Agency	1.5.2(a)
How the Tribal Lead Agency coordinates the delivery of CCDF services with state, and if applicable, tribal agencies and the results of those coordination efforts	1.7.1
Which underserved populations are included in determining the tribal community’s child care needs	1.7.2(a)
The health and safety standards used by the Tribal Lead Agency for center-based care, family child care, and in-home care	2.1.1
If the tribe has an alternative approach for background checks	2.3.2
If applicable, which background check requirement(s) that the Tribal Lead Agency does not conduct, and the reason	2.3.2(a)
The Tribal Lead Agency’s overall plan or approach for improving quality in child care	3.1.1
The quality improvement activities in which the Tribal Lead Agency is conducting	3.1.2(a-g,j)
How the Tribal Lead Agency’s training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children who are Indigenous-language learners	3.2.1
If the Tribal Lead Agency has been contacted by the state for input on how to make the state’s trainings and professional development opportunities more culturally relevant for Native American children	3.2.1(b)
If the Tribal Lead Agency allows parents to choose center-based home care, including a Tribally operated center; a family child care home; and/or in-home child care	<i>Small Tribes: 4.1 Medium Large tribes: 6.1.1(a)</i>
How the Tribal Lead Agency funds its direct child care services	<i>Small Tribes: 4.1 Medium Large tribes: 6.1.1(c)</i>
The ages of children served by the Tribal CCDF program	<i>Small Tribes: 4.1 c Medium Large tribes: 5.1.1(a)</i>
If the Tribal Lead Agency implements categorical eligibility	<i>Small Tribes: 4.1 c Medium Large tribes: 5.1.2</i>
If the Tribal Lead Agency uses state median income or tribal median income to establish CCDF family income eligibility limits	<i>Small Tribes: 4.1 c Medium Large tribes: 5.1.5(b)</i>
If the Tribal Lead Agency chose to set income eligibility limits below 85% of the current grantee median income (only applicable to medium/large tribes)	5.1.5((c)1)
How services are prioritized for children experiencing homelessness (only applicable to medium/large tribes)	5.3.2(b)

The strategies being implemented by the Tribal Lead Agency to increase the supply and improve the quality of child care services for children in underserved areas (only applicable to medium/large tribes)	5.3.4(a)
The strategies being implemented by the Tribal Lead Agency to increase the supply and improve the quality of child care services for infants and toddlers (only applicable to medium/large tribes)	5.3.4(b)
The strategies being implemented by the Tribal Lead Agency to increase the supply and improve the quality of child care services for children with disabilities (only applicable to medium/large tribes)	5.3.4(c)
The strategies being implemented by the Tribal Lead Agency to increase the supply and improve the quality of child care services for children in need of non-traditional hours of care (only applicable to medium/large tribes)	5.3.4(d)
The Tribal lead Agency's policy to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds (only applicable to medium/large tribes)	7.3.6
How the Tribal Lead Agency collects and disseminates information on existing resources and services for conducting developmental screenings (only applicable to medium/large tribes)	7.4.1(a)

Appendix 3: Coordinating Services

Percent of Tribes that Coordinate with External Services





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