ACF-118A; OMB Approval Number: 0970-0198
Expiration Date: 4/30/2025

The Paperwork Reduction Act of 1995 (Public Law 104-13)

Through this information collection, ACF is gathering data on the Tribal Lead Agency's grant program to understand the design and effectiveness of the program and to inform technical assistance needs. Public reporting burden for this collection of information is estimated to average 120 hours per response for Part I (for all Tribal Lead Agencies) and 24 hours per response for Part II (for medium and large Tribal Lead Agencies), including the time for reviewing instructions, gathering and maintaining the data needed, reviewing the collection of information. This collection of information is required to retain a benefit (Pub. L. 105-285, section 680(b) as amended). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB # is 0970-0198 and the expiration date is 04/30/2025. If you have any comments on this collection of information, please contact Meryl Barofsky, Office of Child Care, by email at Meryl.Barofsky@acf.hhs.gov.

Child Care and Development Fund
for
Tribal Lead Agency: Klamath Tribes of Oregon

FFY 2023–2025

Plan Status: Work in Progress as of 2023-01-19 19:31:50 GMT

This Plan describes the Child Care and Development Fund (CCDF) program to be administered by the Tribal Lead Agency for the period from 10/1/2022 to 9/30/2025. As provided for in the applicable statutes and regulations, the Tribal Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described herein.

For purposes of simplicity and clarity, the specific provisions printed herein of applicable laws and regulations are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The Tribal Lead Agency acknowledges its responsibility to adhere to them regardless of these modifications.
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Introduction and How To Approach Plan Development

The Child Care and Development Fund (CCDF) program provides resources to state, territory, and Tribal Lead Agencies that enable low-income parents to work or pursue education and training so that they can better support their families and can promote the learning and development of their children. The CCDF program also provides funding to enhance the quality of child care for all children. On November 19, 2014, the Child Care and Development Block Grant (CCDBG) Act of 2014 was signed into law (Public Law [P.L.] 113-186). The law reauthorizes and significantly revises the purposes of the CCDF program and requirements for states and territories, but Congress left discretion to the U.S. Department of Health and Human Services (HHS) to determine how the new provisions would apply to Tribes.

In September 2016, the CCDF Final Rule was released outlining the regulatory requirements for the CCDF program based on the CCDBG Act of 2014. The CCDF program requirements protect the health and safety of children in child care; help families make informed consumer choices and access information to support child development; provide equal access to stable child care for low-income children; and enhance the quality of child care and the early childhood workforce.

Tribal flexibility includes tiered requirements based on the size of their allocation: Tribal Lead Agencies with small, medium, and large allocations. The CCDF Final Rule exempts Tribal Lead Agencies with small allocations (less than $250,000 in fiscal year [FY] 2016) from the majority of the CCDF program requirements, allowing those Tribal Lead Agencies more flexibility in how to spend their CCDF program funds and how to focus those funds on health and safety and quality activities. Tribal Lead Agencies with small allocations must spend their CCDF program funds in alignment with the goals and purposes of the CCDF program and must comply with the health and safety, monitoring, background checks, and quality spending requirements. To align with these limited CCDF program requirements, Tribal Lead Agencies with small allocations will complete an abbreviated CCDF Plan. This approach balances increased flexibility with accountability, and allows Tribal Lead Agencies with small allocations to spend their CCDF program funds in ways that would most benefit their communities.

The CCDF Plan developed by Tribal Lead Agencies is the primary mechanism that the Administration for Children and Families (ACF) uses to determine Tribal Lead Agency compliance with the requirements of the law and Final Rule. This CCDF Plan Preprint consists of two parts, which are aligned with the flexibilities that Tribal Lead Agencies have based on the size of their CCDF allocation.

Part I (for Tribal Lead Agencies with small, medium, and large allocations):
1) Define CCDF Leadership and Coordination With Relevant Systems
2) Establish Standards and Monitoring Processes To Ensure the Health and Safety of Child Care Settings
3) Supporting Continuous Quality Improvement
4) Tribal Lead Agencies With Small Allocations: Direct Services.

Part II (for Tribal Lead Agencies with medium and large allocations only):
5) Provide Stable Child Care Financial Assistance to Families
6) Ensure Equal Access to Quality Child Care for Low-Income Children
7) Promote Family Engagement Through Outreach and Consumer Education.
These sections reflect key functions of an integrated system of child care for low-income working families. The intention is that Tribal Lead Agencies and the Federal Government will be able to use this information to track and assess progress, determine the need for technical assistance (TA), and determine compliance with specific requirements and deadlines.

**Plan Amendments:** Tribal Lead Agencies are required to request approval from OCC through the CARS system whenever a “substantial” change in the Tribal Lead Agency’s approved CCDF Plan occurs. Please refer to the ACF Program Instruction regarding CCDF Approval of Plan Amendments, CCDF-ACF-PI-2009-01, for specific details and timelines specific to the Plan amendment process.

Note: All requirements not fully implemented in accordance with CCDF regulations are subject to compliance actions, such as corrective actions and/or penalties.

Tribal Lead Agencies are encouraged to access additional guidance for their CCDF Plans through:

- [Tribal Child Care and Development Fund: Guide for New Administrators](#)
- [CCDF Final Rule: Overview for American Indian and Alaska Native Grantees](#)
- [Child Care and Development Fund Final Rule Tribal Fact Sheet](#)

Additional questions should be directed to the OCC Regional Office.
1 Define CCDF Leadership and Coordination With Relevant Systems

This section provides information on how the CCDF program is administered, including the designated Tribal Lead Agency and administrative structure. It also addresses who was consulted in the development of the Tribal CCDF Plan and how the Tribal Lead Agency plans to coordinate CCDF services with other entities.

1.1 Tribal CCDF Applicant

1.1.1 Tribal Applicant?

1.1.1.1 Tribe or Tribal Consortium Information:

Official name of the federally recognized Tribe as listed in the Federal Register or Tribal Consortium:

The Klamath Tribes

Name of Tribal Chair, President, or Leader: Clayton Dumont Jr.

Title: Chairman

Address: 501 Chiloquin Blvd

City, State, ZIP Code: Chiloquin, Oregon, 97624

Telephone number: 5417832219 Ext: 101

Email address: cdumont.council@klamathtribes.com

1.1.2 Tribal Consortium

Tribal Consortia refer to a partnership between two or more Tribal governments authorized by the governing bodies of those Tribes to allow the Tribal Consortium to apply for and receive funding on behalf of the member Tribes.

1.1.2.1 Are you a Tribal Consortium?

[x] No (Skip to Section 1.2)

[ ] Yes

1.1.2.2 Participating Member Tribes/Alaska Native Villages

Provide a comprehensive list of the participating member Tribes/Alaska Native villages and include demonstrations from the consortium’s participating Tribes indicating that the consortium has the authority to seek funding on their behalf. Each consortium member must provide a demonstration every three years for the consortium Lead Agency to include with the plan submission. The purpose of the demonstration is to show that the member has authorized the consortium Lead Agency to act on its behalf.
Examples of demonstrations include a Tribal Resolution, a letter signed by the current Tribal Leader, or another official document from the Tribal/village government (98.80(c)(1-4); 98.81(b)(8)(i)).

For Alaska Native Regional Nonprofit Corporations, the list and demonstrations are for purposes of discretionary funds only.

Confirm the consortium members:

<table>
<thead>
<tr>
<th>Consortium Member</th>
<th>Demonstration Letter for Each Consortium Member (attach letter)</th>
</tr>
</thead>
</table>

***The CARS system will prepopulate consortium members from FY 2020 child count. Tribal Lead Agency should confirm each tribe listed is currently a member and update with any changes.

If there is any change in the consortium membership, the Tribal Lead Agency must notify OCC through an amendment to the Plan. Any consortium member Tribe seeking to apply for its own CCDF grant funds must first withdraw from the Tribal Consortium and contact OCC to initiate a separate application for its own funds. OCC must receive the application on or before July 1 prior to the year in which the Tribe is seeking CCDF program funds.

1.1.2.3 Coordinated Services on behalf of participating member Tribes/Villages

A Tribal Consortium must describe how it coordinates services on behalf of each of its participating member Tribes/villages.

Summarize how the consortium is coordinating services (including direct services) on behalf of each participating member (98.81(b)(8)(ii); 98.83(c)(1)).

Describe how child care services are provided to each member of a Tribe/village:

1.2 Designated Tribal Lead Agency

The Tribe or Tribal Consortium will designate an agency to represent the Tribe/consortium as the Tribal Lead Agency. This designated agency agrees to administer the Tribal CCDF program in accordance with applicable Federal laws and regulations and the provisions of this Plan, including the attached assurances and certifications (658D; 658E(c)(1); 98.83(a)).

The Tribal Lead Agency can be a department or sub-agency, such as the CCDF department, human services department, workforce development department, and in some cases, the Tribe will administer the CCDF program.

*Note: An amendment to the CCDF Tribal Plan is required in the event of a change in the designated Tribal Lead Agency.*

1.2.1 Designated Agency

1.2.1.1 Designated Agency by the Tribe or Tribal Consortium
Which agency has been designated by the Tribe or Tribal Consortium to administer the CCDF program?

Name of Tribal Lead Agency: The Klamath Tribes Early Childhood Development Center

Web address for Tribal Lead Agency (if any): www.klamathtribes.org

1.2.2 Tribal CCDF Administrator

Identify the CCDF Administrator designated by the Tribal Lead Agency, the day-to-day contact person, or the person responsible for administering the Tribal CCDF program. If there is more than one designated contact person with shared responsibility for administering the CCDF program, please identify the Co-Administrator/Assistant Administrator and include relevant contact information.

1.2.2.1 Contact information for the Tribal CCDF Administrator:

Name of Tribal CCDF Administrator: Jennifer Jackson

Title: ECDC Director

Mailing address: PO Box 436

Physical address (if different than mailing address): 318 S Chiloquin Blvd

Phone number: 5417830804 Ext: 112

Cell phone number: 5413632339

Email address: jennifer.jackson@klamathtribes.com

1.2.2.2 Contact Information for Tribal CCDF Co-Administrator/Assistant Administrator (if applicable):

Name of Tribal CCDF Co-Administrator/Assistant Administrator: George Lopez

Title: Administration General Manager

Mailing address (if different from above):

Physical address (if different than mailing address): 501 Chiloquin Blvd

Phone number: 5417832219 Ext: 183

Cell phone number: 5413632188

Email address: george.lopez@klamathtribes.com

1.3 Administration Through Contracts or Agreements

The Tribal Lead Agency has broad authority to administer the CCDF program through contracts or agreements with other governmental, non-governmental, or other public or private local agencies. The Tribal Lead Agency remains the single point of contact and retains overall responsibility for the administration of the CCDF program (658D(b)(1)(A); 98.11(a)(3); 98.16(d)(1)). Examples of such agreements could include:
• A written agreement with another Tribal department to operate Tribal child care centers or to conduct training and monitoring
• A contract with a local agency to operate the Tribal Lead Agency’s child care program (including determining family eligibility and issuing payments to child care providers or providing high-quality activities).

1.3.1 Direct Administration and Operation

1.3.1.1 Administration and operation of the CCDF Program

Will the Tribal Lead Agency **directly** administer and operate the CCDF program (98.16(d)(1))? This question does not apply to the demonstrations referenced in Section 1.1.2 between a consortium and its participating/constituent member Tribes/villages.

[x] Yes, the Tribal Lead Agency will directly administer and operate **all** aspects of the CCDF program. **Skip to 1.4.**

[ ] No, the Tribal Lead Agency **will not** directly administer and implement all aspects of the CCDF program.

1.3.1.2 Names of entities that will administer and/or operate aspects of the CCDF program

List the names of those entities that will administer and/or operate aspects of the CCDF program and describe which aspects of the CCDF program they will administer and/or operate. List and describe:

1. What processes will the Tribal Lead Agency use to monitor administrative and implementation responsibilities performed by other agencies? Describe:

2. Optional: Include copies of the contracts or agreements as Attachment #: **Document was not provided by TLA**

1.4 Consultation in the Development of the Tribal CCDF Plan

In the development of the Tribal CCDF Plan, the Tribal Lead Agency is required to consult with representatives of general purpose local/Tribal government (658D(b)(2); 98.10(c); 98.14(b)). Tribal Lead Agencies are also required to conduct a public hearing to provide an opportunity to comment on the provision of the child care services under the CCDF Plan (98.14(c)). For the purposes of developing this Plan, consultation involves meeting with, or obtaining input from, appropriate representatives of the Tribal community.

1.4.1 Consultation and Representation

1.4.1.1 Entities Consulted by Tribal Lead Agency

Describe how the Tribal Lead Agency consulted with representatives of general purpose local and Tribal governments, and any other entities in the development of this plan. Describe: **The preprint plan was shared with all departments and entities of the Klamath Tribes for review and input. Entities of the Klamath Tribes include Klamath Tribal Administration, Klamath Tribal Health & Family Services,**
and two for profit businesses. The preprint plan then undergoes an administrative review process which includes the executive team of the Klamath Tribes. After administrative review the plan is reviewed and adopted by the Klamath Tribes Tribal Council.

1.4.2 Public Hearings

Tribal Lead Agencies are required to conduct a public hearing to provide those interested with an opportunity to comment on the provision of child care services under the CCDF Plan (658D(b)(1)(C); 98.14(c)(1-3); 98.16(e)).

The Tribal Lead Agency must conduct at least one public hearing prior to the submission of the Tribal CCDF Plan but no earlier than January 1, 2022. The Tribal Lead Agency must provide a notice of the hearing throughout the Tribe's service area. This notice must be provided no later than 20 days prior to the date of the hearing. Tribal Lead Agencies must make the contents of the Plan available to the public in advance of the hearing.

Describe the Tribal Lead Agency’s public hearing process by responding to the questions below:

1.4.2.1 Date(s) of public hearing notice(s) (at least 20 calendar days prior to the public hearing): 12/13/2022

1.4.2.2 Date(s) of public hearing(s) (no earlier than January 1, 2022): 1/13/2023

1.4.2.3 Location(s) of the public hearing(s), including virtual: The Klamath Tribes Administration Auditorium and included a virtual option on Zoom.

1.24.2.4 How was the public notified of the public hearing? Check only those that apply:

- [x] Family newsletter
- [ ] Tribal/local media
- [x] Internet—provide website(s): www.klamathtribes.org
- [x] Social media (e.g., Facebook, Twitter)
- [ ] Posting on community bulletin board or some other message board
- [x] Other. Describe: Meeting notices were shared with all CCDF families, and providers and posted at the Tribally operated Center.

1.4.2.5 Input from the public hearing(s) in the development of the final Plan.

Describe how the input from the public hearing(s) was taken into consideration in the development of the final Plan (select one):

- [ ] No input was received.
- [x] Input was incorporated into the plan in the following ways: Explained the Direct Service section to see if Klamath Tribal members wanted to change this section based on the small allocation eligibility
requirements. Feedback included that the program was very mindful of the community that we served and wanted to keep the suggested changes to the plan.

[ ] Other. Describe:

1.4.2.6 Content of the Plan available to the service area prior to the public hearing.

How was the content of the Plan made available throughout the service area prior to the public hearing? Check only those that apply:

- [x] Tribal offices (including CCDF offices).
- [x] Internet. Provide website(s): www.klamathtribes.org
- [x] Email.
- [x] Other. Describe: The preprint was available at the Tribally operated center and copies were available upon request. Digital copies were also available upon request.

1.4.3 Plan Availability to the Public

_Tribal Lead Agencies with small allocations_ are not required to make the final CCDF Plan or any subsequent Plans available to the public but have the flexibility to describe if applicable.

_Tribal Lead Agencies with large and medium allocations_ should post their Plan and Plan amendments on a website to the extent practicable.

1.4.3.1 Final CCDF Plan and Plan Amendments available to the public.

Describe how the Tribal Lead Agency makes the final CCDF Plan and any subsequent Plan Amendments available to the public to the extent practicable: The final CCDF plan and any subsequent plan amendments are available on the Klamath Tribal members portal on the Klamath Tribes website. Digital copies and hard copies of the final plan and amendments are available for review upon request.

1.5 Indian Child and Indian Reservation or Service Area (AUTO FILLED FROM APPENDIX 1 SUBMISSION)

Identify which Indian child(ren) are counted in the Tribal Lead Agency’s child count (98.81(b)(2)(i)).

1.5.1 Indian Child

Programs and activities are to be carried out for the benefit of Indian children.

Although Tribal Lead Agencies have some flexibility in defining “Indian Child,” the definition must be limited to children from federally recognized Indian Tribes, consistent with the CCDBG Act’s definition of Indian Tribe (98.2).
This information could include children who are Tribal members, whose membership is pending, who are eligible for membership, and/or are children/descendants of members and could also include adopted children, foster children, step-children, etc.

1.5.1.1 The Tribal Lead Agency defines an “Indian child” as: as a person under the age of 13 years old who is an enrolled member, or descendant of The Klamath Tribes, or an enrolled member of any Federally Recognized Tribe.

1.5.2 Indian Reservation or Service Area

Programs and activities are to be carried out for the benefit of Indian children living on or near the Indian reservation or service area. The service area must be within reasonably close geographic proximity to the borders of a Tribe’s reservation (except for Tribes in Alaska, California, and Oklahoma). Tribes that do not have reservations must establish service areas within reasonably close geographic proximity to the area where the Tribe’s population resides.

There is an expectation that the Tribal Lead Agency will be able to provide services to families throughout the service area. ACF will not approve an entire state as a Tribe’s service area. Tribal Lead Agencies can limit services within the reservation boundaries or go beyond the reservation boundaries.

If a Tribal Lead Agency establishes a different service area than the borders of the Tribe’s reservation or existing service area for CCDF purposes, it must be within reasonably close geographic proximity (6580(c)(2)(B); 98.80(e); 98.81(b)(2)(i); 98.81(3)(ii); 98.83(b)); for example, “Permanent residence is within the reservation boundaries; however, the participant is temporarily attending school outside of the reservation area,” or “[the participant] resides within 20 miles of the reservation boundaries.”

1.5.2.1 The Tribal Lead Agency defines the Reservation/Service Area as: Klamath County Oregon. The Klamath Tribes (the Klamath, the Modoc, and the Yahooskin-Paiute people, known as mukluks and numu have lived in the Klamath Basin of Oregon from time beyond memory.

It is cited in the Klamath Indian Tribe Restoration Act P.L. 99-398 that all of Klamath County is the Service Area for the Klamath Tribe.

1.5.2.2 Optional: Attach a clearly labeled map of the service

Optional: In addition to the description above, a clearly labeled map of the service area is attached. Attachment #: Document was not provided by TLA

1.6 Child Count

For the purposes of determining a Tribe/Tribal organization’s annual CCDF program funding level, the Tribal Lead Agency is required to conduct and submit a triennial child count of children younger than age 13, as defined in 98.81(b)(2)(i). The Child Count Declaration will be submitted every 3 years with the triennial Plan. For the FY 2023 – FY 2025 Plan period, the child count must be submitted by July 1, 2022.
For new Tribal Lead Agencies entering outside the Plan cycle, the child count will be submitted with their CCDF Plan.

The Tribal child count will be effective from October 1, 2022, to September 30, 2025, and will be valid for 3 years. If the consortium gains or loses one of its member organizations, then the adjustments will be made accordingly.

The Tribal Lead Agency may not count any children who are included in the child count of another CCDF Tribal Lead Agency. The Tribal Lead Agency is required to confer with all other CCDF Tribal Lead Agencies that have overlapping or neighboring service areas (98.61(c); 98.62(c); 98.80(b)(1); 98.81 (b)(4)).

The child count submitted is not reflective of the number of children who receive direct services. Instead, the child count gives the number of potentially eligible children who meet the Tribal Lead Agency’s definition of Indian Child, and who reside in the designated service area.

Tribes that operate under an approved P.L. 102-477 Plan shall submit their triennial child counts of children younger than age 13 by July 1, 2022. The child counts will be effective from October 1, 2022, through September 30, 2025. Complete the “Child Count Declaration” at Appendix 1-A. The form also requests P.L. 102-477 Tribes that would like to make a request for reallocated Tribal discretionary funds to indicate that by checking “yes” or “no” if these funds become available.

1.6.1 Adjacent and Overlapping Service Areas

1.6.1.1 Adjacent and Overlapping Service Area(s) of other Tribal Lead Agencies

Is the service area (as defined in 1.5.2) adjacent to, or overlapping with, the service area(s) of any other Tribal Lead Agencies?

[  ] No

[ x] Yes

[ x] Identify those other Tribal Lead Agencies with neighboring or overlapping service areas. Describe: Cow Creek Tribe of Umpqua Indians include Klamath County within their service area.

[ x] Describe the Tribal Lead Agency’s process for ensuring unduplicated child counts for this overlapping service area: The CCDF Administrator for the Klamath Tribes communicates with staff from the Cow Creek tribe if they serve any children from the Cow Creek Tribe.

1.6.2 Child Count Declaration

1.6.2.1 Complete the “Child Count Declaration” at Appendix 1.

A Tribal Consortium must submit an individual Child Count Declaration, signed by an individual authorized to act for the Tribe, for each participating Tribe; a summary listing the name of each participating Tribe; each participating Tribe’s individual child count; and the total child count for the entire consortium.

A “Child Count Declaration” is attached at Appendix 1.
1.7 Types of CCDF Providers

The Final Rule established three categories of care:

- Center-based child care: Group care provided in a facility outside of the child’s or provider’s home
- Family child care: Care provided in a private residence other than the child’s residence
- In-home child care: Care provided in the child’s home

Tribal Lead Agencies have flexibility in the types of child care providers that offer direct care to families and children. For example, a Tribal Lead Agency may provide direct child care services through a Tribally Operated Center, or a Tribal Lead Agency with a small allocation may not offer direct services at all. In addition, Tribal Lead Agencies may choose to regulate child care providers through a state licensing agency rather than a Tribal agency.

1.7.1 Providers That Offer Direct Services

1.7.1.1 Types of providers offering direct services to families and children.

Select the types of providers that offer services directly to families and children in the Tribal CCDF Program. The following list includes some variation in describing the types of direct service providers in the Tribal CCDF program, but additional sections will refer to the three categories of care. Check only those that apply:

- [x] Tribally Operated Center(s)
- [ ] Tribally regulated (or licensed) center-based providers (not operated by the Tribal Lead Agency)
- [x] Tribally regulated (or licensed) family child care providers
- [x] State-licensed center-based providers
- [x] State-licensed family child care providers
- [ ] License-exempt center-based providers
- [ ] License-exempt family child care providers
- [x] Relative care providers over age 18
- [ ] In-home providers (care in the child’s home)
- [ ] This Tribal Lead Agency does not offer direct services to families through the Tribal CCDF Program. (Only Tribal Lead Agencies with small allocations can opt to not offer direct services.)
  - [ ] Tribally Operated Center(s)
  - [ ] Tribally regulated (or licensed) center-based providers (not operated by the Tribal Lead Agency)
  - [ ] Tribally regulated (or licensed) family child care providers
  - [ ] State-licensed center-based providers
  - [ ] State-licensed family child care providers
  - [ ] License-exempt center-based providers
  - [ ] License-exempt family child care providers
  - [ ] Relative care providers over age 18
  - [ ] In-home providers (care in the child’s home)
1.8 Coordination of Services

The Tribal Lead Agency is required to coordinate services with other Tribal, Federal, state, and/or local child care and early childhood development programs with agencies responsible for public health, employment services/workforce development, public education, the Temporary Assistance for Needy Families program, etc. (658D(b)(1)(D); 98.14(a)(1)(i-xiv); 98.14(a)(4)).

1.8.1 Coordination of the delivery of CCDF services with state or Tribal agencies or entities.

Tribal Lead Agencies must demonstrate in the Plan how they encourage partnerships among Tribal agencies, other public agencies, other Tribes and Tribal organizations, private entities, and community-based organizations to leverage existing service delivery systems, and to increase the supply and quality of child care and development services.

Describe the ways that the Tribal Lead Agency coordinates the delivery of CCDF services with the following state, and if applicable, Tribal agencies or entities, and the results of those coordination efforts (e.g., shared goals/purposes for coordination, the process for coordinating). Check and describe only those that apply:

[x] Public health, including the agency responsible for immunizations. Description/Results: TLA staff performs quarterly immunization status reports for all children receiving CCDF services, this includes the TOC. TLA staff utilize the State of Oregon's Alert system to gather immunization records for all CCDF children. The immunization records are used to remind CCDF families when their children are overdue on their immunizations based on immunization requirements. Immunization schedules and requirements are provided to all CCDF families. TLA refers children to Klamath Tribal Health & Family Services or their health care provider to receive immunizations as needed.

[x] Employment services/workforce development. Description/Results: The TLA and the Klamath Tribes Education and Employment department coordinate to refer prospective families for services. TLA receives referrals for families looking for child care assistance and TLA refers families to Education & Employment department if they are looking for work. TLA also requests applicants for open positions within the TOC from the Education & Employment department's labor pool.

[x] Public education. Description/Results: The TLA through the TOC provides monthly information to all CCDF families and registered providers which includes information on child health and safety, child development, parenting classes and resources, community and tribal events, emergency preparedness, Tribal programs, public health announcements, and other community assistance programs. Information regarding the child care assistance program is posted on the Tribal website and includes updates and information about services.

[x] Temporary Assistance for Needy Families program. Description/Results: The TLA and the Klamath Tribes Social Services department coordinate to refer prospective families for services. TLA receives referrals for TANF Tribal families looking for child care assistance.
[x] Child care licensing. Description/Results: The TLA assists all registered providers with meeting Tribal and State child care licensing requirements by providing resources to meet health and safety requirements. The TLA pays fees and provides incentives to providers who complete health and safety training for licensing and professional development. The TLA registers all providers receiving Tribal funds and determines if they should be monitored by Tribal or State programs. All providers that need to be State licensed must have an active state license before Tribal funds are used.

[x] Head Start. Description/Results: The TLA uses the most recent Head Start Community Assessment to help determine priorities for our service area.

[x] State Advisory Council on Early Childhood Education and Care or similar coordinating body. Description/Results: The TLA CCDF Administrator/ECDC Director regularly attends the Oregon and Tribal CCDF Administrators' meetings and is an appointed Klamath Tribal representative on the Tribal Advisory Committee with Oregon DELC for the development of the Tribal Early Learning Hub.

[ ] Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Description/Results:

[x] Emergency management and response. Description/Results: The TLA collaborates with the Klamath Tribes Emergency Management department to review emergency actions plans for the TOC and emergency & response planning.

[x] Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Description/Results: The TLA through the TOC participates in the Oregon CACFP program to receive reimbursements for providing nutritious meals and snacks. Information is provided to providers about the CACFP program and application requirements.

[ ] McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Description/Results:

[ ] Agencies responsible for Medicaid and the State Children's Health Insurance Program. Description/Results:

[ ] Mental health services. Description/Results:

[x] Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Description/Results: The TLA CCDF Administrator/ECDC Director is a member of the Klamath Professional Advisory Committee for the South-Central Early Learning Hub. The TLA shares all professional development opportunities from the local CCRR with providers and families.

[x] Other agencies or entities with which the Tribal Lead Agency coordinates. Description/Results: The TLA collaborates with the Klamath Tribes Language department to provide monthly language meetings for TOC families. The TLA CCDF Administrator/ECDC Director also attends meetings for the Klamath Community College Early Childhood Advisory Board which provides guidance for developing the ECE programs.
1.8.2 Underserved Populations

In determining the Tribal community’s child care needs, **Tribal Lead Agencies must include underserved populations**, such as infants and toddlers, families experiencing homelessness, children with special needs, and children in need of non-traditional hours of care.

1.8.2.1 Underserved populations in determining the Tribal community’s child care needs.

Which underserved populations are included in determining the Tribal community’s child care needs? Check all that apply:

- [x] Infants and toddlers
- [x] Families experiencing homelessness
- [x] Children with special needs
- [x] Children in need of non-traditional hours of care
- [x] Other. Describe: **Children placed in Tribal/State child welfare custody or who are involved in child protective services, and Tribal TANF recipients.**

1.9 Program Integrity and Accountability

The Tribal Lead Agency, as the single point of contact for the administration of the Tribal CCDF program, is responsible for making sure that policies and procedures are in place to monitor programs and services; ensuring compliance with the rules of the program; and providing oversight in the expenditure of all funds, including identifying improper payments and undertaking fraud prevention and recovery efforts (98.11(b); 98.60(i); 98.66; 98.67; 98.68).

1.9.1 Identify Improper Payments

Tribal Lead Agencies are required to describe effective internal controls to identify improper payments through program policies and fiscal procedures.

1.9.1.1 How does the Tribal Lead Agency prevent and identify improper payments?

How does the Tribal Lead Agency prevent and identify improper payments? Check only those that apply:

- [x] Train staff on CCDF policies and regulations.
- [x] Conduct supervisory staff reviews or quality assurance reviews.
- [ ] Share data with other programs (e.g., state CCDF program, Tribal or state TANF program, Head Start, CACFP, other Tribal offices).
- [ ] Run system reports that flag errors.
- [x] Review enrollment documents and attendance or billing records.
- [x] Review provider records.
[x] Perform ongoing monitoring and assessment of policy implementation.

[ ] Other. Describe:

1.9.1.2 Investigating and collecting improper payments resulting from fraud

The Tribal Lead Agency is required to recover improper payments that are the result of fraud. How does the Tribal Lead Agency investigate and collect improper payments resulting from fraud? Check only those that apply:

[ ] Coordinate with and refer to other Tribal, state, or Federal agencies (e.g., Tribal Council, law enforcement).

[ ] Require recovery if the improper payment exceeds a specific dollar amount. Identify the minimum dollar amount: $

[x] Recover through repayment plans.

[x] Reduce payments in subsequent months.

[ ] Recover through payroll deductions (i.e., for CCDF clients, providers, and staff employed by the Tribe).

[ ] Other. Describe:

1.9.1.3 Recovering improper payments from unintentional errors/program violations.

The Tribal Lead Agency has the flexibility to recover improper payments that are the result of unintentional errors/program violations. Does the Tribal Lead Agency choose to investigate and collect improper payments resulting from unintentional errors/program violations?

[ ] No.

[x] Yes. How will the Tribal Lead Agency investigate and collect improper payments resulting from unintentional errors/program violations? Check only those that apply:

[ ] Coordinate with and refer to other Tribal, state, or Federal agencies (e.g., Tribal Council, law enforcement).

[ ] Require recovery if the improper payment exceeds a specific dollar amount. Identify the minimum dollar amount: $

[x] Recover through repayment plans.

[x] Reduce payments in subsequent months.

[ ] Recover through payroll deductions (for CCDF clients, providers, and staff employed by the Tribe).
1.10 Disaster Preparedness and Response Plan

In past disasters, and in response to the coronavirus disease 2019 (COVID-19) pandemic, the provision of emergency child care services, and the process of rebuilding and restoring the child care infrastructure has emerged as an essential service. **Tribal Lead Agencies are required to establish a Child Care Disaster Plan for the Tribal Service Area** (658E(c)(2)(U); 98.16(aa)). They must describe how they will address the needs of children, including the need for safe child care before, during, and after a state of emergency declared by the Governor or Tribal Chief Executive or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122).

1.10.1 Child Care Disaster Plan Coordination

Describe how the Child Care Disaster Plan was developed in collaboration with the appropriate stakeholders, which may include other programs within the Tribal Lead Agency’s governance structure or any other stakeholders identified by the Tribal Lead Agency: The TLA has adopted The Klamath Tribes Emergency Operations Plan (EOP) (Revised August 2020) to fulfill the requirement of the Child Care Disaster Plan. The EOP is an all-hazard plan that describes how The Klamath Tribes organize and respond to emergencies and disasters in the community. The EOP is designed to be compatible with federal, State of Oregon, and other applicable laws, regulations, plans, and policies, including Presidential Policy Directive 8, the National Response Framework and the State of Oregon Emergency Operations Plan. Consisting of a Basic Plan, Emergency Support Function Annexes that complement the federal and State of Oregon Emergency Support Functions, and Incident Annexes, this Emergency Operations Plan provides a framework for coordinated response and recovery activities during a large-scale emergency. The plan describes how various agencies and organizations within The Klamath Tribes will coordinate resources and activities with other federal, state, local, and private-sector partners. Copies of the plan are provided to the following jurisdictions, agencies, and persons electronically:

**Agency/Organization-Title/Name**

- Tribal Council-Chairman
- Tribal Administration-Emergency Manager, General Manager, Administrative Officer, Tribal Attorney, Maintenance and Security Manager
- Klamath Tribal Health & Family Services (KTHFS)-General Manager, Administrative Officer, Facilities Director
- The Klamath Tribes Judiciary-Court Administrator
- The Klamath Tribes Gaming Regulatory Commission-Chairman
- Kla-Mo-Ya Casino-General Manager
- Chiloquin Agency Lake Rural Fire Protection District-Fire Chief
- City of Chiloquin-Mayor
- Klamath County Emergency Management Agency-Emergency Manager
- Oregon Military Department, Office of Emergency Management-Plans and Training Section Manager
- Federal Emergency Management Agency (FEMA)-Region X Administrator, Region X Tribal Liaison
1.10.2 Disaster Plan Guidelines for Child Care Subsidies and Child Care Services

1.10.2.1 Child Care Disaster Plan with guidelines for child care subsidies/services.

Describe how the Child Care Disaster Plan includes the Tribal Lead Agency’s guidelines for the continuation of child care subsidies and child care services, which may include the provision of emergency and temporary child care services during a disaster, and temporary operating standards for child care after a disaster: The TLA will follow the Continuity of Operations Plan (COOP) which is complementary to The Klamath Tribes EOP. The COOP plan details the processes for accomplishing administrative and operational functions that may disrupt normal business activities. COOP plans identify essential functions of government, private-sector businesses, and community services and delineate procedures developed to support their continuation. COOP plan elements may include, but are not limited to:

- Ensuring The Klamath Tribes’ continuous functions and operations during an emergency.
- Maintaining clear lines of authority and, when necessary, implementing the approved line of succession and proper delegation of authority.
- Protecting critical facilities, equipment, vital records, and other assets.
- Reducing or mitigating disruptions to operations and essential community services.
- Reducing loss of life, minimizing property damage, and protecting the local economy from significant impacts.
- Achieving a timely and orderly recovery from emergencies and resumption of full services to the public.

The Klamath Tribes Tribal Council Chairman has the authority to declare a Tribal State of Emergency during which The Klamath Tribes may adopt temporary operating standards for child care, and approve emergency and temporary child care services. Child care services during this time could include distance learning or the temporary use of Tribal facilities that have been assessed and deemed safe. The Klamath Tribes Finance Department has primary responsibility for ensuring the continuation of child care subsidies through their own COOP.

1.10.3 Post-Disaster Recovery

1.10.3.1 Procedures for coordination of post-disaster recovery of child care services.

Describe Tribal Lead Agency procedures for the coordination of the post-disaster recovery of child care services: The TLA has adopted The Klamath Tribes Emergency Operations Plan (EOP) for the coordination of post-disaster recovery of all services including child care. Recovery comprises steps The Klamath Tribes will take after an emergency to restore government function and community services to levels that existed prior to the emergency. Recovery is both a short- and long-term process. Short-term operations seek to restore vital services to the community and provide for the basic needs of the public, such as bringing necessary lifeline systems (e.g., power, communication, water and sewage, disposal of solid and hazardous wastes, or removal of debris) to an acceptable standard while providing for basic human needs (e.g., food, clothing, and shelter). Once stability is
achieved, The Klamath Tribes can concentrate on long-term recovery efforts, which focus on restoring the community to a normal or improved state of affairs.

1.10.4 Disaster Procedures

1.10.4.1 Confirmation that providers’ disaster procedures are in place.

Describe how the Tribal Lead Agency ensures that providers who receive CCDF program funds have the following procedures in place:

- evacuation;
- relocation;
- shelter-in-place;
- lockdown;
- communications with and reunification of families;
- continuity of operations;
- and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions (98.41(a)(1)(vii)).

(Note: The Tribal Lead Agency should also describe these requirements for CCDF providers in Section 2.1.2.7 Standards and Training Requirements for Emergency Preparedness and Response Planning.)

The TLA requires all providers to create an emergency response plan that includes procedures for evacuation, relocation, shelter-in-place, lockdown, reunification with families, and special accommodations. The TLA supports family child care providers in the development of their plan through the use of a template that describes procedures specific to their facility and location. The emergency response plans are reviewed and monitored by the TLA.

1.10.5 Emergency Preparedness Training

1.10.5.1 Provider emergency preparedness training and practice drills.

Describe how the Tribal Lead Agency requires child care staff and volunteers (for providers who receive CCDF program funds) to complete emergency preparedness training and practice drill procedures. (Note: The Tribal Lead Agency should also describe these requirements for CCDF providers in Section 2.1.2.7 Standards and Training Requirements for Emergency Preparedness and Response Planning.)

The TLA requires all providers to complete the Oregon Center for Career Development Course "Introduction to Child Care Health and Safety" which includes training related to emergency preparedness and response planning. The TLA requires center-based providers to complete monthly evacuation drills and bi-monthly drills for other emergencies. The TLA requires family child care providers to complete one evacuation drill per year and at least one other emergency drill per year. The TLA monitors these using an Emergency Drills Record form.

2 Establish Standards and Monitoring Processes To Ensure the Health and Safety of Child Care Settings
Health and safety requirements apply to all Tribes regardless of allocation size and apply to all child care providers who receive CCDF program funds, including providers who only receive quality funds. **All Tribal Lead Agencies must certify that there are health and safety requirements applicable to providers serving CCDF children in effect.** These health and safety requirements must be appropriate to the provider setting (i.e., center-based child care including Tribally Operated Centers), family child care, or in-home child care) and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures to ensure that providers are complying with the requirements.

This section covers health and safety and comprehensive background checks requirements, including:

- Health and safety standards (98.41(a))
- Health and safety training (98.44(b))
- Monitoring and enforcement procedures to ensure that child care providers comply with health and safety requirements (98.16(n))
- Exemptions made for relative care providers over age 18 (98.16(l))
- Group size limits; child/staff ratios; and required qualifications for caregivers, teachers, and directors (98.16(m))
- Comprehensive background check requirements (98.16(o))

### 2.1 Overview of Health and Safety Standards and Monitoring

2.1.1 Overview of health and safety standards and monitoring.

Use the tables below to describe the health and safety standards used by the Tribal Lead Agency for each provider type, and the agency responsible for monitoring and enforcing the health and safety standards.

Use the tables below to describe the health and safety standards and monitoring agency for each category of care offered.

- If the Tribal Lead Agency has developed its own standards (even if those standards were adapted from other sources, such as Caring for Our Children: Basics and/or Minimum Health and Safety Standards: A Guide for American Indian and Alaskan Native Child Care and Development Fund Grantees or state licensing standards), check “Tribal Standards.”
- If the Tribal Lead Agency requires providers to meet standards established by a state agency (such as state licensing agency or state department of education), check “State Standards.”
- If the Tribal Lead Agency requires providers to meet standards from more than one source (e.g., state licensing standards for off-reservation providers and tribally developed standards for providers on the reservation), check “Tribal Standards,” “State Standards,” and “Other Standards or Combination of Standards” and describe which standards apply to which providers.
• If the Tribal Lead Agency requires providers to meet standards from a source not listed in the table (such as Indian Health Service, the Child and Adult Care Food Program, Caring for Our Children: Basics, and Caring for Our Children), then check “Other Standards or Combination of Standards” and describe the standards and the source(s) of the standards.

• If monitoring and inspection is conducted by an entity or agency other than the Tribal Lead Agency, such as the state licensing agency or the Indian Health Service, please indicate who conducts the visits and how the Tribal Lead Agency obtains the results of the monitoring. In cases where a combination of monitors/inspectors are used, check those that apply and provide a description.

2.1.1.1 Health and Safety Standards Used by the Tribal Lead Agency

Note: Provider Categories are enabled based on the Provider Types specified in 1.7.1 Providers that Offer Direct Services.

Provider Categories

Center-Based Child Care
- [x] Tribal Standards
- [x] State Standards
  - **State(s): Oregon**
  - [ ] Head Start/Early Head Start Standards
  - [x] Other Standards or Combination of Standards *(e.g., describe how more than one set of standards selected above are combined)*

  **Describe:** The TLA’s TOC will follow Tribal Standards which comply with the Minimum Standards for AIAN CCDF grantees and other granting agency requirements. State-licensed providers comply with the State of Oregon’s current child care rules for setting type. The TOC is also inspected annually by the NW Portland Area Indian Health Service.

Family Child Care
- [x] Tribal Standards
- [x] State Standards
  - **State(s): Oregon**
  - [ ] Head Start/Early Head Start Standards
  - [x] Other Standards or Combination of Standards *(e.g., describe how more than one set of standards selected above are combined)*

  **Describe:** Tribal Health & Safety Standards for family home care providers are used for Tribally licensed family child care providers. State-licensed providers comply with the State of Oregon’s current child care rules for setting type.

In-Home Care (in the child’s home)
- [ ] Tribal Standards
- [ ] State Standards
  - **State(s):**
  - [ ] Head Start/Early Head Start Standards
[ ] Other Standards or Combination of Standards (e.g., describe how more than one set of standards selected above are combined)

Describe:

2.1.1.2 Health and Safety Monitoring Used by the Tribal Lead Agency

Note: Provider Categories are enabled based on the Provider Types specified in 1.7.1 Providers that Offer Direct Services.

Provider Categories

Center-Based Child Care

[x] Tribal Monitoring

Entity: The TLA CCDF Administrator/ECDC Director in collaboration with the Grants and Compliance Officer of the Klamath Tribes Administration conducts an annual inspection of the TOC based on Tribal Standards.

[x] State Monitoring

State(s): Oregon

[x] Indian Health Services

[x] Other Monitoring (e.g., describe how more than one monitoring agencies selected above are combined)

Describe: The TLA's TOC is inspected annually by the NW Portland Area Indian Health Service facility surveyor utilizing Caring for our Children 4th edition standards. The TLA is also continuously monitored by the TLA CCDF Administrator/ECDC Director for compliance with Tribal standards. The Grants & Compliance officer certifies the TLA's TOC compliance to Tribal Standards. State-Licensed child care facilities are monitored by the State of Oregon DELC. The TLA verifies compliance of all state-licensed facilities by reviewing their active license.

Family Child Care

[x] Tribal Monitoring

Entity: The TLA monitors all Tribally licensed family child care providers using Tribal standards.

[x] State Monitoring

State(s): Oregon

[ ] Indian Health Services

[x] Other Monitoring (e.g., describe how more than one monitoring agencies selected above are combined)

Describe: The TLA CCDF Administrator/ECDC Director through staff monitors all Tribally licensed family child care providers using Tribal Standards. The TLA completes a certification process that includes criminal history background checks based on provider type (relative or non-relative), home inspection, and health & safety training. State-Licensed family child care providers are monitored by the State of Oregon DELC. The TLA verifies compliance of all state-licensed family child care providers by reviewing their active licenses.

In-Home Care (in the child’s home)

[ ] Tribal Monitoring

Entity:
2.1.2 Tribal Lead Agencies that select only “state standards” and “state monitoring”

Tribal CCDF programs that only use state-licensed providers for all provider types can skip detailed descriptions of the health and safety standards, training requirements, the health and safety monitoring, and enforcement policies and practices. Skip to 2.4.

2.1.2.1 Optional: Tribal Lead Agencies that rely only on state health and safety standards and monitoring to regulate all provider types may provide web links to relevant state agency policies.

2.2 Health and Safety Standards and Training Requirements for CCDF Providers

Tribal Lead Agencies are required to establish health and safety standards for all types of child care programs (i.e., center-based child care, including Tribally Operated Centers, family child care, or in-home child care) serving children receiving CCDF assistance, relating to the topics listed below, as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care providers receiving CCDF program funds, including those providers who are receiving only CCDF quality dollars through the Tribal Lead Agency. The only exception to this requirement is for providers over age 18 who are caring for their own relatives; Tribal Lead Agencies have the option to exempt relative care providers over age 18 from the health and safety requirements (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c))). This exemption applies only if the individual cares for relative children only. Exemptions for relative providers’ standards and training requirements will be addressed in section 2.3.

Tribal Lead Agencies are required to have minimum pre-service and/or orientation training requirements (to be completed within 3 months) for caregivers, teachers, and directors, as appropriate to the provider setting and the age of children served, that address the health and safety requirements described in 2.1.2 and 2.1.3 and child development.

Tribal Lead Agencies must also have ongoing training requirements on the health and safety topics for caregivers, teachers, and directors of children receiving CCDF program funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). The Tribal Lead Agency must describe its requirements for pre-service/orientation training and ongoing training.

Tribal Lead Agencies have flexibility in determining the number of training hours to require, but they may consult Caring for Our Children: Basics and/or Minimum Health and Safety Standards: A Guide for American Indian and Alaskan Native Child Care and Development Fund Grantees for best practices and recommended guidelines to address these training requirements.

2.2.1 Health and Safety Standards
Certify by describing how the following health and safety standards and ongoing training requirements for programs serving children receiving CCDF assistance are defined and established on the required topics (98.16(l)).

**Note:** Monitoring and enforcement will be addressed in subsection 2.2.

For each of the required health and safety topics, Tribal Lead Agencies must provide their definition and any variations based on the category of care (i.e., center-based child care, including Tribally Operated Centers, family child care, or in-home child care) and the ages of children served.

For example, Tribal Lead Agencies need to ensure that providers follow their safe-sleep practices for each age group in a center-based child care program. As such, Tribal Lead Agencies need to set standards around infant sleep practices (e.g., activities that prevent sudden infant death syndrome [SIDS]) and to ensure that providers who care for infants are trained on and met these standards. Likewise, Tribal Lead Agencies would set different safe-sleep standards for children of different ages (e.g., no safe-sleep practices for school-age children) and would ensure that providers who cared for children of other ages were aware of and met those standards.

2.2.1.1 Prevention (including immunizations) and control of infectious diseases.

Standard(s): Provide a brief summary of how this standard is defined. The description should identify the practices that must be implemented by child care programs. Include any variations based on the category of care or ages of the children served: This section discusses standards for preventing and responding to health and medical issues and addresses proper hygiene and sanitation. This section also discusses reasonable exclusion procedures for addressing instances of vaccine-preventable diseases. It also discusses requirements related to immunizations of children and staff in early care and education settings. Standards include:

Routine Oral Hygiene Activities
Diaper and Toileting*
Diaper Changing Surfaces and Procedure*
Hand Hygiene and Hand-washing Procedures*
Routine Cleaning, Sanitizing and Disinfecting*
Prevention of Exposure to Blood and Body Fluids
Management of Illness-Inclusion/Exclusion/Dismissal of Children*
Infectious Disease Outbreak Control
Immunization Documentation
Unimmunized Children
Immunization of Caregivers, Teachers, Directors

Standards with an asterisk also apply to family child care providers.

The TLA requires all providers to complete the Oregon Center for Career Development courses "Introduction to Child Care Health & Safety" and "Prevention is Better than Treatment" which includes training related to the prevention and control of infectious diseases including immunization. Center-based providers are required to complete training during pre-service and before unsupervised access to children. Family child care providers must complete training within the first 3 months of service delivery.
Pre-Service and Orientation Training:

To demonstrate compliance, certify by checking below how the Tribal Lead Agency requires this training topic be completed by providers during either pre-service or during an orientation period within 3 months of hire. Include any variations based on the category of care or ages of the children served.

- [x] Pre-service
- [x] Orientation within 3 months of hire

2.2.1.2 Prevention of SIDS and the use of safe-sleep practices.

1. Standard(s): Provide a brief summary of how this standard is defined. The description should identify the practices that must be implemented by child care programs. Include any variations based on the category of care or ages of the children served: **This section discusses standards for safe sleep practices to reduce the risk of sudden infant death syndrome (SIDS).**

   All providers must have policies that cover safe sleep practices and the prevention of sudden infant death syndrome (SIDS).
   All providers who care for infants should follow safe sleep practices as recommended by the American Academy of Pediatrics.
   Cribs, portable cribs, bassinets, or playpens used by all providers must comply with current U.S. Consumer Product Safety Commission and ASTM International safety standards (See Cribs and Play Yards in Building and Physical Premises Safety).
   Cradleboards may be used as a sleep surface for infants. When swaddling a baby for the cradleboard, caregivers should use a light blanket and make sure the baby does not overheat. Cradleboards should never be used when an infant is a passenger in a car or other motor vehicle. Providers should be trained regarding the appropriate use of cradleboards for infants.

   The TLA requires all providers to complete the Oregon Center for Career Development course "Safe Sleep for Oregon's Infants". Center-based providers are required to complete training during pre-service and before unsupervised access to children. Family child care providers must complete training within the first 3 months of service delivery.

2. Pre-Service and Orientation Training:

To demonstrate compliance, certify by checking below how the Tribal Lead Agency requires this training topic be completed by providers during either pre-service or during an orientation period within 3 months of hire. Include any variations based on the category of care, or ages of the children served.

- [x] Pre-service
- [x] Orientation within 3 months of hire

2.2.1.3 Administration of medication, consistent with standards for parental control.
1. Standard(s): Provide a brief summary of how this standard is defined. The description should identify the practices that must be implemented by child care programs. Include any variations based on the category of care or ages of the children served: This section discusses standards related to the recognition and reporting of child abuse and neglect in order to protect the health and safety of children.

1. Center-based providers must have policies and procedures regarding the administration and storage of medication, and medication administration training.
2. Medication administration by providers is limited to the following:
   a. Center-based providers must have written permission from the parent or guardian to administer prescription or nonprescription medication (over-the-counter).
   b. Prescription medication must be labeled with the child’s name; date the prescription was filled; name and contact information of the prescribing health professional; expiration date; medical need; instructions for administration; storage and disposal; and name and strength of the medication.
   c. Nonprescription medication (over-the-counter) must be labeled with the child’s name and in the original container as sold by manufacturer.
3. Center-based providers must document that the medicine was administered to the child as prescribed or authorized and notify parent or guardian daily of medication administration.
4. Center-based providers must never administer medication that is prescribed for one child to another child.
5. Center-based providers should not use medication beyond the date of expiration.
6. Center-based providers should return unused medications to parents or guardians for disposal.
7. All medications, refrigerated or unrefrigerated, should have child-resistant caps, be stored away from food at the proper temperature, and be inaccessible to children.
8. Any center-based provider who administers medication should complete a standardized training course that includes skill and competency assessment in medication administration. The trainer in medication administration should be a licensed health professional. Skill and competency should be monitored whenever an administration error occurs.

The TLA requires all providers to complete the Oregon Center for Career Development course "Introduction to Child Care Health & Safety" which includes training related to the administration of medication. The TLA also requires the TOC and center-based providers to complete additional training regarding medication administration. Center-based providers are required to complete online training during pre-service and before unsupervised access to children. The additional training required by Center-based providers may be completed within 3 months of hire. Family child care providers must complete the online training within the first 3 months of service delivery.

2. Pre-Service and Orientation Training:

To demonstrate compliance, certify by checking below how the Tribal Lead Agency requires this training topic be completed by providers during either pre-service or during an orientation period within 3 months of hire. Include any variations based on the category of care or ages of the children served.

[x] Pre-service
2.2.1.4 Prevention of and response to emergencies due to food and allergic reactions.

1. Standard(s): Provide a brief summary of how this standard is defined. The description should identify the practices that must be implemented by child care programs. Include any variations based on the category of care or ages of the children served: This section discusses standards to address the care of children with food allergies, and proper storage, preparation, and serving practices to prevent disease, illness, and choking.

Tribal Standards include:

- Care of Children with Food Allergies
- Availability of Drinking Water*
- Preparing, Feeding, and Storing Human Milk*
- Preparing, Feeding, and Storing Infant Formula
- Warming Bottles and Infant Foods*
- Foods that are choking hazards*
- Food Preparation Area Access
- Compliance with US Food and Drug Administration (FDA) Sanitation Standards

Standards with an asterisk also apply to family child care providers.

The TLA requires all providers to complete the Oregon Center for Career Development courses "Introduction to Child Care Health & Safety" and "Prevention is Better than Treatment" which includes training related to emergencies due to food and allergic reactions. Center-based providers are required to complete training during pre-service and before unsupervised access to children. Family child care providers must complete training within the first 3 months of service delivery.

2. Pre-Service and Orientation Training:

To demonstrate compliance, certify by checking below how the Tribal Lead Agency requires this training topic be completed by providers during either pre-service or during an orientation period within 3 months of hire. Include any variations based on the category of care, or ages of the children served.

- [x] Pre-service
- [x] Orientation within 3 months of hire

2.2.1.5 Safety of building and physical premises.

Safety of building and physical premises, including the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic.

1. Standard(s): Provide a brief summary of how this standard is defined. The description should identify the practices that must be implemented by child care programs. Include any variations based on the category of care, or ages of the children served: This section discusses standards for a safe physical environment to prevent injuries and health hazards in early care and education settings. This section discusses physical safety standards for indoor and outdoor play areas. This section also discusses
policies and procedures that protect the safety and well-being of children and staff in early care and education settings. Tribal Standards include:

- Inspection of Buildings
- Compliance with Fire Prevention Code*
- Safety of Equipment, Materials, and Furnishings*
- Supervision near Water*
- Location of Play Areas near Bodies of Water, Enclosures for Outdoor Play Areas, and Enclosures of Bodies of Water*
- Location of Electrical Devices near Water*
- Water in Containers*
- Use of Tobacco, Alcohol, Marijuana, and Illegal Drugs*
- Sun-Safety, Including Sunscreen
- Strangulation Hazards*
- Environmental Audit of Site Location
- Guardrails and Protective Barriers*
- Safety Covers and Shock Protection Devices for Electrical Outlets*
- Carbon Monoxide Detectors
- Integrated Pest Management*
- Availability and Use of a Telephone or Wireless Communication Device*
- Cribs and Play Yards*
- Firearms*
- Prohibited Surfaces for Placing Climbing Equipment
- Inspection of Indoor and Outdoor Play Areas and Equipment
- Lifesaving Equipment*
- Sign-In and Sign-Out System*
- Authorized Persons to Pick up Child*

Standards with an asterisk also apply to family child care providers.

The TLA requires all providers to complete the Oregon Center for Career Development course "Introduction to Child Care Health & Safety" which includes training related to the safety of buildings and physical premises. Center-based providers are required to complete training during pre-service and before unsupervised access to children. Family child care providers must complete training within the first 3 months of service delivery.

2. Pre-Service and Orientation Training:

To demonstrate compliance, certify by checking below how the Tribal Lead Agency requires this training topic be completed by providers during either pre-service or during an orientation period within 3 months of hire. Include any variations based on the category of care, or ages of the children served.

[x] Pre-service

[x] Orientation within 3 months of hire

2.2.1.6 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.
1. Standard(s): Provide a brief summary of how this standard is defined. The description should identify the practices that must be implemented by child care programs. Include any variations based on the category of care or ages of the children served: This section discusses standards to protect children while in the care of early care and education providers. Training can help early childhood staff prevent, identify, and report shaken baby syndrome and child abuse and neglect. This section also outlines activities that should be avoided because they are harmful to children’s health, safety, and well-being, such as suspension, expulsion, abuse, maltreatment, and excessive punishment. Tribal Standards include:

Child Abuse and Neglect Education*
Prohibited child care provider and teacher behaviors*
Preventing and Identifying Shaken Baby Syndrome and Abusive Head Trauma*
Preventing Expulsions, Suspensions, and other limitations in Service

Standards with an asterisk also apply to family child care providers.
The TLA requires all providers to complete the Oregon Center for Career Development course "Introduction to Child Care Health & Safety" which includes training related to the prevention of shaken baby syndrome, abusive head trauma, and child maltreatment. Center-based providers are required to complete training during pre-service and before unsupervised access to children. Family child care providers must complete training within the first 3 months of service delivery.

2. Pre-Service and Orientation Training:

To demonstrate compliance, certify by checking below how the Tribal Lead Agency requires this training topic be completed by providers during either pre-service or during an orientation period within 3 months of hire. Include any variations based on the category of care, or ages of the children served.

[x] Pre-service
[x] Orientation within 3 months of hire

2.2.1.7 Emergency preparedness and response planning

Emergency preparedness and response planning resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1-2) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195(a)(1-2)).

1. Standard(s): Provide a brief summary of how this standard is defined. The description should identify the practices that must be implemented by child care programs. Include any variations based on the category of care, or ages of the children served: This section discusses standards to decrease the risk of preventable incidents such as injuries, illnesses, medical emergencies, and deaths in early care and education settings. Emergency procedures and training help prepare staff to prevent and respond to medical emergencies. Tribal Standards include:

Emergency Procedures*
First Aid and Emergency Supplies*
Written Plan and Training for Handling Urgent Medical Care and Threatening Incidents*
Disaster Planning, Training, and Communication, and Emergency and Evacuation Drills*

Standards with an asterisk also apply to family child care providers.

The TLA requires all providers to complete the Oregon Center for Career Development course "Introduction to Child Care Health & Safety" which includes training related to emergency preparedness and response planning. Center-based providers are required to complete training during pre-service and before unsupervised access to children. Family child care providers must complete training within the first 3 months of service delivery.

2. Pre-Service and Orientation Training:

To demonstrate compliance, certify by checking below how the Tribal Lead Agency requires this training topic be completed by providers during either pre-service or during an orientation period within 3 months of hire. Include any variations based on the category of care, or ages of the children served.

- [x] Pre-service
- [x] Orientation within 3 months of hire

2.2.1.8 Handling and storage of hazardous materials and the appropriate disposal of biocontaminants.

1. Standard(s): Provide a brief summary of how this standard is defined. The description should identify the practices that must be implemented by child care programs. Include any variations based on the category of care, or ages of the children served: This section discusses standards to reduce the risk of exposure to health hazards in early care and education settings.

   1. All providers must ensure that all toxic substances are inaccessible to children and must not be used when children are present.
   2. Toxic substances should be used as recommended by the manufacturer and stored in the original labeled containers.
   3. All providers must have the number for the poison control center posted and readily accessible in emergency situations.

   The TLA requires all providers to complete the Oregon Center for Career Development course "Introduction to Child Care Health & Safety" which includes training related to the handling and storage of hazardous materials and the appropriate disposal of bio-contaminants. Center-based providers are required to complete training during pre-service and before unsupervised access to children. Family child care providers must complete training within the first 3 months of service delivery.

2. Pre-Service and Orientation Training:

To demonstrate compliance, certify by checking below how the Tribal Lead Agency requires this training topic be completed by providers during either pre-service or during an orientation period within 3 months of hire. Include any variations based on the category of care, or ages of the children served.

- [x] Pre-service
- [x] Orientation within 3 months of hire
2.2.1.9 Precautions in transporting children (if applicable)

1. Standard(s): Provide a brief summary of how this standard is defined. The description should identify the practices that must be implemented by child care programs. Include any variations based on the category of care, or ages of the children served: When transportation is provided to children in care, this section discusses physical safety standards for transportation vehicles. It also discusses standards for driver qualifications. Tribal Standards include:
   - Qualifications of Drivers*
   - Child Passenger Safety*
   - Interior Temperature of Vehicles
   - Passenger Vans
   - Vehicle Insurance*

   Standards with an asterisk also apply to family child care providers.

   If transportation is provided, the TLA requires all providers to complete the Oregon Center for Career Development course "Introduction to Child Care Health & Safety" which includes training related to precautions in transporting children. Center-based providers are required to complete training during pre-service and before unsupervised access to children. Family child care providers must complete training within the first 3 months of service delivery.

2. Pre-Service and Orientation Training:

   To demonstrate compliance, certify by checking below how the Tribal Lead Agency requires this training topic be completed by providers during either pre-service or during an orientation period within 3 months of hire. Include any variations based on the category of care, or ages of the children served.

   [x] Pre-service
   [x] Orientation within 3 months of hire

2.2.1.10 Pediatric first aid and cardiopulmonary resuscitation (CPR)

1. Standard(s): Provide a brief summary of how this standard is defined. The description should identify the practices that must be implemented by child care programs. Include any variations based on the category of care, or ages of the children served: This section discusses standards for responding to health and medical issues where the use of age-appropriate cardiopulmonary resuscitation (CPR) and first aid may be necessary.

   First Aid and CPR Training for Staff
   All providers should have up-to-date documentation of satisfactory completion of training in pediatric first aid and current certification in pediatric CPR.
   Additionally, at least one staff member off-site and in each vehicle during transportation should have the same training. Records of successful completion of training in pediatric first aid and CPR should be maintained in the personnel files of the facility.

   The TLA requires all providers to complete an accredited First Aid/CPR course and maintain current
2. Pre-Service and Orientation Training:

To demonstrate compliance, certify by checking below how the Tribal Lead Agency requires this training topic be completed by providers during either pre-service or during an orientation period within 3 months of hire. Include any variations based on the category of care, or ages of the children served.

[ ] Pre-service
[x] Orientation within 3 months of hire

2.2.1.11 Recognition and reporting of child abuse and neglect

1. Standard(s): Provide a brief summary of how this standard is defined. The description should identify the practices that must be implemented by child care programs. Include any variations based on the category of care, or ages of the children served: This section discusses standards related to the recognition and reporting of child abuse and neglect in order to protect the health and safety of children.

All providers are mandated reporters of child abuse and neglect. All providers should have a written policy for reporting child abuse and neglect. The written policy should specify that in any instance where there is reasonable cause to believe that child abuse or neglect has occurred, the individual who suspects child abuse or neglect should report his or her suspicions directly to the child abuse reporting hotline, child protective services, or the tribal or state police, as required by tribal, federal, state, and local laws.

The TLA requires all providers to complete the Oregon Center for Career Development course "Recognizing and Reporting Child Abuse and Neglect" which includes training about recognizing and reporting child abuse and neglect. Center-based providers are required to complete training during pre-service and before unsupervised access to children. Family child care providers must complete training within the first 3 months of service delivery.

2. Pre-Service and Orientation Training:

To demonstrate compliance, certify by checking below how the Tribal Lead Agency requires this training topic be completed by providers during either pre-service or during an orientation period within 3 months of hire. Include any variations based on the category of care, or ages of the children served.

[x] Pre-service
[x] Orientation within 3 months of hire

2.2.1.12 Child Development

1. Describe how training addresses child development principles, including the major domains of cognitive, social, emotional, and physical development and approaches to learning (98.44(b)(1)(iii)).
TLA requires all providers to complete the Oregon Center for Career Development course "Foundations for Learning" which discusses the early relationships children form with parents, teachers, and caregivers and how those relationships profoundly impacts their development on all levels: physical, cognitive, social, and emotional. Center-based providers are required to complete training during pre-service and before unsupervised access to children. Family child care providers must complete training within the first 3 months of service delivery.

2. Pre-Service and Orientation Training:
   
i. Describe any variations based on the category of care, or ages of the children served: All providers must complete this training, it pertains to children ages 0-12.
   
ii. To demonstrate compliance, certify by checking below when the Tribal Lead Agency requires these training topics be completed by providers during either pre-service or during an orientation period within 3 months of hire.

   [x] Pre-service
   [x] Orientation within 3 months of hire

2.2.2 Ongoing Training Requirements

2.2.2.1 Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii)).

1. Center-Based Child Care Providers (e.g., Tribally Operated Centers): 15
2. Family Child Care: 2
3. In-Home Child Care (care in the child’s home):

2.2.2.2 Describe any variations based on the ages of the children served: Training should be appropriate to the age of children in care and designed to improve the quality of care provided to children.

2.2.2.3 How do providers receive updated information and/or ongoing training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above. Include any variations based on the category of care, or ages of the children served: The Oregon DELC through local CCRR provides quarterly professional development opportunities and DELC updates through their newsletters that is shared by the TLA to all providers. The Oregon DELC also publicizes updates to health and safety standards and practices on their website and through emails, these are also shared by the TLA to all providers. The TLA provides a copy of the Tribal health and safety standards to all providers and shares any updates to standards in electronic and written communications.

2.2.3 Optional Standards

The Tribal Lead Agency may also establish standards on optional health and safety topics that reflect the needs of the community served by the Tribal Lead Agency. These optional standards can include those
related to nutrition, access to physical activity, care for children with special needs, and any other topic determined to be relevant by the Tribal Lead Agency (98.41(a)(1)(xii)).

2.2.3.1 Optional health and safety standards.

Does the Tribal Lead Agency include optional standards in addition to the required health and safety topics in their health and safety standards?

[ ] No. If no, skip to 2.2.4.

[x] Yes. If yes, please complete the following questions, 2.2.3.2 to 2.2.3.5, as appropriate, on optional health and safety standards.

2.2.3.2 Nutrition.

1. Summarize how this standard is defined, including any variations based on the category of care, or ages of the children served: **Use of U.S. Department of Agriculture Child and Adult Care Food Program Guidelines**
   
   Center-based providers should serve nutritious and sufficient foods that meet the requirements for meals of the child care component of the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP).

   Traditional Native American foods (for example, fresh-grown fruits and vegetables, hunted game, and fresh fish) may be served as described in the USDA memorandum, Tribal Participation in the CACFP and the SFSP (#CACFP18 SFSP14-2012).

2.2.3.3 Access to physical activity.

1. Summarize how this standard is defined, including any variations based on the category of care, or ages of the children served: **Center-based providers should actively encourage developmentally appropriate active play for all children, including infants and toddlers, every day. The children should have the opportunities to engage in moderate to vigorous activities indoors and outdoors. Providers should ensure that toddlers be allowed 60-90 minutes of physical activity per 8-hour day and preschoolers 90-120 minutes of physical activity per 8-hour day.**

2.2.3.4 Caring for children with special needs.

1. Summarize how this standard is defined, including any variations based on the category of care, or ages of the children served: **Children with special health care needs are defined as those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.**

2. Any child who meets these criteria in an early care and education setting should have an up-to-date routine and emergent care plan, completed annually by their primary health care provider with input from parents or guardians, included in their confidential child file and readily accessible to those caring for the child.

3. Community resources and/or agreements with other organizations should be used to ensure that
adequate information, training, and monitoring are available for early care and education staff.
4. Providers should undergo training in pediatric first aid and cardiopulmonary resuscitation (CPR) that includes responding to an emergency for any child with a special health care need.

2.2.3.5 Other areas promoting child development or protecting children’s health and safety.

Any other areas determined necessary to promote child development or to protect children’s health and safety.

Summarize how this standard is defined, including any variations based on the category of care or ages of the children served:

Contents of Child Records
All center-based providers should maintain a confidential file for each child in one central location on site, which should be immediately available to the child’s caregivers and teachers, the child’s parents or guardians, and the licensing authority upon request. The file for each child should include at a minimum the following:
1. Enrollment information
2. Admission agreement signed by the parent or guardian at enrollment
3. Initial and updated health care assessments, completed and signed by the child’s primary care provider, based on the child’s most recent well-child exam
4. Health history completed by the parent or guardian
5. Medication record
6. Authorization form for emergency medical care
7. Results of developmental and behavioral screenings
8. Records of persons authorized to pick up child
9. Emergency contacts
10. Written informed consent forms signed by the parent or guardian allowing the facility to share the child’s health records with other service providers

Screening and Ongoing Assessment
Center-based providers must have policies and procedures for monitoring children’s development and obtaining consent for screening. Information regarding developmental screenings must be provided to families as part of the intake process for center-based providers.
Center-based providers should have a formalized system of developmental screening with all children that can be used near the beginning of a child’s placement in the program, at least yearly thereafter, and as developmental concerns become apparent to staff and/or parents/guardians. The formalized system should include a process for determining when a health or developmental screening or evaluation for a child is necessary. This process should include parental/guardian consent and participation.
Parents/guardians should be explicitly invited to:
a. Discuss reasons for a health or developmental assessment;
b. Participate in discussions of the results of their child’s evaluations and the relationship of their child’s needs to the providers’ ability to serve that child appropriately;
c. Give alternative perspectives;
d. Share their expectations and goals for their child and have these expectations and goals integrated with any plan for their child;
ed. Explore community resources and supports that might assist in meeting any identified needs that child care centers and family child care homes can provide;
f. Give written permission to share health information with primary health care professionals (medical home), child care health consultants and other professionals as appropriate;

Center-based providers should have clear policies for using reliable and valid methods of developmental screening with all children and for making referrals for diagnostic assessment and possible intervention for children who screen positive. Center-based providers should use methods of ongoing developmental assessment that inform the curricular approaches used by the staff.

Screen Time and Technology
Center-based providers must have policies and procedures regarding screen time and technology. Center-based providers should limit screen time and the use of passive media and ensure that all usage is developmentally-appropriate.

Provider and Teacher Relationships
Center-based providers must have policies and procedures for teacher-child interactions which include relationships for children.

Center-based providers should practice a relationship-based philosophy that promotes consistency and continuity of caregivers/teachers for children. Center-based providers should practice of continuity of care that gives children the added benefit of the same teacher/caregiver during the time of enrollment. Center-based providers should limit the number of caregivers/teachers who interact with any one infant or toddler.
The facility’s touch policy should be direct in addressing that children may be touched when it is appropriate for, respectful to, and safe for the child. Caregivers/teachers should respect the wishes of children, regardless of their age, for physical contact and their comfort or discomfort. Caregivers/teachers should avoid even friendly contact (e.g. touching the shoulder or arm) with a child that expresses that he or she is uncomfortable.

Active Supervision: Center-based Providers
Center-based providers must have policies and procedures regarding the active supervision of all children in care.

Center-based providers must ensure active and positive supervision of infants, toddlers, preschoolers, and school-aged children by sight and hearing at all times, including when children are resting or sleeping, eating, being diapered, or using the bathroom (as age appropriate) and when children are outdoors.

Center-based providers must have policies and procedures regarding the active supervision of all children in care.

Center-based providers should position themselves so they can observe all of the children: watching, counting, and listening at all times. During transitions, providers should account for all children with name-to-face recognition by visually identifying each child. Knowledge of each child's
development and abilities should be used to anticipate what they will do, then providers will get involved and redirect as necessary.

Center-based program spaces should be designed with visibility that allows constant, unobtrusive adult supervision and allows for children to have alone time or quiet play in small groups. Playground supervision should incorporate strategic watching of all the children within a specific territory and not engaging in prolonged dialog with any one child or group including other staff. Providers should repeatedly count children, record the count, ensure accuracy and be able to verbally state how many children are in care at all times. The count should be recorded on the attendance sheet or other paper. An accurate count is required at all times.

Developmentally appropriate child-to-staff ratios should be met during all hours of operation, including indoor and outdoor play and field trips. Additionally, all safety precautions for specific areas and equipment should be followed. No center-based provider should operate with fewer than 2 staff members if more than 6 children are in care, even if the group otherwise meets the child-to-staff ratio. Although providers often downsize the number of staff for early arrival and late departure times, another adult should be present to help in the event of an emergency.

Active Supervision: Family Child Care Providers

Family care providers must have policies and procedures for the active supervision of children in care. At a minimum, the policies and procedures should include the following:

Family Care providers should ensure children under the age of 3 are in the provider’s line of sight at all times, except when he or she attends to personal needs for up to 5 minutes. The provider assures the safety of all children while attending to personal needs. Children aged 3 and older may be out of the provider’s line of sight for short periods of time, as long as the provider is close by and listens carefully to assure all children are safe. Children under the age of 6 are never inside or outside by themselves. When children are inside, the provider is inside. When children are outside, the provider is outside.

When children are sleeping, the provider can hear them (monitors are permitted). The provider visually checks on babies under the age of 8 months every 15 minutes (visual monitors are not permitted as a substitute for a visual check). The provider’s own children may sleep in their own beds regardless of age.

The provider is particularly careful in supervising children in potentially hazardous activities including swimming, water play, woodworking, cooking, and field trips.

2.2.4 Standards on Child/Staff Ratios, Group Sizes, and Qualifications for CCDF Providers

Tribal Lead Agencies are required to establish child care standards for providers receiving CCDF program funds regarding appropriate child to staff ratios (by age range of the child), group size limits for specific age populations, and the required qualifications for providers based on the type of child care setting (i.e., center-based child care providers (including Tribally Operated Centers), family child care providers, or in-
home child care providers). This requirement also applies to providers who are only receiving quality CCDF dollars (658E(c)(2)(H); 98.16(m); 98.41(d)).

Tribal Lead Agencies have flexibility in defining standards and provider types that are reflective of the culture and language, and that meet the needs of the children and families served.

2.2.4.1 Describe standards on child/staff ratios and group sizes for CCDF providers.

Note: Applicable Provider Types can be selected in 1.7.1.1 Providers that Offer Direct Services

1. Center-Based Child Care Providers
   i. Infant
      Define age range: from 6 weeks[ ] months[ ] years[ ] through 23 weeks[ ] months[ ] years[ ]
      Ratio: 4:1
      Group size: 8

   ii. Toddler
      Define age range: from 24 weeks[ ] months[ ] years[ ] through 35 weeks[ ] months[ ] years[ ]
      Ratio: 4:1
      Group size: 8

   iii. Preschool
      Define age range: from 36 weeks[ ] months[ ] years[ ] through 5 weeks[ ] months[ ] years[ ]
      Ratio: 10:1
      Group size: 20

   iv. School-Age
      Define age range: from 5 weeks[ ] months[ ] years[ ] through 12 weeks[ ] months[ ] years[ ]
      Ratio: 15:1
      Group size: 30

   v. Mixed-Age Groups (if applicable):
      Ratio: Based on the age of the youngest child in care.
      Group size: 8

2. Family Child Care Providers
i. Infant

Define age range: from 6 weeks [x] months [x] years [x] through 23 weeks [x] months [x] years [x]
Ratio: 4:1
Group size: 12

ii. Toddler

Define age range: from 24 weeks [x] months [x] years [x] through 35 weeks [x] months [x] years [x]
Ratio: 4:1
Group size: 12

iii. Preschool

Define age range: from 36 weeks [x] months [x] years [x] through 5 weeks [x] months [x] years [x]
Ratio: 10:1
Group size: 12

iv. School-Age

Define age range: from 6 weeks [x] months [x] years [x] through 12 weeks [x] months [x] years [x]
Ratio: 15:1
Group size: 16

v. Mixed-Age Groups (if applicable)

Ratio: Based on the age of the youngest child in care.
Group size: 12

3. In-Home Child Care Providers

i. Infant

Define age range: from weeks [x] months [x] years [x] through weeks [x] months [x] years [x]
Ratio:
Group size:
ii. Toddler

Define age range: from weeks[ ] months[ ] years[ ]
through weeks[ ] months[ ] years[ ]
Ratio: 
Group size:

iii. Preschool

Define age range: from weeks[ ] months[ ] years[ ]
through weeks[ ] months[ ] years[ ]
Ratio: 
Group size:

iv. School-Age

Define age range: from weeks[ ] months[ ] years[ ]
through weeks[ ] months[ ] years[ ]
Ratio: 
Group size:

v. Mixed-Age Groups (if applicable): 

Ratio: 
Group size:

2.2.5 Provide the teacher/caregiver qualifications for each category of CCDF providers.

2.2.5.1 Center-Based Child Care Providers (e.g., Tribally Operated Centers):
Note: Applicable Provider Types can be selected in 1.7.1.1 Providers that Offer Direct Services

1. Describe the teacher qualifications: TOC Teachers must be at least 18 years of age or older. Must possess a high school diploma or GED. Must either have (a) a nationally recognized credential related to the ages of children in care, (b) an Associate's Degree in Early Childhood Education, or (c) documentation of obtaining at least step 8 in the Oregon Registry. Must have 2 years of progressively responsible experience and skills within an early childhood or other educational environments. Must possess a current and valid First Aid/CPR card. Must be able to lift and carry 40 lbs. Must submit and clear criminal history background check.

2. Describe the director qualifications: TOC Director must be at least 18 years of age or older and possess a Bachelor's Degree in Early Childhood/Education, Social Work, Child Psychology, General Education, Human Services, or a related field. Must have 5 years experience in an administrative capacity with direct staff supervision, with at least 2 years directly managing early childhood development programs. Must have 3 years of budgetary experience. Must possess a current and valid CPR/First Aid card. Must
possess and maintain Oregon Driver’s License and be insurable by the Klamath Tribes. Must submit to and clear criminal history background check. Preferable to have positive working experience with Native Americans.

2.2.5.2 Family Child Care Providers:
Note: Applicable Provider Types can be selected in 1.7.1.1 Providers that Offer Direct Services

1. Describe the teacher qualifications: Family child care providers must be at least 18 years of age or older and must submit to and clear criminal history background checks.

2. Describe the director qualifications (if applicable):

2.2.5.3 In-Home Child Care Provider (care in the child’s home):
Note: Applicable Provider Types can be selected in 1.7.1.1 Providers that Offer Direct Services

1. Describe the teacher qualifications:

2.3 Monitoring and Enforcement Policies and Practices for CCDF Providers

2.3.1 Enforcement of Health and Safety Requirements

Tribal Lead Agencies must certify that procedures are in effect to ensure that child care providers caring for children receiving CCDF services comply with all applicable Tribal and/or state and local health, safety, and fire standards, including those described in 98.41 and 98.42(a).

This certification may include, but is not limited to, any systems used to ensure that providers met health and safety requirements, any documentation required to be maintained by child care providers, and any other monitoring procedures to ensure compliance. Tribal Lead Agencies are subject to the provision at 98.42(b)(2) to require inspections of child care providers and facilities that receive CCDF program funds.

Tribal Lead Agencies must conduct at least one pre-licensure/pre-service inspection for compliance with health, safety, and fire requirements and annual, unannounced inspections for licensed/regulated providers and facilities. Tribal Lead Agencies must also conduct annual inspections for license-exempt CCDF providers for compliance with health, safety, and fire requirements.

Tribal Lead Agencies may propose an alternative approach to meet the annual inspection requirements. In its justification, the Tribal Lead Agency must describe how the alternative approach is appropriately comprehensive and protects the health and safety of children in care.

2.3.1.1 Annual inspections of CCDF providers policies and practices.
Note: Applicable Provider Types can be selected in 1.7.1.1 Providers that Offer Direct Services

Describe the Tribal Lead Agency’s policies and practices for annual inspections of CCDF providers for compliance with health, safety, and fire requirements for the following categories of providers. In-home child care providers can answer “not applicable” if they are not regulated.
Center-Based Child Care Providers (e.g., Tribally Operated Centers): Center-based providers must be inspected bi-annually by a qualified fire prevention official, such as the State Fire Marshall, or the Klamath Tribes Emergency Manager. The TOC is inspected annually by the NW Portland Area Indian Health Service facility surveyor utilizing Caring for our Children 4th edition standards. If the IHS surveyor is unavailable, the TOC will be inspected by another qualified environmental health specialist, such as the Klamath County Public Health Department or The Klamath Tribes Public Health program. The TOC is also continuously monitored by the TLA CCDF Administrator/ECDC Director for compliance with Tribal standards. The Grants & Compliance officer certifies the TOC compliance to Tribal Standards every two years. All center-based providers should hold and post a valid license as record of compliance to Tribal standards.

Family Child Care Providers: Family child care providers who are licensed by the TLA are monitored annually by the TLA. TLA staff complete a prelicensure inspection which includes training on Tribal standards and assisting providers with meeting Standards as appropriate. After the initial inspection, TLA staff complete at least one unannounced annual home inspection with family child care providers to ensure compliance is maintained. Additional inspections shall take place if needed to achieve satisfactory compliance. TLA monitors complete a monitoring checklist during each monitoring visit that indicates whether the provider is in compliance or out of compliance with applicable standards. If standards are not met, corrective actions steps are indicated on the monitoring checklist. TLA monitor will document when providers have completed corrective action plan. All family child care providers should hold and maintain a valid license as record of compliance to Tribal standards.

In-Home Child Care Providers (care in the child’s home):

2.3.1.2 Does the Tribal Lead Agency have a stand-alone licensing system (Tribal Lead Agencies do not need to describe a state licensing system for state licensed providers)?

Note: Applicable Provider Types can be selected in 1.7.1.1 Providers that Offer Direct Services

[x] No (Skip to 2.3.1.3)

[ ] Yes

If yes, describe the Tribal Lead Agency’s pre-licensure inspections and annual, unannounced inspections for licensed CCDF providers policies and practices for the following categories of providers.

Center-Based Child Care Providers (e.g., Tribally Operated Centers):

Family Child Care Providers:

In-Home Child Care Providers (care in the child’s home):

2.3.1.3 Alternative approach to inspection requirements.

Does the Tribal Lead Agency have an alternative approach to the inspection requirements at 98.42(b)(2)?
[ ] Yes. Describe how the alternative approach is appropriately comprehensive and protects the health and safety of children in care:

[x] No.

2.3.2 Monitoring Inspectors

_Tribal Lead Agencies must have policies and practices ensuring that individuals who are hired as inspectors or monitors are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served._

Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the requirements detailed in Section 2.1.2 (658E(c)(2)(K)(i)(I); 98.42(b)(1)).

2.3.2.1 Qualifications for inspectors or monitors to inspect facilities and providers.

To certify, describe how the Tribal Lead Agency ensures that inspectors or monitors are qualified to inspect child care facilities and providers: _TLA monitors must have a working knowledge of the Tribal health and safety standards. They are also required to complete training from the AIAN CCDF Monitoring Toolkit, and stay up to date on monitoring information found on the Tribal Child Care Capacity Building Center’s website. The TLA CCDF Administrator/ECDC Director provides oversight to all monitors to ensure that they are qualified._

2.3.2.2 Inspectors or monitors training on health and safety requirements.

To certify, describe how the inspectors or monitors have received training on health and safety requirements that are appropriate to the age of the children in care, and the type of provider setting (98.42(b)(1)): _Monitors must complete initial training within the first 90 days of hire and before any monitoring inspections take place. The TLA CCDF Administrator/ECDC Director will accompany the monitor on initial monitoring visits to ensure that they have a complete understanding and knowledge of the Tribal health and safety standards._

2.3.2.3 Ratio of Inspectors or Monitors to Child Care Providers

The Tribal Lead Agencies must have policies and practices requiring the ratio of inspectors or monitors to child care providers and facilities to be maintained at a level sufficient to conduct effective inspections of child care providers and facilities on a timely basis in accordance with Tribal, Federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

_The ratio of monitors to providers is one monitor to 20 providers._

2.3.2.4 Policies and practices regarding the ratio of inspectors or monitors to child care providers.

Describe the Tribal Lead Agency’s policies and practices regarding the ratio of inspectors to child care providers (i.e., the number of inspectors per number of child care providers) and facilities within that agency’s inspection area and include how the ratio is sufficient to conduct effective inspections on a timely basis: _The TLA only monitors Tribally licensed child care providers. All providers who receive_
CCDF funds need to be registered with the Klamath Tribes. If the provider resides on the Klamath Tribes' lands or they are exempt from state licensing, then they are licensed by the Klamath Tribes. All other providers are licensed and monitored by the State of Oregon. This means that there are a limited number of Tribally licensed child care providers and this allows the TLA to complete effective inspections in a timely fashion.

2.4 Exemptions for Relative Providers

Tribal Lead Agencies have the option to exempt relatives over age 18 (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from some/all health and safety requirements. Note: This exception applies if the individual cares only for relative children.

Check and describe, where applicable, the policies that the Tribal Lead Agency has regarding exemptions for eligible relative providers over age 18 for the following health and safety requirements. The description should include the health and safety requirements that relatives are exempt from, if applicable, and which of the federally defined relatives the exemption applies to.

2.4.1 Health and Safety Standards

2.4.1.1 Health and Safety Standards (as described in Sections 2.2.1, 2.2.2, 2.2.4, and 2.2.6).

Note: Applicable Provider Types can be selected in 1.7.1.1 Providers that Offer Direct Services

[ ] Relative providers are exempt from all health and safety standard requirements

[x] Relative providers are exempt from a portion of health and safety standard requirements.

Describe: Relative providers are only exempt from portions of the criminal history background check. Relative providers complete an alternative approach to the criminal history background check which includes the following checks (if possible): Name-based criminal history check, State Child Abuse and Neglect Registry, State Registered Sex Offender database (lifetime), and Indian Child Welfare Program review.

[ ] Relative providers must fully comply with all health and safety standard requirements.

2.4.2 Health and Safety Training

2.4.2.1 Health and Safety Training (as described in Sections 2.2.2 and 2.2.3).

Note: Applicable Provider Types can be selected in 1.7.1.1 Providers that Offer Direct Services

[ ] Relative providers are exempt from all health and safety training requirements.

[ ] Relative providers are exempt from a portion of all health and safety training requirements. Describe:

[x] Relative providers must fully comply with all health and safety training requirements.

2.4.3 Monitoring and Enforcement

2.4.3.1 Monitoring and Enforcement (as described in Section 2.3).

Note: Applicable Provider Types can be selected in 1.7.1.1 Providers that Offer Direct Services

[ ] Relative providers are exempt from all monitoring and enforcement requirements.
Relative providers are exempt from a portion of monitoring and enforcement requirements. Describe:

Relative providers must fully comply with all monitoring and enforcement requirements.

2.5 Comprehensive Background Checks

In this section, Tribal Lead Agencies will describe the types of providers subject to comprehensive background checks and the methods used for each component of the eight background checks (e.g., which database or repository is checked). In addition, the Tribal Lead Agency will describe the policies in place for disqualifying crimes for employment eligibility, fees, timeliness, and privacy in returning comprehensive background check results. Next, Tribal Lead Agencies will describe the processes in place for child care providers to provisionally employ child care staff (including employee, prospective employee, or household member) when not all the comprehensive background checks are returned. Tribal Lead Agencies will also describe the process for child care staff (including employee, prospective employee, or household member) to appeal unfavorable results. Finally, Tribal Lead Agencies will need to justify and describe their alternative approach, if applicable.

The CCDBG Act requires Tribal Lead Agencies, regardless of allocation size, to have in effect requirements, policies, and procedures to conduct comprehensive background checks for (1) all child care staff members (including prospective staff members) of all child care programs that are licensed, regulated, approved, or registered under Tribal law (including Tribally Operated Centers) and for (2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF-eligible providers) (98.43(a)(1)(i)).

2.5.1 Methods used for each of the eight comprehensive background check components (98.43(b))

Under the CCDF rule, a comprehensive background check must include eight separate and specific components (98.43(b)), which encompass three in-state checks, two national checks, and three interstate checks (if the individual resided in another state in the preceding 5 years). Comprehensive background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(b)(2)).

Tribal Lead Agencies must describe the methods used for the background check components, such as the database or repository that is checked or a memorandum of understanding (MOU)/memorandum of agreement (MOA) or contract with a state or third-party vendor to conduct the checks on the Tribal Lead Agency’s behalf.

Tribal Lead Agencies may use alternative approaches in addition to or instead of the pre-approved methods. For example, Tribal Lead Agencies are encouraged (but not required) to check registries maintained by the Tribe (rather than a state). Tribal Lead Agencies must provide justification in 2.5.7 for using any alternative approaches that are identified in 2.4.1. The alternative approach is subject to ACF approval, and ACF will not approve approaches with blanket exemptions that bypass the intent of protecting children’s safety.
In instances in which a child care provider has already met the state’s background check requirements consistent with the CCDF rule (because that provider is licensed by the state and/or receives CCDF program funding from the state), it is not necessary for the Tribal Lead Agency to require additional or duplicative background checks.

For family child care providers, the comprehensive background check requirement includes the caregiver and household members (i.e., any other adults residing in the family child care who are age 18 or older (98.43(a)(2)(ii)(C)). ACF will consider an alternative approach for limiting the background checks for household members to those who are feasible. OCC will not approve alternative approaches that do not include any background checks for other adults in a family child care. As stated in the preamble of the CCDF Final Rule (81 FR 67542-43), ACF expects that Tribal Lead Agencies will conduct some components of a background check for these individuals, for example, a check of Tribal criminal history records. Tribal Lead Agencies who use this alternative approach must indicate which background checks apply to household members and must justify the alternative approach in 2.5.7.

This requirement does not apply to individuals over age 18 who are related to all children for whom child care services are provided (98.43(a)(2)(i)(A)).

Each of the tables below describes one component of the eight comprehensive background checks. Select which methods are used for each provider type for each component.

- Check the pre-approved and/or alternative approach method(s) used for each provider type. Tribal Lead Agencies must justify any alternative approach in 2.5.7.
- Tribal Lead Agencies may select more than one method for a provider type. (For example, a Tribal Lead Agency may search the Tribal criminal fingerprint records and the state criminal fingerprint records for staff employed in Tribally Operated Centers.)
- If relative providers over age 18 are exempt from that background check component, check “Exempt.”
- Check “Family child care household members not included” for background check components that are not conducted for household members. (OCC will not approve alternative approaches that do not include at least one background check component for other adults in an family child care.)
- Describe any Tribal or state database or repository (e.g., the Tribal criminal fingerprint records or a state criminal fingerprint records) used for any background check components at the end of each table. If the Tribal Lead Agency uses any alternative approach that is not listed, check “Other” and describe the approach. Tribal Lead Agencies must justify the alternative approach in 2.5.7.

### 2.5.1.1 Components of in-state background checks

For in-state registry checks, OCC will consider alternative approaches that include checks of Tribal criminal, sex offender, and/or child abuse and neglect registries. OCC will also consider approaches that include checks of databases of third-party or private entities. Tribal lead agencies must justify any alternative approach in 2.5.7.
1. Criminal registry or repository using fingerprints in the current state of residency (check only those methods used)

Note: Rows are enabled based on the Provider Types specified in 1.7.1 Providers that Offer Direct Services

<table>
<thead>
<tr>
<th></th>
<th>Pre-Approved Methods</th>
<th>Alternative Approach</th>
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<tbody>
<tr>
<td>Tribally Operated Centers and</td>
<td>[ ] State database or repository</td>
<td>[ ] Tribal database or repository</td>
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<tr>
<td>Tribally Regulated Providers</td>
<td>[ ] State conducts background check on Tribal Lead Agency's</td>
<td>[ ] Family child care household members not included</td>
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<td>(includes center-based child</td>
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<td>care and family child care)</td>
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<td>[ ] State conducts background check on Tribal Lead Agency's</td>
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<td>[x] Third-party vendor</td>
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<td>Criminal, and State Sex Offender in all areas that the</td>
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<td>applicant has lived, worked, or attended school.</td>
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<tr>
<td>State-Licensed Providers</td>
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### Relative Providers

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<td>Exempt</td>
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- [x] Third-party vendor
- [x] Other, *describe:* The TLA utilizes third-party Maximum Reports to complete an alternative approach background for relative providers. The background check includes a multi-state 10-year search of County Criminal, State Criminal, State US Federal, and a lifetime search of the State Sex Offender Registry. Background checks are completed using names and social security numbers.

### All other providers eligible to deliver CCDF services (includes state license-exempt and in-home child care providers)

<table>
<thead>
<tr>
<th>State database or repository</th>
<th>State conducts background check on Tribal Lead Agency’s behalf</th>
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</table>
- [ ] No Tribal or state database or repository indicated in the table above.
- [ ] Tribal database or repository. Describe:
- [x] State database or repository. Describe: *All state-licensed providers are required to complete a criminal history background check through the State of Oregon’s Central Background Registry.*
2. Sex offender registry or repository check in the current state of residency (check only those methods used)

Note: Rows are enabled based on the Provider Types specified in 1.7.1 Providers that Offer Direct Services

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Pre-Approved Methods</th>
<th>Alternative Approach</th>
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| Tribally Operated Centers and Tribally Regulated Providers (includes center-based child care and family child care) | [ ] State database or repository  
[ ] State conducts background check on Tribal Lead Agency’s behalf | [ ] Tribal database or repository  
[ ] Family child care household members not included  
[x] Third-party vendor  
[x] Other, describe: The TLA utilizes third-party Maximum Reports to complete a PL 101-630 background check using FBI fingerprinting which includes a lifetime search of County Criminal, State Criminal, State US Federal Criminal, and State Sex Offender in all areas that the applicant has lived, worked, or attended school. |
| State-Licensed Providers (includes center-based child care and family child care) | [ ] State database or repository  
[x] State conducts background check on Tribal Lead Agency’s behalf | [ ] Tribal database or repository  
[ ] Family child care household members not included  
[ ] Third-party vendor  
[ ] Other, describe: |
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<td>[ ] State conducts background</td>
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<td>Criminal, State Criminal, State</td>
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<td>names and social security</td>
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<tr>
<th>All other providers eligible to deliver CCDF services (includes state license-exempt and in-home child care providers)</th>
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i. Tribal or state databases or repositories. Tribal Lead Agencies may use Tribal or state databases or repositories for some or all of their in-state background check components. Describe any Tribal or state database or repository indicated in the table above. 
[ ] No Tribal or state database or repository used in sex offender checks.
[ ] Tribal database or repository. Describe: All state-licensed providers are required to complete a criminal history background check through the State of Oregon’s Central Background Registry.

3. Child abuse and neglect registry and database check in the current state of residency (check only those methods used)

Note: Rows are enabled based on the Provider Types specified in 1.7.1 Providers that Offer Direct Services
<table>
<thead>
<tr>
<th>Provider Type</th>
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<td>[ ] Third-party vendor</td>
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<td>All other providers eligible to deliver CCDF services (includes</td>
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<td>state license-exempt and in-home child care providers)</td>
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### 2.5.1.2 Components of national background check

i. Tribal or state databases or repositories. Tribal Lead Agencies may use Tribal or state databases or repositories for some or all of their in-state background check components. Describe any Tribal or state database or repository indicated in the table above.

[ ] No Tribal or state database or repository used in child abuse and neglect checks.

[ ] Tribal database or repository. Describe:

[x] State database or repository. Describe: **All state-licensed providers are required to complete a criminal history background check through the State of Oregon's Central Background Registry. The TLA uses the State Abuse/Neglect Registry Information Request through the Background Check Unit, a shared service of the Oregon Department of Human Services and Oregon Health Authority for Tribally-licensed child care providers.**
1. FBI (Federal Bureau of Investigation) fingerprint check (check only those methods used)


The four pre-approved methods for Tribes to access the FBI fingerprint check are through (1) a state repository (through an MOU/MOA), (2) U.S. Department of Justice Tribal Access Program (TAP), (3) an FBI-approved channeler, and (4) fingerprint sent directly to the FBI (i.e., submitting hard-copy fingerprint cards through the U.S. mail).

OCC will consider alternative approaches (such as name-based checks of Tribal or state record management systems) when the process of obtaining fingerprints from one of the four pre-approved methods is not available or feasible. Tribal Lead Agencies must justify any alternative approach in 2.5.7.

Note: Rows are enabled based on the Provider Types specified in 1.7.1 Providers that Offer Direct Services

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<td>[ ] Non-CCDBG Tribal authority</td>
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<tr>
<td>[ ] State conducts background check on Tribal Lead Agency’s behalf</td>
<td>[ ] Family child care household members not included</td>
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<tr>
<td>[ ] U.S. Department of Justice (DOJ) TAP</td>
<td>[ ] Third-party vendor</td>
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<tr>
<td>[x] FBI-approved channeler</td>
<td>[ ] Other, describe:</td>
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<td>[ ] Direct to FBI</td>
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<td>[ ] Third-party vendor</td>
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<td>[ ] FBI-approved channeler</td>
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<td>[ ] Direct to FBI</td>
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</table>
### Relative Providers

- [ ] State agreement (e.g., MOU or MOA)
- [ ] State conducts background check on Tribal Lead Agency’s behalf
- [ ] DOJ TAP
- [ ] FBI-approved channeler
- [ ] Direct to FBI
- [ ] Non-CCDBG Tribal authority
- [x] Third-party vendor
- [x] Other, describe: The TLA utilizes third-party Maximum Reports to complete an alternative approach background for relative providers. The background check includes a multi-state 10-year search of County Criminal, State Criminal, State US Federal, and a lifetime search of the State Sex Offender Registry. Background checks are completed using names and social security numbers.

### All other providers eligible to deliver CCDF services (includes state license-exempt and in-home child care providers)

- [ ] State agreement (e.g., MOU or MOA)
- [ ] State conducts background check on Tribal Lead Agency’s behalf
- [ ] DOJ TAP
- [ ] FBI-approved channeler
- [ ] Direct to FBI
- [ ] Non-CCDBG Tribal authority
- [ ] Family child care household members not included
- [ ] Third-party vendor
- [ ] Other, describe:

2. **National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search**

   (check only those methods used)

   Because there is no Federal authority under the CCDBG Act for Tribes to access information through the NCIC NSOR name-based search, OCC will consider approaches that do not include accessing the NCIC NSOR name-based search. An alternative approach to checking the NCIC NSOR name-based check may include a check of a private or public sex offender registry. Tribal Lead Agencies must justify any alternative approach in 2.5.7.

   Note: Rows are enabled based on the Provider Types specified in 1.7.1 Providers that Offer Direct Services
| Tribally Operated Centers and Tribally Regulated Providers (includes center-based child care and family child care) | [ ] State agreement (e.g., MOU or MOA)  
[ ] State conducts background check on Tribal Lead Agency’s behalf  
[ ] National FBI fingerprint NCIC NSOR automatic check plus name-based search of NCIC NSOR | [x] Private or public sex offender registry  
[ ] Family child care household members not included  
[ ] Other, describe: The TLA utilizes the National Sex Offender Public Website located at https://www.nsopw.gov/ to complete a name-based check. The Klamath Tribes recently developed a Public Safety Department which includes law enforcement and TLA will be partnering with the Public Safety department to perform NCIC NSOR search. |
| State-Licensed Providers (includes center-based child care and family child care) | [ ] State agreement (e.g., MOU or MOA)  
[x] State conducts background check on Tribal Lead Agency’s behalf  
[ ] National FBI fingerprint NCIC NSOR automatic check plus name-based search of NCIC NSOR | [ ] Private or public sex offender registry  
[ ] Family child care household members not included  
[ ] Other, describe: |
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<tr>
<th>Relative Providers</th>
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<th>[x] Private or public sex offender registry</th>
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<td>[ ] State conducts background check on Tribal Lead Agency's behalf</td>
<td>[ ] Other, describe: The TLA utilizes the National Sex Offender Public Website located at <a href="https://www.nsopw.gov/">https://www.nsopw.gov/</a> to complete a name-based check. The Klamath Tribes recently developed a Public Safety Department which includes law enforcement and TLA will be partnering with the Public Safety department to perform NCIC NSOR search.</td>
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<td>[ ] National FBI fingerprint NCIC NSOR automatic check plus name-based search of NCIC NSOR</td>
<td>[ ] Exempt</td>
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<tr>
<th>All other providers eligible to deliver CCDF services (includes state license-exempt and in-home child care providers)</th>
<th>[ ] State agreement (e.g., MOU or MOA)</th>
<th>[ ] Private or public sex offender registry</th>
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<tr>
<td></td>
<td>[ ] National FBI fingerprint NCIC NSOR automatic check plus name-based search of NCIC NSOR</td>
<td>[ ] Other, describe:</td>
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</table>

2.5.1.3 Components of interstate background checks for place(s) of residency in last 5 years

For interstate registry checks, OCC will consider alternative approaches that include checks of Tribal criminal, sex offender and/or child abuse and neglect registries. OCC will also consider approaches that include checks of databases of third-party or private entities. Tribal Lead Agencies must justify any alternative approach in 2.5.7.

1. Criminal registry or repository using fingerprints in the previous state of residency
   Note: Rows are enabled based on the Provider Types specified in 1.7.1 Providers that Offer Direct Services
<table>
<thead>
<tr>
<th>Pre-Approved Methods</th>
<th>Alternative Approach</th>
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<tbody>
<tr>
<td><strong>Tribally Operated Centers and Tribally Regulated Providers</strong> (includes center-based child care, family child care, and in-home providers)</td>
<td>[ ] State database or repository [ ] State conducts background check on Tribal Lead Agency’s behalf</td>
</tr>
<tr>
<td></td>
<td>[ ] Tribal database or repository [ ] Family child care household members not included [ ] Third-party vendor [ ] Other, describe: The TLA utilizes third-party Maximum Reports to complete a PL 101-630 background check using FBI fingerprinting which includes a lifetime search of County Criminal, State Criminal, State US Federal Criminal, and State Sex Offender in all areas that the applicant has lived, worked, or attended school.</td>
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<tr>
<td><strong>State-Licensed Providers</strong> (includes center-based child care and family child care)</td>
<td>[ ] State database or repository [x] State conducts background check on Tribal Lead Agency’s behalf</td>
</tr>
<tr>
<td></td>
<td>[ ] Tribal database or repository [ ] Family child care household members not included [ ] Third-party vendor [ ] Other, describe:</td>
</tr>
<tr>
<td><strong>Relative Providers</strong></td>
<td>[ ] State database or repository [ ] State conducts background check on Tribal Lead Agency’s behalf [ ] Exempt</td>
</tr>
<tr>
<td></td>
<td>[ ] Tribal database or repository [ ] Third-party vendor [x] Other, describe: The TLA utilizes third-party Maximum Reports to complete an alternative approach background for relative providers. The background check includes a multi-state 10-year search of County Criminal, State Criminal, State US Federal, and a lifetime search of the State Sex Offender Registry. Background checks are completed using names and social security numbers.</td>
</tr>
</tbody>
</table>
All other providers eligible to deliver CCDF services (includes state license-exempt and in-home child care providers)

- [ ] State database or repository
- [ ] State conducts background check on Tribal Lead Agency’s behalf
- [ ] Tribal database or repository
- [ ] Family child care household members not included
- [ ] Third-party vendor
- [ ] Other, describe:

i. Tribal or state databases or repositories. Tribal Lead Agencies may use Tribal or state databases or repositories for some or all their child abuse and neglect registry and database check component. Describe any Tribal or state database or repository indicated in the table above.

- [ ] No Tribal or state database or repository used in background checks.
- [ ] Tribal database or repository. Describe:
  - [x] State database or repository. Describe: **All state-licensed providers are required to complete a criminal history background check through the State of Oregon’s Central Background Registry.**

2. Sex offender registry or repository check in the previous state of residency (check only those methods used)
<table>
<thead>
<tr>
<th>Note: Rows are enabled based on the Provider Types specified in 1.7.1 Providers that Offer Direct Services</th>
<th>Pre-Approved Methods</th>
<th>Alternative Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tribally Operated Centers and Tribally Regulated Providers (includes center-based child care and family child care)</td>
<td>[ ] State database or repository [ ] State conducts background check on Tribal Lead Agency’s behalf</td>
<td>[ ] Tribal database or repository [ ] Family child care household members not included [x] Third-party vendor [x] Other, describe: The TLA utilizes third-party Maximum Reports to complete a PL 101-630 background check using FBI fingerprinting which includes a lifetime search of County Criminal, State Criminal, State US Federal Criminal, and State Sex Offender in all areas that the applicant has lived, worked, or attended school.</td>
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### Relative Providers

- [ ] State database or repository
- [ ] State conducts background check on Tribal Lead Agency’s behalf
- [ ] Exempt
- [ ] Tribal database or repository
- [x] Third-party vendor
- [x] Other, describe: The TLA utilizes third-party Maximum Reports to complete an alternative approach background for relative providers. The background check includes a multi-state 10-year search of County Criminal, State Criminal, State US Federal, and a lifetime search of the State Sex Offender Registry. Background checks are completed using names and social security numbers.

### All other providers eligible to deliver CCDF services (includes state license-exempt and in-home child care providers)

- [ ] State database or repository
- [ ] State conducts background check on Tribal Lead Agency’s behalf
- [ ] Tribal database or repository
- [ ] Third-party vendor
- [ ] Family child care household members not included
- [ ] Other, describe:

i. Tribal or state databases or repositories. Tribal Lead Agencies may use Tribal or state databases or repositories for some or all of their interstate background check components. Describe any Tribal or state database or repository indicated in the table above.

- [ ] No Tribal or state database or repository used in interstate criminal background checks.
- [ ] Tribal database or repository. Describe:

[x] State database or repository. Describe: All state-licensed providers are required to complete a criminal history background check through the State of Oregon's Central Background Registry.

3. Child abuse and neglect registry and database check in the previous state of residency

Note: Rows are enabled based on the Provider Types specified in 1.7.1 Providers that Offer Direct Services

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<table>
<thead>
<tr>
<th>Pre-Approved Methods</th>
<th>Alternative Approach</th>
</tr>
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<tbody>
<tr>
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Relative Providers

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All other providers eligible to deliver CCDF services (includes state license-exempt and in-home child care providers)

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i. Tribal or state databases or repositories. Tribal Lead Agencies may use Tribal or state databases or repositories for some or all of their interstate background check components. Describe any Tribal or state database or repository indicated in the table above.

[ ] No Tribal or state database or repository used in interstate child abuse and neglect checks.

[ ] Tribal database or repository. Describe:

[x] State database or repository. Describe: All state-licensed providers are required to complete a criminal history background check through the State of Oregon's Central Background Registry.

2.5.2 Disqualifying Crimes for Employment Eligibility

Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry (98.43(c)(1)(i-iii)). Potential staff members also cannot be employed by a provider receiving CCDF program funds if they have been convicted of:
• A felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or—subject to an individual review (at the Tribal Lead Agencies' option)—a drug-related offense committed during the preceding 5 years
• A violent misdemeanor committed as an adult against a child, including the following crimes—child abuse, child endangerment, or sexual assault
• A misdemeanor involving child pornography (98.43(c)(1)(iv-v)).

Tribal Lead Agencies that only use state-licensed providers and rely on state-conducted background check policies and procedures should select “No”.

2.5.2.1 Other disqualifying crimes.

Does the Tribal Lead Agency disqualify child care staff members based on their conviction for any other crimes not specifically listed in 98.43(c)(i)?

[ ] No.
[ ] State conducts all background checks and determines disqualifying crimes.
[x] Yes. Describe other disqualifying crimes and provide a citation: In addition to the crimes listed, The Klamath Tribes take into consideration crimes of violence defined as the use of physical force against the person or property of another, and crimes against persons defined as the use, attempted use, or threatened use of physical force or other abuse of a person.

2.5.2.2 Alternative approach to lifetime ban for disqualifying offenses.

Note: Applicable Provider Types can be selected in 1.7.1.1 Providers that Offer Direct Services

ACF will consider alternative approaches where the Tribal Lead Agency implements less than a lifetime ban for offenses that are not crimes against children. Tribes may adopt an individualized review process for determining employment eligibility for those convicted of crimes that are not crimes against children. Tribal Lead Agencies must justify any alternative approach in 2.5.7.

Does the Tribal Lead Agency use an alternative approach that implements a less than lifetime ban for offenses that are not crimes against children?

[x] No
[ ] Yes

1. If yes, check the type of provider(s) to which the alternative approach for disqualifying crimes applies.

[ ] Tribally Operated Centers and Tribally Regulated Providers (includes center-based child care and family child care)
[ ] State-Licensed Providers (includes center-based child care and family child care)
[ ] Relative Providers
[ ] All other providers eligible to deliver CCDF services (includes license-exempt and in-home child care providers)
2.5.3 Fees

The Tribal Lead Agency may not charge fees that exceed the actual costs of processing applications and administering a comprehensive background check, regardless of whether they are conducted by the Tribe, a state, or a third-party vendor or contractor (98.43(f)). Tribal Lead Agencies can report that no fees are charged if applicable (98.43(f)). Tribal Lead Agencies that only use state-licensed providers and rely on state-conducted background check policies and procedures should select “No”.

2.5.3.1 Does the Tribal Lead Agency charge fees?

[ ] Yes.

[ ] No. Skip to 2.5.4

2.5.3.2 What are the fees that the Tribal Lead Agency charges for completing the background checks?

2.5.3.3 Ensuring background check fees do not exceed cost of processing and administration.

How does the Tribal Lead Agency ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration?

2.5.4 Timeliness and Privacy in Returning the Results

The Tribal Lead Agency must conduct the comprehensive background checks as quickly as possible, and the process shall not exceed 45 days after the child care provider submits the request. The Tribal Lead Agency shall provide the results of the background check in a statement to the provider that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the Tribal Lead Agency will provide information about each disqualifying crime to the staff member.

ACF will consider alternative approaches to the requirement to carry out the background check requests within 45 days. Tribes may also make employment eligibility decisions in the event that not all background check components are completed within 45 days. Tribal Lead Agencies must justify any alternative approach in 2.5.7.

Tribal CCDF Programs that only use state-licensed providers and rely on state-conducted background check policies and procedures should select “No”.

2.5.4.1 Check the timeliness for conducting comprehensive background check results.

Note: Applicable Provider Types can be selected in 1.7.1.1 Providers that Offer Direct Services

[ ] Approved approach: For all types of providers, the Tribal Lead Agency returns results within 45 days.

[ ] Alternative approach for OCC approval: For some or all types of providers, the Tribal Lead Agency returns results after 45 days.
1. If the Tribal Lead Agency uses an approach in which results are returned after 45 days, for which providers (check only those that apply):

[ ] Tribally Operated Centers and Tribally Regulated Providers (includes center-based child care and family child care)
[ ] State-Licensed Providers (includes center-based child care and family child care)
[ ] Relative Providers
[ ] All other providers eligible to deliver CCDF services (includes license-exempt and in-home child care providers)
[ ] Other approach, including relying on state background check system to return results.

2.5.4.2 Privacy of comprehensive background checks.

Note: Applicable Provider Types can be selected in 1.7.1.1 Providers that Offer Direct Services

Tribal Lead Agencies must ensure the privacy of comprehensive background checks by providing the results of the background check to the child care provider (i.e., employer) in a statement that indicates whether a child care staff member (including employee, prospective employee, or household member) is eligible or ineligible for employment, without revealing any documentation of criminal history, or disqualifying crimes, or other related information regarding the individual.

ACF will consider alternative approaches that allow some information to be shared with the child care provider. Note: This provision is subject to limitations in FBI policy and state or Tribal privacy requirements, which may prevent the release of information. Tribal Lead Agencies must justify any alternative approach in 2.5.7.

The Tribal Lead Agency may not publicly release the results of individual background checks. It may release aggregated data by crime as long as the data do not include personally identifiable information (98.43(e)(2)(iii)).

Check if the privacy of the child care staff member (including employee, prospective employee, or household member) is ensured when returning results to the child care provider (i.e., employer).

[x] Approved approach: For all types of providers, the Tribal Lead Agency ensures the privacy of the child care staff member (including employee, prospective employee, or household member).

[ ] Alternative approach for OCC approval: For some or all types of providers, the Tribal Lead Agency allows some information to be shared with the child care provider (i.e., employer).

1. If the Tribal Lead Agency uses an approach in which some information is shared with the child care provider, for which providers (check only those that apply):

[ ] Tribally Operated Centers and Tribally Regulated Providers (includes center-based child care and family child care)
[ ] State-Licensed Providers (includes center-based child care and family child care)
[ ] Relative Providers
2.5.5 Provisional Employment

Child care providers must submit a request to the appropriate Tribal or state agency for a comprehensive background check for each child care staff member, including prospective staff members, prior to the date an individual becomes a child care staff member (98.43(d)(1) and (2)). “Prospective staff members” have applied for a position, but have not yet begun working. A prospective child care staff member may not begin work until at least one of the following results have been returned as satisfactory:

- FBI fingerprint check
- Tribal or state criminal registry or repository using fingerprints in the Tribe or state where the prospective staff member resides

ACF will consider an alternative approach that allows for staff members to be provisionally employed once the background check request has been submitted, but prior to receiving the results of the check. New staff members are considered “provisionally employed” during the time from when one of the above fingerprint checks have been returned as satisfactory to the time when all background checks are returned as satisfactory. An alternative approach to provisional employment must require that the provider submit all comprehensive background check requests before the prospective staff person begins working.

Under either approach, the provisionally employed staff member must be supervised at all times by an individual who has completed the background check (98.43(d)(4)).

2.5.5.1 Check the provisional employment approach used by the Tribal Lead Agency.

Note: Applicable Provider Types can be selected in 1.7.1.1 Providers that Offer Direct Services

[x] Approved approach: For all types of providers, provisional employment is permitted after a satisfactory result from the FBI fingerprint check, or the Tribal or state criminal registry or repository, using fingerprints in the Tribe or state where the prospective staff member resides.

[ ] Alternative approach for OCC approval: For some or all types of providers, provisional employment is permitted after the comprehensive background check requests have been submitted, but before the results of either fingerprint checks have been returned.

1. If the Tribal Lead Agency uses the alternative approach in which provisional employment is permitted after the comprehensive background check requests have been submitted, for which providers (check only those that apply):

[ ] Tribally Operated Centers and Tribally Regulated Providers (includes center-based child care and family child care)
[ ] State-Licensed Providers (includes center-based child care and family child care)
[ ] Relative Providers
[ ] All other providers eligible to deliver CCDF services (includes license-exempt and in-home child care providers)
2.5.6 Appeals for Child Care Staff (including employee, prospective employee, or household member).

The Tribal Lead Agency must have a process for a child care staff member (including employee, prospective employee, or household member) to appeal the results of a background check to challenge the accuracy or completeness of the information contained in a staff member’s background report (98.43(e)(3)). The Tribal Lead Agency shall ensure the following:

• The child care staff member is provided with information related to each disqualifying crime in a report, along with information and/or a notice on the opportunity to appeal.
• A child care staff member will receive clear instructions about how to complete the appeals process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member’s background report.
• If the staff member files an appeal, the Tribal Lead Agency will attempt to verify the accuracy of the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime.
• The appeals process is completed in a timely manner for any appealing child care staff member.
• Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate (1) the Tribal Lead Agency’s efforts to verify the accuracy of the information challenged by the child care staff member; (2) any additional appeals rights available to the child care staff member; and (3) information on how the individual can correct the Federal, state, or Tribal records at issue in the case (98.43(e)(3)).
• The Tribal Lead Agency must work with other agencies that are in charge of background check information and results (such as the child welfare office and the state identification bureau) to ensure the appeals process is conducted in accordance with the CCDBG Act.

2.5.6.1 Notification of applicant about their eligibility to work in a child care program.

Describe how the applicant is notified about their eligibility to work in a child care program. The TLA provides written documentation of the determination made by the Tribal Adjudicator to the prospective applicant within five business days of receipt of adjudication results.

2.5.6.2 Background check appeals

Describe how the Tribal Lead Agency provides opportunities for applicants to appeal the results of background checks. If an applicant fails the background investigation, the applicant will be notified by TLA staff of the reason for failure. The applicant may provide a written appeal regarding the accuracy or completeness of the criminal background report or other disqualifying issues.

The appeal must be provided within 14 days of notification of failure to clear. Before the appealed adjudication is final, an individual is allowed to explain, deny, or refute unfavorable or incorrect information gathered in an investigation. After 14 days the adjudication will be deemed final, if not appealed.
If there are issues regarding an individual's background, the Adjudicating Official will also discuss the areas of concern with The Klamath Tribes General Manager. Following the review of the appeal, the Adjudicating Official will then make a final determination regarding the background check.

The Adjudicating Official will provide written documentation to TLA regarding the final appeal determination within five (5) business days after the appeal decision. The TLA will notify the applicant in writing of the final decision as soon as possible and within five (5) days of receiving the notification from the Adjudicating Official.

The Adjudicating Officials’ decision following review shall be final and shall not be subject to further appeal.

2.5.6.3 Review process for individuals disqualified due to a felony drug offense.

Describe whether the Tribe has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43 (e)(2-4)). The TLA utilizes a Tribal Adjudicating Official to complete a review process for individuals disqualified due to a felony drug offense within the last five years. If there are issues regarding an individual's background, the Adjudicating Official will also discuss the areas of concern with The Klamath Tribes General Manager. After a determination has been made, the applicant is still able to appeal the decision following the appeals procedure.

2.5.7 Justification for Alternative Approach(es)

Lead agencies may use alternative approaches in addition to or instead of the pre-approved methods. For example, Tribal Lead Agencies may use name-based checks of Tribal or state record management systems for the FBI fingerprint check when one of the four pre-approved methods are not available or feasible. The alternative approach is subject to ACF approval, and ACF will not approve approaches with blanket exemptions or waivers that bypass the intent of protecting children’s safety.

2.5.7.1 Issues or barriers preventing Tribal Lead Agency from conducting the required checks.

What are the issues or barriers preventing the Tribal Lead Agency from conducting the required checks? Check only those that apply:

[ ] Does not apply—no alternative approach is used for any of the background check components
[ ] Does not have the authority under the CCDF statute to conduct a NCIC NSOR name-based search
[ ] No direct authority under the CCDF statute to conduct an FBI fingerprint check
[ ] No existing formal or informal MOU or MOA with a state
[ ] Other. Describe:

2.5.7.2 Comprehensive alternative approach to ensure health and safety of children.
Describe how the alternative approach is comprehensive and ensures the health and safety of children in child care.

The description should include an alternative approach that affects the methods for conducting comprehensive background checks; the implementation of less than lifetime bans for offenses that are not crimes against children; the policies that allow longer than 45 days to conduct comprehensive background checks; any private information shared with the child care provider (i.e., employer); or provisional employment, as applicable. If a Tribal Lead Agency does not use any alternative method for their comprehensive background check, please enter “Does not apply.” The TLA completes a background check on all tribally-licensed providers. Relatives providers complete an alternative approach background check, all other providers receive a comprehensive background check including FBI fingerprints. This ensures the health and safety of all children receiving services.

3 Supporting Continuous Quality Improvement

As of FY 2022, all Tribal Lead Agencies are subject to a 9-percent quality set-aside. Tribal Lead Agencies must spend quality funds on at least 1 of 10 allowable quality activities, including:

- Training and professional development;
- Early learning and developmental guidelines;
- Quality rating and improvement systems;
- Supply and quality of services for infants and toddlers;
- Child care resource and referral services;
- Licensing, inspection, monitoring, training, health & safety;
- Evaluating the quality of child care programs;
- Supporting providers in the voluntary pursuit of accreditation;
- High-quality program standards; and
- Other measurable quality improvement activities, including culturally responsive activities, such as language immersion.

3.1 Quality Improvement Goals and Activities

In completing this section, the Tribal Lead Agency should describe activities currently underway, planned, or expected during the 3-year Plan period. Any significant changes to the quality improvement goals or activities should be addressed through an amendment to the Plan.

The Tribal Lead Agency should only describe activities funded either entirely, or in part, with CCDF dollars. All Tribal Lead Agencies must spend a percentage of their total CCDF expenditures on quality improvement activities.

<table>
<thead>
<tr>
<th>Required Minimum for Quality Spending (As of FY 2022)</th>
<th>Tribal Lead Agencies with Small Allocations</th>
<th>Tribal Lead Agencies with Medium and Large Allocations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Set-Aside</td>
<td>9%</td>
<td>9%</td>
</tr>
</tbody>
</table>
3.1.1 Quality Improvement Activities

Check the quality activities in 3.1.2.1 through 3.1.2.10 that the Tribal Lead Agency will invest in during this plan cycle (98.41; 98.83). Tribal Lead Agencies can, and are encouraged to, incorporate culturally responsive practices into their quality improvement activities.

3.1.1.1 Child care workforce training and professional development.

Supporting the training and professional development of the child care workforce. Check only those that apply:

- [x] Promotion of child development
- [x] Curriculum development and instruction
- [x] Implementing developmentally appropriate and culturally and linguistically responsive instruction
- [x] Language and literacy
- [ ] Developing or providing training to providers about Indigenous early learners and epistemologies
- [x] Developing or providing training to providers about the local Indigenous Nations and community
- [x] Family engagement
- [x] Caring for children with special health or developmental needs
- [x] Required health and safety training topics, as described in 2.1.3
- [x] Access to physical activity
- [x] Indigenous nutrition and foods
- [ ] Child care as a business
- [ ] Fiscal management for providers
- [x] Administration and program management for providers
- [x] Supporting (through funding, scholarships, etc.) the career development pathways of the child care workforce through:
  - [ ] Credit toward required training hours
  - [ ] Certificates (including those incorporating Indigenous studies and Indian education for providers)
  - [x] Credentials
3.1.1.2 Early learning/developmental guidelines.

Improving on the development or implementation of early learning and developmental guidelines (658E(c)(2)(T); 658G(b)(2)).

Early learning guidelines are intended to help teachers, caregivers, and directors learn what children should know and be able to do at different developmental stages to experience school success. Early learning guidelines often provide examples of activities that can be used to develop a curriculum but are not intended to serve as a curriculum development activity. Check only those that apply:

- [x] Supporting the use of the state’s early learning guidelines
- [ ] Participating in the development or revision of the state’s early learning guidelines
- [ ] Adapting a state’s guidelines to reflect the Tribal Nation’s language and culturally specific early learning and development goals/benchmarks
- [ ] Developing or implementing the Tribal Lead Agency’s own tribally specific guidelines
- [x] Providing trainings for staff on child development and early learning guidelines
- [ ] Other. Describe:

Optional: Describe any of the activities checked above:

3.1.1.3 Quality rating and improvement system (QRIS).

Developing, implementing, or enhancing a quality rating and improvement system (QRIS) for child care providers and services (658G(b)(3)).

A QRIS is a systemic approach to assess, improve, and communicate the level of quality in early and school-age care and education programs. Similar to rating systems for restaurants and hotels, a QRIS awards quality ratings to early and school-age care and education programs that meet a set of defined program standards.

By participating in their state’s or Tribe’s QRIS, early and school-age care providers embark on a path of continuous quality improvement. Even providers that have met the standards of the lowest QRIS levels have achieved a level of quality that is beyond the minimum requirements to operate. Check only those that apply:

- [x] Participating in a state QRIS
- [ ] Developing a Tribal QRIS or similar rating system
- [ ] Implementing a Tribal QRIS or similar rating system
[ ] Collaborating with other Tribes to implement a QRIS or similar rating system

[ ] Other. Describe:

Optional: Describe any of the activities checked above:

3.1.1.4 Supply and quality of child care services for infants and toddlers.

Improving the supply and quality of child care services for infants and toddlers. Check only those that apply:

[ ] Developing infant-toddler components within the early learning and developmental guidelines/standards, etc.

[ ] Indigenous language and culturally responsive practices for infants and toddlers

[ ] Providing training and professional development to enhance child care providers’ abilities to provide developmentally appropriate services for infants and toddlers

[ ] Providing coaching, mentoring, and/or TA on this age group’s unique needs from networks of qualified infant-toddler specialists

[ ] Improving the ability of families to access transparent and easy-to-understand consumer information about high-quality infant-toddler care that includes information on infant-toddler language, social-emotional, and early literacy and numeracy cognitive development

[ ] Offering non-traditional hours

[ ] Supporting the child care provider workforce through stabilization subgrants

[ ] Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities

[ ] Coordinating with Early Head Start or Early Head Start – Child Care Partnerships

[ ] Coordinating with home visiting activities

[ ] Other. Describe:

Optional: Describe any of the activities checked above:

3.1.1.5 Child care resource and referral (CCR&R) services.

Establishing or expanding a system of child care resource and referral (CCR&R) services, assisting families in finding and choosing a child care provider, collecting and analyzing child care provider supply-and-demand data, and providing training and support to providers (658E(c)(3)(B)(iii); 658G(b)(5)). Check only those that apply:

[ ] Using a state CCR&R

[ ] Operating a CCR&R

[ ] Partnering with other Tribes to offer CCR&R services
[ ] Incorporating CCR&R services into program services

[ ] Other. Describe:

Optional: Describe any of the activities checked above:

3.1.1.6 Licensing, inspection, monitoring, training, and health and safety.

Supporting compliance with requirements for licensing, inspection, monitoring, training, and health and safety. Check only those that apply:

[x] Provide health and safety materials/equipment (e.g., carbon monoxide detectors, fencing, personal protective equipment)

[x] Grants/mini-grants for health and safety materials/equipment

[x] Classroom materials and resources

[ ] Financial assistance in meeting licensing requirements

[x] Conduct monitoring visits of child care providers

[ ] Other. Describe:

Optional: Describe any of the activities checked above:

3.1.1.7 Evaluating the quality of child care programs.

Evaluating the quality of child care programs, including how programs positively impact children. Check only those that apply:

[x] Purchasing quality assessment tools

[x] Contracting with an outside evaluator to assess child care program quality

[ ] Implementing surveys to collect stakeholder input

[x] Conducting internal training on the use of quality evaluations

[ ] Other. Describe:

Optional: Describe any of the activities checked above:

3.1.1.8 Supporting providers in the voluntary pursuit of accreditation.

Tribal Lead Agencies can use quality funds to support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality. Accreditation is one way to differentiate the quality of child care providers. To gain accreditation, center-based child care and family child care providers must meet certain quality standards outlined by accrediting organizations. Check only those that apply:

[x] Using accreditation guidelines as a quality measure
[x] Funding any aspect of national accreditation (e.g., accreditation from the National Association for the Education of Young Children, or the National Association for Family Child Care, or accreditation developed by a Tribal association)

[x] Paying annual accreditation fees

[ ] Other. Describe:

Optional: Describe any of the activities checked above:

3.1.1.9 High-quality program standards.

Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development. Check only those that apply:

[ ] Using Head Start Program Performance Standards

[ ] Using Stepping Stones to Caring for Our Children

[ ] Using Caring for Our Children: Basics


[x] Using a combination of the above listed standards. Describe: The Tribal Standards for all tribally-licensed child care providers are a combination of Caring for Our Children, Minimum Health and Safety Standards: A guide for American Indian and Alaskan Native Child Care and Development Fund Grantees, and NAEYC Standards.

[x] Other. Describe: The TLA will support all providers in meeting health and safety standards.

Optional: Describe any of the activities checked above:

3.1.1.10 Other quality improvement activities.

Other activities the Tribal Lead Agency will engage in to improve the quality of child care services. Check only those that apply:

1. [x] Culturally Relevant Activities
   
   [x] Incorporating Tribal language into child care settings

   [x] Providing teacher training related to implementing language and culture in the classroom

   [ ] Implementing immersion classrooms or language nests

   [x] Partnering with language and culture departments to build curricula

   [x] Modifying curricula to reflect Tribal culture
3. [x] Offering culturally based training opportunities for families and providers

[x] Providing information and training to non-Native providers about working with Native children and families

[ ] Serving traditional Native foods in child care programs

[ ] Other. Describe:

Optional: Describe any of the activities checked above:

2. [ ] Consumer Education for Families and Providers

[ ] Written materials, including newsletters, brochures, and checklists, on child care topics

[ ] Tribal and/or local media

[ ] Social media, such as Facebook, Twitter, and Instagram

[ ] Consultation from CCR&Rs, including information about other early childhood and social/human services programs for which families and providers may qualify

[ ] Internet options, including electronic media, publications, and webcasts on child care topics

[ ] Postings on community bulletin boards

[ ] Other. Describe:

Optional: Describe any of the activities checked above:

3. [x] Provider Stabilization Subgrants

Describe: The TLA will use ARP funds to provide Stabilization Grants to all eligible providers.

4. [x] Provider retention grants/bonuses

5. [x] Purchase of vans and busses

6. [x] Other quality activities, besides the activities checked above, that the Tribal Lead Agency intends to implement during this Plan period: Minor renovations that do not involve structural changes to the foundation, roof, floor, exterior or loadbearing walls of the facility, or the extension of a facility to increase floor area.

3.1.2 Identification of Goals and Activities to Improve Quality

3.1.2.1 Identifying the goals and activities to improve quality as described in 3.1.1.
How did the Tribal Lead Agency identify the goals and activities to improve quality as described in 3.1.1? For example, did the Tribal Lead Agency conduct provider surveys or assessments that identified the need for quality improvements? Check only those that apply:

- [x] Site visits and/or monitoring inspection visits
- [x] Surveys to families, providers, and Tribal leadership
- [ ] Community assessments
- [x] Self-assessments
- [x] Parent, family, community, or Tribal meetings
- [ ] Other. Describe:

3.1.3 Evaluation of Progress for Child Care Quality Improvement Goals and Activities

3.1.3.1 Evaluating progress toward meeting the overall child care quality improvement goals.

How does the Tribal Lead Agency evaluate progress toward meeting the overall child care quality improvement goals and activities described in 3.1.1 (658G(d)(3))? Check only those that apply:

- [x] Site visits and/or monitoring inspection visits
- [x] Follow up surveys to families, providers, and Tribal leaders
- [ ] Ongoing community assessments
- [x] Self-assessments and program evaluations
- [x] Parent, family, community, or Tribal meeting sign-in sheets/attendance logs

Describe the items checked above: The monitoring inspection checklists, self-assessments, and program evaluations informs the TLA about specific areas that need support and improvement and areas of strength. The TLA through the TOC holds monthly family meetings which includes time for input from families for program improvements, questions, and suggestions.

- [ ] Other. Describe:

3.2 Supporting Training and Professional Development of the Child Care Workforce With CCDF Quality Funds

The Tribal Lead Agency must develop training and professional development requirements (documented in Section 2.1.5), including pre-service or orientation training (to be completed within 3 months) and ongoing requirements designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce.

Such requirements shall be applicable to child care providers caring for children receiving CCDF program funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing
3.2.1 Training and Professional Development Requirements

3.2.1.1 Specific training and professional development requirements.

To meet the needs of the following age groups or groups of children, describe the specific training and professional development requirements you have in place for child care providers who care for:

[x] Infants and toddlers. Describe: The TLA requires all providers to complete the Oregon Center for Career Development courses Introduction to Child Care Health & Safety, Prevention is Better than Treatment, Foundation for Learning, Safe Sleep for Oregon's Infants, and Recognizing and Reporting Child Abuse and Neglect. The TOC staff have access to Quorum eLearning Platform by Teaching Strategies with live and on-demand training which includes coursework supporting CDA, CLASS, ITERS, ECERS, and CCDF. Professional Development plans are developed with all TOC staff that includes pathways specifically for Infants, Toddlers, and Twos. All other providers are encouraged to take professional development courses relevant to the ages of the children they serve through the local CCRR.

[x] Preschoolers. Describe: The TLA requires all providers to complete the Oregon Center for Career Development courses Introduction to Child Care Health & Safety, Prevention is Better than Treatment, Foundation for Learning, Safe Sleep for Oregon's Infants, and Recognizing and Reporting Child Abuse and Neglect. The TOC staff have access to Quorum eLearning Platform by Teaching Strategies with live and on-demand training which includes coursework supporting CDA, CLASS, ITERS, ECERS, and CCDF. Professional Development plans are developed with all TOC staff that includes pathways specifically for Preschool children. All other providers are encouraged to take professional development courses relevant to the ages of the children they serve through the local CCRR.

[x] School-age children. Describe: The TLA requires all providers to complete the Oregon Center for Career Development courses Introduction to Child Care Health & Safety, Prevention is Better than Treatment, Foundation for Learning, Safe Sleep for Oregon's Infants, and Recognizing and Reporting Child Abuse and Neglect. The TOC staff have access to Quorum eLearning Platform by Teaching Strategies with live and on-demand training which includes coursework supporting CDA, CLASS, ITERS, ECERS, and CCDF. Professional Development plans are developed with all TOC staff that includes pathways specifically for Kindergarten and 1st-3rd Grade children. All other providers are encouraged to take professional development courses relevant to the ages of the children they serve through the local CCRR.

[x] Children who are Indigenous-language learners. Describe: The TLA requires all providers to complete the Oregon Center for Career Development courses Introduction to Child Care Health & Safety, Prevention is Better than Treatment, Foundation for Learning, Safe Sleep for Oregon's Infants, and Recognizing and Reporting Child Abuse and Neglect. The TOC staff have access to Quorum eLearning Platform by Teaching Strategies with live and on-demand training which includes coursework supporting CDA, CLASS, ITERS, ECERS, and CCDF. Included in all TOC
staff professional development plans are courses supporting multilingual and dual-language learners. All other providers are encouraged to take professional development courses relevant to the ages of the children they serve through the local CCRR.

[x] Children with developmental delays and disabilities. Describe: The TLA requires all providers to complete the Oregon Center for Career Development courses Introduction to Child Care Health & Safety, Prevention is Better than Treatment, Foundation for Learning, Safe Sleep for Oregon's Infants, and Recognizing and Reporting Child Abuse and Neglect. The TOC staff have access to Quorum eLearning Platform by Teaching Strategies with live and on-demand training which includes coursework supporting CDA, CLASS, ITERS, ECERS, and CCDF. Included in all TOC staff professional development plans are courses supporting inclusion, Autism 101, Language Development and Signs of Delay, and Trauma Informed Practices, All other providers are encouraged to take professional development courses relevant to the ages of the children they serve through the local CCRR.

3.2.1.2 Participation in the state’s training and professional development system.

Do Tribal CCDF providers participate in the state’s training and professional development system? For example, Tribal CCDF providers might participate in trainings offered by the local child care resource and referral agencies or state-funded training organizations.

[x] Yes. Describe: The TLA requires all providers to complete the Oregon Center for Career Development courses Introduction to Child Care Health & Safety, Prevention is Better than Treatment, Foundation for Learning, Safe Sleep for Oregon's Infants, and Recognizing and Reporting Child Abuse and Neglect. Providers are automatically registered in the Oregon Registry Online after taking the Oregon Center for Career Development courses. The Oregon Registry Online tracks all eligible professional development courses and training.

[ ] No. Check only those that apply:

[ ] The Tribal Lead Agency does not have sufficient information about the state’s training and professional development opportunities to share with Tribal CCDF providers.

[ ] The state’s training and professional development opportunities are not appropriate for providers caring for Native children.

[ ] The state’s training and professional development opportunities are not accessible to Tribal CCDF providers.

[ ] The state’s training and professional development opportunities are not affordable for Tribal CCDF providers.

[ ] Other. Describe:

[ ] Unknown.

3.2.1.3 Culturally relevant trainings and professional development opportunities.
Has the Tribal Lead Agency been contacted by the state for input on how to make its trainings and professional development opportunities more culturally relevant for Native American children?

[X] Yes. Describe: The State CCDF Administrators have asked for input from Tribes during the monthly Tribal-State CCDF meetings. The State asked for input regarding safe sleep practices and cradles. All the Tribes have different practices so it's hard to generalize cradleboard use for this training.

[ ] No.

4 Tribal Lead Agencies With Small Allocations Only—Direct Services

CCDF direct services may be provided through a subsidy program in which the Tribal Lead Agency offers certificates for families to use in any approved child care setting; through a Tribal CCDF-operated center; or through grants or contracts that allocate slots with a provider who offers child care services. The Final Rule established three categories of care:

- In-home child care: Care provided in the child’s home
- Family child care: Care provided in a private residence other than the child’s residence
- Center-based child care: Group care provided in a facility outside of the child’s or provider’s home

The Final Rule recognizes that Tribal Lead Agencies receiving small CCDF allocations do not have to operate a full CCDF program with all CCDF requirements. For example, Tribal Lead Agencies with small allocations do not have to offer subsidies/direct services—all CCDF program funds can be expended on quality activities.

Tribal Lead Agencies with small allocations have a lot of flexibility in how CCDF services are provided. For example, Tribal Lead Agencies with small allocations could establish their own subsidy program based on their unique needs, including determining their own eligibility requirements. Tribal Lead Agencies with small allocations who provide subsidies/direct services must provide OCC with an overview of their program requirements as part of their abbreviated CCDF Plan.

4.1 Direct Child Care Services Offering

4.1.1 Direct Child Care Services

4.1.1.1 Direct child care services for Tribal Lead Agencies with small allocations.

Indicate if this Tribal Lead Agency with a small allocation will offer direct child care services. Check the appropriate box below:

[ ] No, as a Tribal Lead Agency with a small allocation, we will not be offering direct child care services. Stop here and go to the appendices.
Yes, as a Tribal Lead Agency with a small allocation, we will offer direct child care services. Complete the questions below.

4.2 Direct Child Care Methods

4.2.1 Methods for Direct Child Care Services provided by the Tribal Lead Agency

4.2.1.1 How does the Tribal Lead Agency provide direct child care services?

How does the Tribal Lead Agency provide direct child care services? Check only those that apply:

[x] Certificates and vouchers.

[ ] Grants or contracts with approved child care providers (e.g., does the Tribal Lead Agency use grants or contracts to increase the supply and prioritize investments; address children in underserved areas, infants and toddlers, children with disabilities [as defined by the lead agency], and children who receive care during non-traditional hours; and/or improve quality of child care programs?)

[x] CCDF-funded Tribally Operated Center.

4.3 Categories of Care

4.3.1 Categories of Care

4.3.1.1 Categories of care.

The Tribal Lead Agency allows families to choose from the following categories of care. Check only those that apply:

[x] Center-based child care, including a Tribally Operated Center, culture camps, etc.

[x] Family child care

[ ] In-home child care

4.3.2 Tribally Operated Centers

4.3.2.1 Child care services provided exclusively through Tribally Operated Centers.

Does the Tribal Lead Agency provide child care services exclusively through Tribally Operated Centers?

[ ] Yes

[x] No

4.4 Eligibility Criteria

Eligible children must meet the Tribal Lead Agency’s definition of Indian Child and reside in the designated service area. Describe any other eligibility criteria, such as child’s age, family income and size, reason for care (e.g., work, job training, education), and priorities for vulnerable populations.
4.4.1 Eligibility Criteria

As described above, Tribal Lead Agencies with small allocations can establish their own subsidy program based on their unique needs, including determining their own eligibility requirements.

4.4.1.1 Describe eligibility criteria.

Tribal Lead Agencies have the option to describe their eligibility criteria in the text box below or by responding to the optional eligibility criteria in sections 4.4.2 through 4.4.6 below:

4.4.2 Optional: Children Age Range

4.4.2.1 Optional: The Tribal CCDF program children age range.

Optional: The Tribal CCDF program serves children from ages 6 weeks[x] months[ ] years[ ] through 12 weeks[ ] months[ ] years[x] ------- (may not equal or exceed age 13).

4.4.3 Optional: Child Care for Children with Special Needs

4.4.3.1 Optional: Child care for special needs children.

Optional: Does the Tribal Lead Agency allow CCDF-funded child care for children ages 13 and older, but below age 19, who are physically or mentally incapable of self-care (658P(3); 98.20(a)(1)(ii))?

[ ] No
[x] Yes

1. The upper age is 18 (may not equal or exceed age 19).
2. Define “physical or mental incapacity”: A child with a disability, as defined in section 602 of the Individuals with Disabilities Education Act (20 U.S.C. 1401).

4.4.3.2 Optional: Child care for children are under court supervision.

Optional: Does the Tribal Lead Agency allow CCDF-funded child care for children ages 13 and older, but below age 19, who are under court supervision (98.20(a)(1)(ii))?

[x] No.
[ ] Yes. The upper age is (may not equal or exceed age 19).

4.4.4 Optional: Eligibility based on Reason for Care

4.4.4.1 Optional: Tribal Lead Agency eligibility based on reason for care.

Optional: Does the Tribal Lead Agency establish eligibility based on reason for care? For example, does the Tribal Lead Agency require children to reside with a parent or parents who are working, or attending a job training or an educational program, or to receive or need to receive protective services?

[x] No.
Yes. If Yes, go to 4.4.4.2

4.4.4.2 Define CCDF eligibility for working, training, education, and protective services.

If yes, how does the Tribal Lead Agency define working, attending a job training or an educational program, and receiving or needing to receive protective services for purposes of CCDF eligibility? Provide the definitions below:

“Working”:

“Attending a job training”:

“Attending an educational program”:

“Receive or need to receive protective services”:

4.4.5 Optional: Eligibility Based on Family Income

4.4.5.1 Optional: Does the Tribal Lead Agency establish eligibility based on family income?

[x] No.

[ ] Yes. How does the Tribal Lead Agency define income for purposes of CCDF eligibility?

4.4.6 Optional: Additional Eligibility Criteria

4.4.6.1 Optional: Does the Tribal Lead Agency establish additional eligibility criteria?

[x] No.

[ ] Yes. Describe:

4.5 Family Contributions/Co-payments

4.5.1 Sliding-fee scale

4.5.1.1 Sliding-fee scale for CCDF families’ contributions.

Tribal Lead Agencies that require family contributions/co-payments from any families must have and periodically revise a sliding-fee scale for CCDF families’ contributions that varies based on income and family size.

Attach a copy of the sliding-fee scale (Enter Attachment #: Document was provided by TLA)

4.5.1.2 What is the sliding-fee scale effective date?

4.5.2 Waiving Family Contributions/Co-payments for Families

4.5.2.1 Does the Tribal Lead Agency waive family contributions/co-payments for any families?

[ ] No.
[X] Yes. Describe: Family co-payments are waived for low-income families. Low-income families are defined as families whose income is at 0-200% of the current Federal Poverty Level. Families who receive SNAP (Supplemental Nutrition Assistance Program), support services from TANF or are receiving Supplemental Security Income will also be considered low-income.

4.6 Payment rates

4.6.1 Payment rates

4.6.1.1 Attach the Tribal Lead Agency’s payment rates (Enter Attachment #: Document was provided by TLA)

4.2 Application for services

4.2.1 Description for Family Application for Child Care Services

4.7.1.1 Describe how families can apply for child care services: Families complete an application for services. Applications are available and accepted in paper or digital format. They are available online at www.klamathtribes.org or can be mailed, emailed, faxed, or picked up at several Tribal facilities. TLA staff use a checklist to determine the eligibility of a submitted application. All applications are reviewed within five business days and the applicant is notified of their status within ten business days.

Tribal Lead Agencies with Small Allocations

Stop Here—

Go Directly to the Appendices
Appendix 1

Triennial Child Count Declaration

If the Tribal Lead Agency is not a Consortium, complete the information below.

Name of Tribe/Tribal Lead Agency: Klamath Tribes of Oregon

This certifies that the number of Indian children younger than age 13 (as defined in CCDF Plan) who reside on or near the reservation or service area (as defined in CCDF Plan) is: 953 (number).

The Tribal Lead Agency may not count any children who are included in the child count of another CCDF Tribal Lead Agency. To ensure unduplicated child counts, a Tribal Lead Agency is required to confer with all other CCDF Tribal Lead Agencies that have overlapping or neighboring service areas.

The counts above show the number of Indian children younger than age 13 as of 6/30/2022 (date).

Tribal Lead Agencies are advised that ACF will not accept Child Count Declarations based on child counts that were conducted before July 1 of the year prior to the Child Count Declaration.

If the Tribal Lead Agency is a Consortium, complete the information below.

Name of Tribe/Tribal Lead Agency: Klamath Tribes of Oregon

The Tribal Lead Agency may not count any children who are included in the child count of another CCDF Tribal Lead Agency. To ensure unduplicated child counts, a Tribal Lead Agency is required to confer with all other CCDF Tribal Lead Agency that have overlapping or neighboring service areas.

The counts below show the number of Indian children younger than age 13 as of (date).

This certifies that the number of Indian children (as defined in CCDF Plan) who reside on or near the reservation or service area (as defined in CCDF Plan) for the Consortium Lead Agency and each Consortium Member are:
Indian Child Definition

Identify which Indian child(ren) are counted in the Tribal Lead Agency’s child count (98.81(b)(2)(i)).

Programs and activities are to be carried out for the benefit of Indian children. Although Tribal Lead Agencies have some flexibility in defining “Indian Child,” the definition must be limited to children from federally recognized Indian Tribes, consistent with the CCDBG Act’s definition of Indian Tribe (98.2). This information could include children who are Tribal members, whose membership is pending, who are eligible for membership, and/or are children/descendants of members and could also include adopted children, foster children, step-children, etc.

The Tribal Lead Agency defines an “Indian child” as: as a person under the age of 13 years old who is an enrolled member, or descendant of The Klamath Tribes, or an enrolled member of any Federally Recognized Tribe.

Indian Reservation or Service Area

Programs and activities are to be carried out for the benefit of Indian children living on or near the Indian reservation or service area. The service area must be within reasonably close geographic proximity to the borders of a Tribe’s reservation (except for Tribes in Alaska, California, and Oklahoma). Tribes that do not have reservations must establish service areas within reasonably close geographic proximity to the area where the Tribe’s population resides. There is an expectation that the Tribal Lead Agency will be able to provide services to families throughout the service area. ACF will not approve an entire state as a Tribe’s service area. Tribal Lead Agencies can limit services within the reservation boundaries or go beyond the reservation boundaries.

If a Tribal Lead Agency establishes a different service area than the borders of the Tribe’s reservation or existing service area for CCDF purposes, it must be within reasonably close geographic proximity (658O(c)(2)(B); 98.80(e); 98.81(b)(2)(ii); 98.81(b)(3)(ii); 98.83(b)); for example, “Permanent residence is within the reservation boundaries; however, the participant is temporarily attending school outside of the reservation area,” or “[the participant] resides within 20 miles of the reservation boundaries.”

The Tribal Lead Agency defines the Reservation/Service Area as: Klamath County Oregon. The Klamath Tribes (the Klamath, the Modoc, and the Yahooskin-Paiute people, known as mukluks and numu have lived in the Klamath Basin of Oregon from time beyond memory.

It is cited in the Klamath Indian Tribe Restoration Act P.L. 99-398 that all of Klamath County is the Service Area for the Klamath Tribe.
Official Signature of Individual Authorized to Act for the Tribe

Date: ___/___/____

Print Name

Print Title
The Tribal Lead Agency is applying for participation in the Tribal Early Learning Initiative.

[x] Yes  [ ] No

Tribal Early Learning Initiative

This appendix offers interested Tribal CCDF lead agencies the opportunity to describe how the Tribal CCDF program funds will be used, particularly quality funds, to support applicable child care services for Tribal Early Learning Initiative (TELI) efforts in the community. This initiative is voluntary, and Tribal CCDF lead agencies are not required to complete this section if they are not interested in pursuing TELI efforts. The TELI activities must be allowable under the use of CCDF program funds.

A Tribal Early Learning Initiative (TELI) effort in a Tribal community is designed to:

- Better coordinate Tribal early learning and development programs, including child care, Head Start, preschool, home visiting, and other services
- Create and support seamless, high-quality early childhood systems
- Raise the quality of services to children and families across the prenatal-to-kindergarten-entry continuum
- Identify and break down barriers to collaboration and systems improvement

To submit a request to support applicable TELI efforts, complete the questions below.

1. Describe which early childhood program partners will collaborate on the TELI effort (e.g., Head Start/Early Head Start, Tribally run early childhood program, home visiting program, Bureau of Indian Education FACE program) and what the existing level of collaboration is across these early childhood partners at the start of the TELI effort. Are there other programs you intend to partner with (e.g., child welfare, health, mental health, nutrition, family support, housing)?

This will be a new initiative for Klamath and with a new program director, it is anticipated that we will collaborate on the TELI effort with a Head Start/Early head Start and possibly the state Pre School Promise program. This will be a new collaboration so the level will be ground zero.

2. Check and describe the activities for which you will use Tribal CCDF program funds to support the TELI effort:

[ ] Hiring a TELI Coordinator (part time or full time) to provide coordination, facilitation, and administrative support to the TELI effort.

- What will be the qualifications of this individual?
  Describe:
- What will the coordinator’s responsibilities be?
  Describe:
Convening an early childhood council or advisory group to guide the TELI effort and develop the community’s vision for an early childhood system that meets the needs of young children and their families.

- Who do you intend to involve in the TELI advisory group? Is it a new group or an existing group? How will the group be used?

Describe:

Conducting a needs assessment examining the need for early childhood services (ages 0 to 5), the ways that early childhood services are delivered, and barriers to the coordination and integration of services.

- What will the Tribal Lead Agency look at in the TELI needs assessment?
  Describe:
- How will the Tribal Lead Agency carry out the needs assessment? Who will be involved?
  Describe:

Developing a vision and strategic plan for supporting and strengthening early childhood services and systems in the community.

- What will be the process for developing the strategic plan?

Describe: The CCDF lead agency (Early Childhood Development Center (ECDC)) will join The Klamath Tribes Administration when they begin to update the overall Strategic Action Plan in the next two years. The ECDC is already included in the Tribes SAP but a lot has happened in three years, so there will be much to update.

Investing in a coordinated data system to allow for the collection, housing, and sharing of data across early childhood programs to support improved services to families.

- Are you developing a new system or modifying an existing system?
  Describe:
  - Who will be involved in developing the data system?
    Describe:

Conducting professional development activities that support the range of early childhood providers in the community.

- What types of activities will be held?
  Describe:
- Which programs and providers will be involved?
  Describe:
Developing coordinated application, referral, and intake systems across programs that make it less burdensome for families to access early childhood services.

- Which programs will be involved?
  Describe:
- What will be the process for developing a coordinated application, referral, and intake system?
  Describe:

Implementing family engagement and leadership activities in the community.

- What types of activities will be implemented?
  Describe:
- Which programs will be involved?
  Describe: