

RESOLUTION OF THE
HEALTH, EDUCATION AND HUMAN SERVICE COMMITTEE
Of the 23rd Navajo Nation Council---Second Year 2016

AN ACTION
RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES COMMITTEE;
AMENDING NAVAJO NATION PLAN FOR CHILD CARE AND DEVELOPMENT
FUND AS APPROVED BY RESOLUTION HEHSCJA-01-14 BY EXTENDING
THE PLAN TO SEPTEMBER 30, 2016

BE IT ENACTED:

Section One. Authority

A. The Health, Education and Human Services Committee is a standing committee of the Navajo Nation Council. 2 N.N.C. § 400.

B. The Health, Education and Human Services Committee is the oversight committee for the Division of Social Services. 2 N.N.C. § 401(C).

Section Two. Findings

By resolution HEHSCJA-01-14, the Health, Education and Human Services Committee approved the Navajo Nation Plan for Child Care and Development Fund for the period October 1, 2013 to September 30, 2015. See attached Exhibit 1, resolution HEHSCJA-01-14. It is in the best interest of the Navajo Nation that this plan period be extended to September 30, 2016.

Section Three. Extending Plan Period

The Navajo Nation, in regards to the Navajo Nation Plan for Child Care and Development Fund approved through HEHSCJA-01-14, hereby extends the plan period to September 30, 2016. By this action, all references to "September 30, 2015" shall be deemed amended in the Plan to state the new date of "September 30, 2016." All related documents regarding the Plan and this action are attached under Exhibit 2.

CERTIFICATION

I, hereby, certify that the foregoing resolution was duly considered by the Health, Education and Human Services Committee of the 23rd Navajo Nation Council at duly called meeting at Navajo Nation Council Chamber, Window Rock, Arizona, at which a quorum was present and that same was passed by a vote of 2 in favor, 0 opposed, 1 abstained this 11th day of August, 2016

A handwritten signature in dark ink, appearing to read 'NMB', with a small vertical line at the end.

Norman M. Begay, Vice-Chairperson
Health, Education and Human Services Committee

Motion : Amber Kanazbah Crotty
Second : Jonathan L. Hale
Vote : 2 in Favor, 0 Opposed, 1 Abstained
Norman M. Begay, Vice-Chairperson not voting



RESOLUTION OF THE
HEALTH, EDUCATION AND HUMAN SERVICES COMMITTEE
OF THE NAVAJO NATION COUNCIL

22ND NAVAJO NATION COUNCIL - Fourth Year, 2014

AN ACT

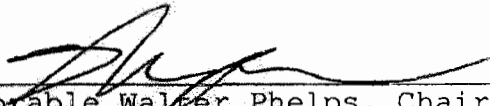
RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES; APPROVING
NAVAJO NATION PLAN FOR CHILD CARE DEVELOPMENT FUND FOR PERIOD
OCTOBER 1, 2013 TO SEPTEMBER 30, 2015

BE IT ENACTED:

The Navajo Nation hereby approves the Navajo Nation Plan
for Child Care Development Fund for the period October 1, 2013
to September 30, 2015. The Plan is attached as Exhibit "A."

C E R T I F I C A T I O N

I hereby certify that the foregoing resolution was duly
considered by the Health, Education and Human Services Committee
of the Navajo Nation Council at a duly called meeting at
To'Hajiilee, Navajo Nation (New Mexico), at which a quorum was
present and that the same was passed by a vote of 3 in favor
and 0 opposed, this 15th day of January, 2014.



Honorable Walker Phelps, Chairperson Pro Tem
Health, Education and Human Services Committee

Motioned: Honorable Dwight Witherspoon
Seconded: Honorable Joshua Lavar Butler

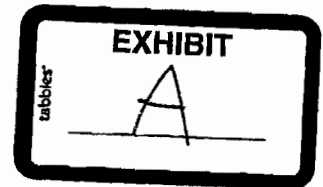
CHILD CARE AND DEVELOPMENT FUND

for

Tribe:

NAVAJO NATION

FFY 2014-2015



This Plan describes the CCDF program to be administered by the Tribes for the period 10/1/2013 – 9/30/2015. 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.

Public reporting burden for this collection of information is estimated to average 120 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

(Form ACF 118-A; OMB Approval Number: 0970-0198, expires 05/31/2016)



PLAN FOR: NAVAJO NATION
CHILD CARE & DEVELOPMENT FUND
Plan Period 10/1/13 – 9/30/15

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Part 1 – Administration

This section provides information on how the CCDF program is administered, including the designated Tribal Lead Agency, funding information, the administrative structure, program integrity and accountability policies and strategies, coordination efforts, and procedures.

Section 1.1. Tribal Applicant and Designated Tribal Lead Agency

1.1.1. Applicant - Official Name of Tribe as listed in the Federal Register or Tribal Consortium

- a) Name of the Tribe:
Navajo Nation
- b) Name of Tribal Chair/President/Leader:
Ben Shelly
- c) Title: President
- d) Address: P.O. Box 9000
- e) City, State, Zip Code: Window Rock, Arizona 86515
- f) Telephone Number: (928) 871 - 6352 Ext: 6353
- g) Fax Number: (928) 871 - 4025
- h) Email Address: _____

1.1.2. What is the Lead Agency designated by the Tribe or Tribal consortium to administer the CCDF program?

The agency shown below has been designated by the Tribe or Tribal consortium to represent the Tribe or Tribal organization as the Tribal Lead Agency. The Tribal Lead Agency agrees to administer the program in accordance with applicable Federal laws, regulations and in accordance with provisions of this Plan, including assurances and certifications appended hereto. (658D, 658E) See CCDF Assurances and Certifications (Appendix 1)

- a) Name of Lead Agency:
Navajo Nation Division of Social Services
- b) Address of Lead Agency:
P.O. Box 2425
- c) City, State, Zip Code: Window Rock, Arizona 86515
- d) Phone Number: (928) 871 - 6629 Ext: _____
- e) Fax Number: (928) 871 - 7077
- f) Web Address for Lead Agency: nnccdf.org

1.1.3. Who is the CCDF administrator?

Identify the CCDF Administrator, the day-to-day contact with responsibility for administering the CCDF program. This person(s) will serve as the primary contact for ACF. ACF will send programmatic communications such as program announcements, program instructions, and data collection instructions to the designated contact identified here. If there is more than one



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designated contact with equal or shared responsibility for administering the CCDF program, please identify the co-administrator or entity with administrative responsibilities and include contact information. (98.16(a) and (c)(1))

a) Contact Information for CCDF Administrator:

- 1) Name of Tribal CCDF Administrator:
Grace M. Boyne
- 2) Title of Tribal CCDF Administrator:
Program Manager II
- 3) Mailing Address of Tribal CCDF Administrator: P.O. Box 2425, Window Rock, Arizona 86515
- 4) Physical Address (if different from mailing address): _____
- 5) Phone Number: (928) 810 - 8591 Ext: _____
- 6) Public Phone Number (if different than above): (928) 871 - 6629 Ext: _____
- 7) Fax Number: (928) 871 - 7077
- 8) Email Address: gmboyne@yahoo.com

b) Contact Information for CCDF Co-Administrator (if applicable):

- 1) Name of Tribal CCDF Co-Administrator:

- 2) Title of Tribal CCDF Co-Administrator:

- 3) Address of Tribal CCDF Co-Administrator: _____
- 4) Phone Number: (_____) _____ - _____ Ext: _____
- 5) Fax Number: (_____) _____ - _____
- 6) Email Address: _____
- 7) Description of the role of the CCDF Co-Administrator: _____

Section 1.2. Administration through Contracts or Agreements

The Tribal Lead Agency has broad authority to administer the program through other governmental, non-governmental, or other public or private local agencies. Under the statute, 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), 658E(c)(3)(C), 98.11, 98.16(c)(1))

Reminder: A consortium is considered an entity of the Tribe, not a non-governmental entity, for purposes of this section.

1.2.1. Will the Tribal Lead Agency directly administer and implement all programs funded under the Child Care and Development Fund? (98.16(c)(1))

- ☒ Yes, the Tribal Lead Agency will administer and implement all of the programs funded with CCDF funds. (If Yes, go to Section 1.3.1)



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- ☐ No, the Lead Agency will not directly administer and implement ALL programs funded under the CCDF allocations. List the names of those agencies below.

a) Agency(ies) Name and Contact Information for Provision of Child Care Services, including the payment to child care providers.

- 1) Name of Administrative Entity(ies): _____
- 2) Address of Administrative Entity(ies): _____
- 3) Name and Title of the Administrator: _____
- 4) Telephone: (____) _____ - _____ Ext: _____
- 5) Fax Number: (____) _____ - _____
- 6) Email Address: _____

b) Agency(ies) Name and Contact Information for Quality Child Care Activities described in Part 5 of this Plan, if applicable.

- 1) Name of Administrative Entity(ies): _____
- 2) Address of Administrative Entity(ies): _____
- 3) Name and Title of the Administrator: _____
- 4) Telephone: (____) _____ - _____ Ext: _____
- 5) Fax Number: (____) _____ - _____
- 6) Email Address: _____

1.2.2. How will the Tribal Lead Agency maintain overall control of the CCDF-funded program administered and implemented by the entities other than the Tribal Lead Agency?

Describe: _____

Reminder: Descriptions should be 1-2 paragraphs or less and should provide sufficient detail to enable a reader to understand how this process works or will work.

Section 1.3. Estimated Funding

These are preliminary ESTIMATES for information and planning purposes and may increase or decrease once the final grant awards are issued. **Note:** The current CCDF Tribal grantees should use their funding amount from the FY 2013 as an estimate pending the availability of the Final FY 2014 CCDF allocation. A new CCDF applicant should use the base amount plus approximately \$50 per child to estimate its allotment for Discretionary funding, and should use approximately \$90 per child to estimate its allotment for Tribal Mandatory funding. Put in the estimated amounts of the total FY 2014 CCDF allocations (mandatory and discretionary) for the **one-year period (10/1/2013 thru 9/30/2014)** that will be available on all child care and related services including funds for direct services, non-direct services, administration, and quality. Do not include any unobligated and/or unliquidated CCDF balances from previous years.



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1.3.1. Estimated FY 2014 CCDF Funding Allocation

What is your expected level of funding for the first year of the FY 2014 – FY 2015 plan period? The Lead Agency estimates that the following amounts will be available for child care services and related activities during the 1-year period from October 1, 2013 through September 30, 2014. (98.13(a))

\$9,565,178 Estimated Federal Child Care and Development Fund

\$_____ Other available funding

Reminder: Total administrative expenditures over the entire three-year liquidation period may not exceed 15% of total expenditures, not including the base amount.

1.3.2. Estimated Amount of Funds to be used for Construction or Renovation

This Application does not give approval to spend funds on construction or renovation. Funds for this purpose cannot be spent until a Tribe has applied for and received approval, through a separate application process, from the Administration for Children and Families.

As a part of the separate construction/renovation application process, a Tribe must show that adequate facilities are not otherwise available to carry out child care programs, and that the lack of facilities will inhibit future program operations. Furthermore, a Tribe cannot reduce the level of child care services, as compared to the preceding fiscal year, in order to spend funds on construction or renovation. Procedures regarding the separate construction/renovation application process are contained in CCDF-ACF-PI-2010-03, dated April 7, 2010 and regulations at 45 CFR 98.2 and 98.84.

Will the Tribal Lead Agency use 2014 funds for construction?

☐ Yes. The Tribal Lead Agency estimates that the following amount of CCDF funds awarded in FY 2013 will be used for construction or renovation purposes:

\$_____ (Insert the amount you will set aside for construction from FY 2014 allocation).

☒ No.

Section 1.4. Indian Child and Indian Reservation or Service Area

1.4.1. Indian Child

Identify which Indian child(ren) will be counted in your child count. (658O(c)(2)(B), 98.80(e), 98.81(b)(2)(i) and (ii), 98.81(b)(3)(ii), 98.81(b)(4))

Reminder: While Tribes have some flexibility in defining "Indian Child," the definition must be limited to children from federally recognized Indian Tribes, consistent with the Child Care and Development Block Grant Act's definition of Indian Tribe.



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The Tribal Lead Agency defines Indian child as: A child enrolled with Navajo Nation or a child of Navajo parents enrolled with Navajo Nation.

1.4.2. Indian Child Count

The Tribal Lead Agency determines the number of Indian children, under age 13, who reside on or near the reservation, or service area. **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.** (98.81(a)(4), 98.81 (b)(4))

Complete and attach the "Child Count Declaration" at **Appendix #2.**

1.4.3. 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. The service area must be within a reasonably close geographic proximity to the borders of a Tribe's reservation (with the exception of 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. ACF will not approve an entire state as a Tribe's service area. (658O(c)(2)(B), 98.80(e), 98.81(b)(2)(i) and (ii), 98.81(b)(3)(ii), 98.83(b))

Reminder: Tribes can limit services within the reservation boundaries or can go beyond the reservation boundaries (Example: "permanent residence is within the reservation boundaries, however the participant is attending school outside of the reservation area", or "resides within 20 miles of the reservation boundaries", etc.).

The Tribal Lead Agency defines the Reservation/Service Area as: "on and near reservation designated communities" as defined by the tribal legislative oversight committee: Navajo Nation Tribal Council Resolution No. HHSC-AU-40-89 (refer to Attachment B). In certain circumstances as defined in Section 1.4.2 child care services may be provided to children meeting the definition of Indian child through eligible providers in urban areas outside of the "on or near reservation designated communities".

Section 1.5. Consortium

A consortium representing more than one Indian Tribe may be eligible to receive CCDF funds on behalf of a particular Tribe. The Consortium Lead Agency must list all participating Tribes and include an attachment with separate demonstrations (e.g. resolutions) from each Tribal consortium member indicating that the consortium has the authority to seek funding on behalf of its constituent Tribes. **If there is any change in the consortium membership, the Tribal Lead Agency must notify ACF through an amendment to the Plan.**

1.5.1. Are you a Tribal Consortium?

- ☐ Yes. If Yes, provide a list of its participating member Tribes and include demonstrations; for example, Tribal Resolutions from the participating members indicating that the consortium has the authority to seek funding on their behalf. (98.80(c)(1), 98.81(b)(8)(i))



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These demonstrations are provided as Attachment: _____ (Enter Attachment #s)

Reminder: For Alaska Native Regional Nonprofit Corporations, the list and demonstrations are for purposes of Discretionary Funds only.

☒ No. If No, skip to section 1.6.

- 1.5.2.** A Tribal consortium must describe how it coordinates services on behalf of its participating member Tribes. Include a brief summary of how the consortium is coordinating services (including direct services) on behalf of its participating members (or "constituent" members in the case of Alaskan entities). (98.81(b)(8)(ii), 98.83(c)(1))

Describe: _____

Section 1.6. Program Integrity and Accountability Δ

The Tribal Lead Agency, as the single point of contact for the administration of the program, is responsible for ensuring that policies and procedures are in place to monitor programs and services, ensure compliance with rules of the programs, and provide oversight in the expenditure of all funds, including misspent funds and fraud prevention and recovery. (98.11(b)) (98.60(i)).

- 1.6.1.** What policies and procedures does the Tribal Lead Agency have in place to ensure that CCDF is in compliance with all Federal and Tribal rules and regulations?

Check and summarize all that apply:

- ☐ Eligibility determination and redetermination - Summarize: The client will complete the application, submit an income statement and other required documents such as birth certificate, etc. If it is determined that the applicant supplied all the required documents, income eligibility is determined (using check stubs or employment verification). If an applicant is income eligible, a child care certificate will be issue, then applicant can obtain child care. Redetermination is determined when the applicant re-submits the required documentation before the child care certificate ends. If the applicant subrrits all required documentation, then another child care certificate is re-issued.
- ☐ Parent co-payments - Summarize: Copayments are determined by family unit size and net monthly income. Review the Navajo Nation Income and Sliding Fee Scale and based on income, choose the income level. Apply percentage based on level of category for family size, Multiply NMI X the percentage amount.
- ☐ Child care payments - Summarize: Each provider is provided a time sheet which lists the time-in and the time-out (this means the time that child comes and leaves the



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provider. At the end of the month, the time sheet is forwarded to the Case Work Unit which review its and forwards it to the CCDF Administrative Office. The CCDF Administrative office which further review it, approves it and forwards it for payment.

- ☒ Oversight of sub-grantees and contractors - Summarize: The lead agency does not have any subgrantees. As far as the contractors are concerned, the lead agency utilizes the Navajo Nation procurement procedures.
- ☒ Other, Describe: There are general requirements; however, they are being revised and updated.



Part 2 – Developing the Child Care Program

Section 2.1. Consultation in the Development of the CCDF Plan

Tribal Lead Agencies are required to consult with representatives of general purpose local governments in the development of the CCDF Plan. (658D(b), 98.12(b), 98.14(b), 98.16(d))

Definition: For the purposes of developing this Plan, consultation involves meeting with, or obtaining input from appropriate representatives of the Tribal community.

2.1.1. Describe how the Tribal Lead Agency consulted with representatives of the Tribal community on the development of the Plan.

Describe: The Navajo Nation's legislative body, Nabik'iyati' Committee possesses the legislative oversight; they will review and approve the 2014-2015 Tribal Plan. The legislative body assumes the responsibilities and administration of the lead agency's child care services. Hearings were held in four different locations to obtain input from the community regarding issues such as basic eligibility, health and safety standards and resource coordination.

Section 2.2. Coordinating the Delivery of CCDF Services

Tribal Lead Agencies are required to coordinate with other Tribal, Federal, State, and local child care and, early childhood development programs, including such programs for the benefit of Indian children. (658D(b)(1)(D), 658O(c)(2)(A), 98.14 (a)(1), 98.16(d), 98.82(b))

2.2.1. Describe how the Tribal Lead Agency coordinates the delivery of CCDF-funded child care services with other Tribal, Federal, State, and local child care, early childhood development programs, and before and after-school care services.

Describe: The lead agency conducts a Market Rate Survey with the local and surrounding state-operated and privately-operated child care centers and private independent providers. The surrounding states that participate in the survey are Arizona, Colorado, New Mexico and Utah. They also include communities that are nearby border towns to Navajo Nation. The purpose of the Market Rate Survey is to determine the current cost rate for child care. Additionally, quarterly meetings are held with the states of Arizona and New Mexico to coordinate common issues such as prevention of dual payments, share training resources, cross training on respective's basic eligibility issues, access state median income and market rate survey and, if necessary, address specific case issues regarding child care. The lead agency coordinates services with Headstart's Early Childhood by allowing space for them in the CCDF facility. We also work with Arizona's First Things First to provide training for the unregulated family private providers, provide nutritional training and dental screening.

2.2.2. Describe the results of the Tribal Lead Agency's required coordination activities with the following agencies, if applicable:

- a) Public Health (including the agency responsible for immunizations)



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Describe: The public health service communities of Fort Defiance, Chinle, Kayenta, Polacca, Tuba City and Winslow are located in the state of Arizona and Albuquerque. Crownpoint, Gallup and Shiprock are located in New Mexico. These organizations are responsible for immunization and promotion of children's emotional and mental health. Additionally, the lead agency also utilizes public health service professional to provide training on prevention of infectious diseases, immunizations and nutrition including food handling. The IHS Office of Environmental Health inspects the child care centers to ensure that they adhere and maintain the health and safety issues.

b) Employment services or workforce development

Describe: The Navajo Nation's Department of Workforce Development (NNDWD) through Workforce Investment Act (WIA) directs an adult and youth program and Native Employment Works programs. The program provide basic education (GED) and occupational skills training.

The lead agency and NNDWD Regional Programs continue to coordinate job training with lead agency providing child care while the recipient undergoes training. This is accomplished by a referral system and sharing resource information.

c) Public Education

Describe: The lead agency's regional offices coordinate with the local public and tribally-operated schools on transporting children to and from child care centers.

The lead agency coordinates with Northland Pioneer College, Holbrook, Arizona to access higher educational courses for direct child care workers. The intent is for the child care staff to obtain their CDA credentials.

The lead agency's Regional offices coordinates with the nearby universities including New Mexico's Gallup Branch and San Juan College to provide training to child providers on health and safety standards, child welfare, early childhood development and child development.

d) State Temporary Assistance for Needy Families (TANF) agency and/or Tribal TANF agency

Describe: _____

Section 2.3. Public Hearing Process

The Tribal Lead Agencies are required to conduct a public hearing no earlier than January 1, 2013. The purpose of the public hearing is to provide the public an opportunity to comment on the provision of the child care services of the plan. Before holding the hearing, Tribal Lead Agency must provide a 20-day notice of the hearing throughout the Tribal Lead Agency's Service Area.



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Reminder: Tribal Lead Agencies must make the contents of the plan available to the public in advance of the hearing. (98.14(a)(c)(3))

2.3.1. Describe the Tribe's public hearing process to provide the general public an opportunity to comment on the provision of child care services under this plan. (658D(b)(1)(C), 98.14(c)(1-3), 98.16(e))

- a) Date of Public Hearing Notice: List date of notice(s): The lead agency held four public hearings; the dates are March 20 and 21 and March 27 and 28, 2013.
(Must be a least 20-days prior to the date of the public hearing)
- b) Date(s) of Public Hearing: List date of hearing(s): The dates for the public hearing is March 20 and 21 and March 27 and 28, 2013.
(Must be no earlier than January 1, 2013)
- c) Location(s) of the Public Hearing(s): The location for March 20, 2013 is Nenanezad which is located near Shiprock and Farmington, New Mexico. The March 21 hearing is Red Rock chapter which is located south of Gallup, New Mexico. The March 27 hearing is being held in Chinle, Arizona and the March 28th hearing is being held in Leupp, east of Flagstaff, Arizona.
- d) How was the public notified of the public hearing? Check all that apply:
- ☐ Parent Newsletter
 - ☒ Tribal/local Media
 - ☒ Posting on community bulletin board, etc.
 - ☐ Other (Specify): _____
- e) How was the content of the Plan made available throughout the service area prior to the public hearing?
- ☐ CCDF Program Sites
 - ☐ Tribal Office
 - ☐ Tribal Website
 - ☐ Tribal Email
 - ☒ Other (Specify): Copies of the plan were printed and provided to the regions for their comments. Additionally, copies of the plan for audience was made available during the hearing for their comments.
- f) Describe how the input from the Public Hearing(s) was taken into consideration in the in the provision of child care services under this Plan? A recorder was assigned to document the comments and recommendations. The comments were collected and reviewed thoroughly, and, if applicable, the comments were added to the tribal plan. A review of the lead agency's policies and procedures was made so that the comments were incorporated.

Section 2.4. Public-Private Partnerships



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- 2.4.1. Does the Tribal Lead Agency conduct or plan to conduct activities to encourage public-private partnerships that promote business involvement in meeting child care needs? (98.16(d))

Reminder: Provide examples of partnerships or planned activities with the business community or other private organizations such as foundations. If there are no businesses, foundations, and/or charitable organizations within the Tribal Lead Agencies service area, please indicate.

- ☒ Yes. If Yes, describe these activities or planned activities, including the results expected from the public-private partnership.

Describe: The lead agency is providing support services to improve early childhood services with the family and in-home child care providers. This initiative is referred to as the "Family, Friend, Neighbor Care" service. The lead agency hired two Education Specialists who provide technical assistance and directly coach Family Home and In-Home child care providers on early childhood education educational techniques and how to maintain a healthy and safe child care environment. The "Family, Friend, Neighbor Care" is funded by the state of Arizona's Initiative, First Things First's through the Navajo National Regional Partnership Council.

Personal Security Consultants, an Albuquerque business, provides technical assistance to the lead agency on conducting clearance on federal background check results. They also provide information on policies relevant to fingerprint processes, documenting results of criminal background checks and policy development and implementation are clarified.

Lit World provided 5,000 books to the CCDF; the books were distributed to the children.

- ☐ No. If No, state reason below.

Describe: _____



Part 3 – Child Care Services Offered

This section focuses on the child care assistance program. Tribal Lead Agencies need to describe their efforts to inform parents about the subsidy program and application policies and procedures, eligibility criteria, how Tribal Lead Agencies ensure continuity of care and parental choice of high quality settings for families, and sliding fee scale and payment rate policies and procedures.

Section 3.1. Non-Exempt or Exempt Rule

Non-Exempt Tribes (CCDF allocations equal to or greater than \$500,000) are required to operate a certificate program. Certificates must permit parents to choose from a variety of child care categories including center-based care, group home care, family child care and in-home care. (98.30(e))

Exempt Tribes (CCDF allocations less than \$500,000) are not required to operate a certificate program unless the Tribe chooses to include such services and the associated requirements in its program (98.81(b)(5)).

3.1.1 Based on the Tribe's anticipated CCDF allocation check which rule applies to the Tribal Lead Agency (Check only one):

- ☒ Non-Exempt (CCDF allocations equal to or greater than \$500,000 for a fiscal year)
- ☐ Exempt (CCDF allocations less than \$500,000 for a fiscal year)

Section 3.2. Description of Direct Child Care Services

3.2.1. Check all appropriate boxes below to describe the direct child care services offered by the Tribal Lead Agency: (658A(b)(1), 658E(c)(3)(A)&(B), 658P(5)&(6), 98.16(g)(1), 98.30, 98.50)

a) A Certificate Program

- ☒ Yes, as a Non-exempt Tribe, we operate a Certificate Program as required (**skip to 3.2.1c**).
- ☐ Yes, as an Exempt Tribe we are not required but have chosen to operate a Certificate Program. Exempt Tribes may choose to select "Yes" if you provide the full categories of child care.

Reminder: The terms "certificate" and "voucher" are often used interchangeably but for the purposes of the Tribal Plan Preprint, we have chosen to make a distinction between the two terms. The term "certificate" is used to designate the program that allows parents a provider choice from all four categories of care (i.e., center-based care, group home care, family child care and in-home care). The term "voucher" is used for Exempt Tribes who operate like a certificate program, but offer parents fewer choices than the full four categories of care.



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b) A Voucher Program (for Exempt Tribes Only)

The Lead Agency has the option to limit the categories of care offered to parents. The Lead Agency has chosen to offer the following categories of care:

- ☐ Center-based ☐ Group-home
☐ Family-home ☐ In-home

c) Grants or Contracts for Child Care Slots

☐ Yes. Describe and identify any limitations: _____

d) Tribally-operated Center(s)

☒ Yes, we operate tribal centers. If Yes, complete the table below.

☐ No, the Tribal Lead Agency does not operate tribal centers.

Table 3.2.1.d. Tribal-Operated Center

Identify Tribal Centers Center Name, City & State	Types of Services (Check all that apply)				Age Groups Served (Check all that apply)		
	Full-Time	Part-Time	Before/After School	Other Services (Briefly Describe)	Infant and Toddler	Preschool	School Age
<u>Chinle Region</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Crownpoint Region</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Tuba City Region</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Shiprock Region</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Fort Defiance</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: If the Tribal Lead Agency operates more than 8 tribal centers, please identify additional tribal centers as an attachment. Attachment "F". Ages 5-14 is defined as school age care.



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3.2.2. Are all of the child care services identified in 3.2.1 available throughout the entire service area? (658E(a), 98.16(g)(3))

☐ Yes.

☒ No. If No, describe: The Tuba City community lacks a child care center so a majority of the children are serviced by family, home or in-home child care services. Navajo Nation Child Care centers are located within five regions. Tuba City is one of the five regions and it has two child care centers.

The lead agency is responsible for 23 child care centers; five modulars are not equipped to provide infant care. Recently, one modular was converted to infant care only; this was in Fort Defiance, Arizona. Ten child care centers provide "before and after" school services in conjunction to serving infants to five year old children. Refer to Attachment F

Section 3.3. Payment System

3.3.1. Describe the child care certificate or voucher payment process using the questions below. (658E(c)(2)(A)(iii)), 658P(2), 98.2, 98.16(k) 98.30, 98.30(e)(1)(2))

a) A description of the child care certificate or voucher process, including form(s) for the Child Care certificate or voucher. Enter Attachment #: B

Describe: Eligibility for child care assistance is determined by the lead's agency's Regional Case Work Offices. The Child Care Certificate (CCC) has the name and address of the parent(s) and the registered providers. Child's identification, selection of range of child care providers, purpose for child care assistance and authorization for service days and time is documented. Also included is the approval for the maximum daily full-time and part-time payment rates, co-payments as well as CCC validation dates. The child care certificate is viewed as a financial form and it is essential that the Regional Casework Supervisor, Senior Case Worker, parents and registered provider all concur and sign the document. Reissuance of CCC is determined by the Case Work Unit; most CCC is updated every six months or on a needed basis. It can be less if the family situation warrants change. A copy of the CCC is provided to Navajo Nation's Division of Finance to encumber the funds to pay the providers and identify the subsidy cost rates.

b) When is the child care certificate or voucher issued to parents?

- ☐ Before parent has selected a provider
☒ After parent has selected a provider
☐ Other. Describe: _____

Non-Exempt Tribes must also answer the following questions:

c) How does the Tribal Lead Agency inform parents that the child care certificate permits them to choose from a variety of child care categories, including child care centers, child care group homes, family child care homes, and in-home providers? (98.30(e)(2))



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Check all options that the Tribe has chosen to implement.

- ☒ Certificate form provides information about choice of providers.
- ☒ Consumer education is provided at the time of application.
- ☐ Parent Handbook provides information on parental choice.
- ☐ Agency Web site: _____
- ☒ Other. Describe: Brochure which lists the type of providers as well as health and safety requirements is provided to the applicant, parent and/or child care provider.

- d) If the Tribal Lead Agency is also providing child care services through grants and contracts, explain how it ensures that parents offered child care services are given the option of receiving a child care certificate.

Describe:

Section 3.4. Limitations of In-Home Care (i.e., Care in Child's Home)

3.4.1. Does the Tribal Lead Agency allow for In-home care? (98.16(g)(2), 98.30(e)(1)(iv))

Reminder: Non-Exempt Tribal Lead Agencies must allow for in-home care (i.e., care provided in the child's own home) but may limit its use.

- ☐ No. (Use this response only if an Exempt Tribe.)
- ☒ Yes. If Yes, check what limits, if any, the Tribal Lead Agency will choose to establish.
 - ☐ Restricted based on minimum number of children in the care of the provider to meet minimum wage law or Fair Labor Standards Act.
 - ☐ Restricted based on provider meeting a minimum age requirement.
 - ☐ Restricted based on hours of care (certain number of hours, nontraditional work hours.)
 - ☒ Restricted to care by relatives.
 - ☐ Restricted to care for children with special needs or medical condition.
 - ☒ Other. Describe: An in-home care provider, whether it is a relative caregiver or a non-relative provider, can be restricted to serve a maximum of five children at any given time; this is due to health and safety standards.

Section 3.5. Eligibility Criteria for Child Care

To be eligible for services, children must: (1) be under the age of 13, or under the age of 19 if the child is physically or mentally disabled or under court supervision; (2) reside with a family whose income does not exceed 85 percent of the Tribe's or State's median income for a family of the same size; and (3) reside with a parent(s) or someone acting in loco parentis who is working or attending job training or an educational program or receiving or needs to receive protective services. (658E(c)(3)(B), 658P(3), 98.20(a)(b), 98.80(f), 98.81(b)(1))

3.5.1. How does the Tribal Lead Agency define the following eligibility terms?



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- a) Residing with: The child must reside within the same household with the parent(s) or reside with a Loco Parentis during the period that child care services are necessary. Addresses are determined by the parent's submission of residency verification (which is a hand-drawn map – the reservation is completely rural).
- b) In loco parentis (refers to an individual who assumes parental status and responsibilities for another child): A person who is "standing in place" of an absent parent(s) who has the care and control of a child and is responsible to maintain the child's basic needs such as food, clothing and shelter. The following documents will be accepted to prove guardianship: court order, kinship affidavit agreement, consent for placement, formal adoption agreement, caregiver affidavit, hand-written notes by parents, power of attorney or military special power of attorney. Custody of the child is determined by court appointment and actual presence of the child in the home. In a joint custody application for child care, both parents would apply separately. Determination would be based on custodial parent's income.

3.5.2. Eligibility Criteria Based Upon Age

- a) The Tribal Lead Agency serves children from from birth to 13 years of age by an independent provider(s) (indicate weeks/months/years) to 13 years (maximum age is through age 12).
- b) Does the Tribal Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 who are physically and/or mentally incapable of self-care? (658E(c)(3)(B), 658P(3), 98.20(a)(1)(ii))
- ☐ Yes. The upper age is:
Provide a definition of physical and mental incapacity:
- ☒ No.
- c) Does the Tribal Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 who are under court supervision? (658P(3), 658E(c)(3)(B), 98.20(a)(1)(ii))
- ☐ Yes. The upper age is:
- ☒ No.

3.5.3. Eligibility Criteria Based Upon Work, Job Training, or Educational Program (98.16(f)(3)(4) and (6))

- a) Does the Tribal Lead Agency provide CCDF child care assistance to parents who are "working"?

Reminder: Lead Agencies have the flexibility to include any work-related activities in the definition of working, including periods of job search.

- ☒ Yes. If Yes, how does the Tribal Lead Agency define "working" for the purposes of eligibility?



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Definition of Working: The parent(s) must be on a paid salary or receiving wage compensation. Working is defined as a person who earns income from one's business, trade or professions. If a individual resigns, is laid off, terminate, child care assistance can include job search but this should not exceed 60 days.

☐ No.

- b) Does the Tribal Lead Agency provide CCDF child care assistance to parents who are attending job training?

Reminder: Lead Agencies have the flexibility to include any training related activities in the definition of job training.

- ☒ Yes. If Yes, how does the Tribal Lead Agency define "attending job training" for the purposes of eligibility?

Definition of attending job training (include attendance requirements if applicable):
The student must attend a job training or educational program with a recognized or credentialed organization. Training topics, courses or classes must lead to a diploma, degree, license or certification. The outcome for the participant is to gain a skilled trade or skills which will allow the individual to be employed and obtain an income. Participants can include Navajo Nation Program for Self Reliance (TANF funded recipient) or Navajo Nation Department of Workforce Development Program.

Attendance includes both classroom and field instruction, on-line educational time, study time and internship placement.

☐ No.

- c) Does the Tribal Lead Agency provide CCDF child care assistance to parents who are attending an educational program?

Reminder: Lead Agencies have the flexibility to include any education-related activities in the definition of education, including study time.

- ☒ Yes. If Yes, how does the Tribal Lead Agency define attending "educational program" for the purposes of eligibility?

Definition of attending educational program, to include attendance requirements if applicable: A student is defined as an individual who attend a vocational or educational courses, online-classes, internship or volunteer placement.

The student must attend a job training or educational program with a recognized or credentialed organization. Training topics, courses, or classes must lead to an



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diploma, degree, license or certification. The outcome is to gain a skilled trade or employable skills. Participants includes Navajo Nation Program for Self Reliance (TANF funded) or Navajo Nation Department of Workforce Development Program.

Attendance includes classroom instruction, field instruction, on-line educational time, study time and internship placement. Study can be authorized for non-classroom days and hours as determined by the student and the Caseworker.

☐ No.

3.5.4. Eligibility Criteria Based Upon Receiving or Needing to Receive Protective Services

- a) Does the Lead Agency provide child care to children who receive or need to receive protective services? (98.20(a)(3)(ii))

Reminder: Lead Agencies have the flexibility to define protective services beyond formal child welfare or foster care cases, including but not limited to, homeless children. If the Lead Agency provides CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education /training activities for CCDF purposes, these children are considered to be in protective services and must be included in this definition.

☒ Yes. If Yes, how does the Lead Agency define "protective services" for the purposes of eligibility?

Definition of protective services: Protective services is defined as:

A child's removal from a parent or guardian by a Child Protective Service agency. The child is in foster care or in a court-ordered, out-of-home placement. The child will be considered a family unit of one.

A child who is in care due to voluntary relinquishment and is going to be adopted.

A child who is at risk and needs protective care as a result of abuse or neglect. The risk may be relevant to the health or family circumstances. The risk is identified and documented by a social service or by a lead agency staff. Child care assistance is time limited and authorized on a case-by-case basis.

A child who is at risk and needs protective care as a result of parent's medical treatment or medical disability. The risk is identified and documented by a social service agency or by a lead agency staff. Child care assistance is time limited and authorized on a case-by-case basis.

Respite care is for a child who is removed by court order and needs temporary relief of care from a relative or foster care. Respite care is limited to 24 hours a month.



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Hours will be determined by the Caseworker, child care provider and the child's Protective Service Agency.

☐ No.

- b) Does the Tribal Lead Agency waive, on a case-by-case basis, the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services? (658E(c)(3)(B), 658P(3)(C)(ii), 98.20(a)(3)(ii)(A)(B))

☒ Yes.

☐ No.

- c) Does the Tribal Lead Agency provide CCDF-funded child care to children in foster care whose foster care parent(s) are not working, or who is not in education/training activities? (98.20(a)(3)(ii), 98.16(f)(7))

☐ Yes. (This means that for CCDF purposes, the Tribal Lead Agency considers these children to be served under the protective services eligibility category.)

☒ No.

- d) Does the Tribal Lead Agency provide respite child care to children in protective services? (98.16(f)(7))

Reminder: If Yes, you must include respite care under your definition of protective services in 3.5.4a.

☒ Yes, and respite care is included under the Tribe's definition of protective services.

☐ No.

3.5.5. Income Eligibility

All eligible children must be under the age of 13 and reside with a family whose income does not exceed 85% of the Grantee Median Income (GMI) for a family of the same size. The Tribal Lead Agency may use the State Median Income (SMI) or income established by the Tribe as the grantee's median income. (658E(c)(3)(B), 658P(4), 98.20, 98.80(f), 98.81(b)(1))

- a) How does the Lead Agency define "income" for purposes of eligibility determination? (98.16(g)(5), 98.20(b))

Reminder: The Tribe has flexibility in developing its definition of income. This flexibility allows for the excluding or deducting of certain types of income, as defined by the Tribe, from calculations of total family incomes for purposes of eligibility determination.



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Definition of Income: Income is defined as the family unit's net income as applied to access child care assistance based on the lead agency's countable income. The family unit's net income is derived by deduction of federal income withholding tax (FWT), federal income insurance contribution act (FICA) withholding and federal medicare withholding from the family's monthly gross income.

Income Disregard means certain types of income are disregarded by circumstances and are not applied to make eligibility determination.

Countable income utilized for eligibility purposes is:

1. Alimony: An allowance made by one spouse to the other for support during a pending or after-legal separation or divorce.
2. Net employment income (gross earned income including overtime minus Federal Income Tax, Federal Insurance Contribution Act [FICA] withholding and Federal Medicare withheld).
3. Net self-employment income (gross income minus operating and reinvestment expenses).
4. Unemployment Insurance
5. Military Pay
6. Work Study wages
7. Child support income
8. Net gambling, casino or lottery winnings, per capita revenue from tribal casino.
9. One-time earned taxable income
10. Pensions, including retirement and annuity.

Income disregarded or excluded as a Family Unit Income are:

1. Foster care child payments
2. Training stipends
3. Department of Workforce Development's financial assistance for rent, transport or food
4. Educational grants
5. Public assistance payments
6. Strike benefits
7. Union funds
8. Worker's compensation
9. Disability insurance
10. Other income may be disregarded; this will be determined on a case-by-case bases.

- b) The law states that Tribes may establish income eligibility for child care under CCDF not to exceed 85% of the Grantees Median Income (GMI). The Tribal Lead Agency has selected to use the following as the GMI (Check the appropriate box below):

☒ State Median Income (SMI) for a family of the same size.

State: Arizona Effective date of SMI: March 15, 2012



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- ☐ Tribal Median Income (TMI) for a family of the same size residing in the area served by the Tribal Lead Agency.

Effective date of TMI: _____

- c) Provide the CCDF income eligibility limits.

Income limits must be provided in terms of Grantee Median Income, even if Federal poverty level is used in implementing the program. (98.20(a)(2))

Complete column (a) and (b) of the matrix below based on the definition of GMI in 3.5.5ab. Indicate Income Eligibility not to exceed 85% of the Grantee Median Income (GMI) in column (b) for a family of the same size. Complete column (c) **ONLY IF the Tribal Lead Agency is using income eligibility limits lower than 85% of the GMI – identify percentage used in calculation.**

3.5.5.c Grantee Median Income (GMI)			
Family Size	(a) 100% of GMI (For calculation purpose only) (\$/month)	(b) 85% of GMI (\$/month)	(c) If, less than 85% GMI, identify percentage _____ and: (\$/month)
1	<u>2875</u>	<u>2443</u>	
2	<u>3760</u>	<u>3195</u>	
3	<u>4645</u>	<u>3947</u>	_____
4	<u>5529</u>	<u>4699</u>	_____
5	<u>6414</u>	<u>5451</u>	_____
6	<u>7299</u>	<u>6203</u>	_____
7	<u>7464</u>	<u>6344</u>	_____
8	<u>7630</u>	<u>6485</u>	_____

3.5.6. Additional CCDF Eligibility Criteria or Definition

Does the Tribal Lead Agency establish additional eligibility criteria, for example, higher income limits in one part of the tribal service area? (658E(a), 98.16(g)(5), 98.20(b))

☐ Yes. If Yes, describe the additional eligibility criteria _____

☒ No.

Section 3.6. Priority Rules for Children

At a minimum, CCDF requires Lead Agencies to give priority for child care services to children with special needs. Prioritization of CCDF-services is not limited to eligibility determination (i.e., establishment of a waiting list or ranking of eligible families in priority order to be served). Lead Agencies may fulfill priority requirements in other ways, such as higher payment rates for providers caring for children with special needs. (658E(c)(3)(B), 98.44(b))

CCDF Plan Effective Date: October 1, 2013

Amended Effective: [Insert Date as Amended]



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3.6.1. Priority Rules for Children with Special Needs

Tribal Lead Agencies have the flexibility in how they define "special needs". Tribal Lead Agencies are not limited in defining children with special needs to only those children with physical or mental disabilities (e.g., with formal Individual Education Plan (IEP) required under the Individuals with Disabilities Education Act (IDEA). Lead Agencies could consider children in the child welfare system, children of teen parents, or homeless children in their definition of children with special needs.

- a) How does the Tribal Lead Agency define "children with special needs?"

Definition of "children with special needs": Children with special needs are:

Children left homeless as a result of natural disaster, burn-outs, living in vehicles or homeless shelters.

Children receiving or in need of protective services.

Children of active military families.

Children of teenage parents.

Children who are physically or mentally disabled.

Children who are recipients of Navajo Nation Program for Self Reliance and Navajo Nation Workforce Development Program.

Children who live in remote or isolated areas or if there is a lack of child care providers within a radius of fifteen (15) miles.

- b) Describe how the Tribal Lead Agency will give priority for child care services to children with special needs (658E(c)(3)(B), 98.44(b))

Describe: The lead agency Casework unit works in tandem with child care providers for placement of children. Placement is made by following the priority child care services and they are:

1. Children with special needs
2. Vocational training
3. Basic skills education in high school or GED (General Equivalency Diploma)
4. College Education
5. Employable parents following sequential income levels.

3.6.2. Additional Priority Rules

- a) Does the Tribal Lead Agency have additional priority rules or categories? (658E(c)(3)(B), 98.16(g)(5), 98.20(b))

☒ Yes If Yes, include the additional priority rules or categories to include a description and definition:

Definition and Description: A CCDF-eligible child will have priority for child care services and other children who are subsidized for other resources is considered secondary for child care services. It is the parent's choice to place their child on



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a waiting list, should the tribally-operated child care center be filled to capacity. A parent may also choose an alternative child care services.

☐ No.

Section 3.7. Payment Rates for Child Care Services

Lead Agencies are required to establish payment rates for child care services that ensure eligible families equal access to child care services comparable to those services provided to families not eligible to receive CCDF services. (658E(c)(4), 98.16(l), 98.43(a), 98.43(b), 98.43 (b)(1) and 98.43(b)(2)).

3.7.1. Attach a copy of your payment rates as Attachment. (Enter Attachment #: C)

Note: For Tribal Lead Agencies that only offer direct services through a tribal-operated center and/or grants and contract, skip to 3.7.2.

Reminder: The attached payment rates should reflect all the rates that cover the variety of care offered in your program. Tribal Lead Agencies are reminded that payment rates cannot be based on a family's eligibility or circumstances. This means that the Lead Agency may not establish payments for TANF families that differ from the payments for child care for the working poor, or for families in education or training.

Will the attached payment rates be used in all parts of the Tribal service area?

☒ Yes. Effective Date: October 1, 2014

☐ No. Attach other payment rates as Attachment (Enter Attachment #: _____). Indicate their effective dates and describe or list the geographic areas where they are used:

3.7.2. Does the Tribal Lead Agency provide child care services only through a tribally-operated center(s) or grants and contracts?

Reminder for Tribally Operated Centers: For Lead Agencies that only offer direct services through a tribally-operated center and/or grants and contracts, the Tribe could provide information about its CCDF budget, including the average cost of providing care per child, or information about what the center would charge a non-subsidized child for care in lieu of a payment rate schedule.

☐ Yes, if Yes attach information on cost of care per child, budget information or other documentation regarding the cost of child care services. (Enter Attachment #: _____)

☒ No.

3.7.3. Market Rate Survey Requirements

Tribal Lead Agencies are required to establish payment rates for child care services that ensure eligible families equal access to child care services comparable to those services

CCDF Plan Effective Date: October 1, 2013 _____

Amended Effective: [Insert Date as Amended] _____



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provided to families not eligible to receive CCDF services. At a minimum, Tribal Lead Agencies are required to show how payment rates are adequate based on a local Market Rate Survey conducted no earlier than two years (10/1/2011) prior to the effective date of the currently approved Plan.

ACF recognizes that market rate surveys might not be feasible for some Tribal Lead Agencies and provides Lead Agencies with three options for fulfilling the local Market Rate Survey requirements: 1) conducting its own local Market Rate Survey, 2) using the State's local Market Rate Survey, or 3) providing alternative documentation in lieu of a local Market Rate Survey if selected criteria are met.

Which option does the Tribal Lead Agency use in fulfilling the local Market Rate Survey requirements? Please select only ONE option. (98.16(l), 98.43)

☒ **Option 1** – the Tribal Lead Agency conducts its own MRS.

- a) Provide the date the MRS was conducted: March/11/2013
- b) Describe how the payment rates are adequate to ensure equal access based on the results of the market rate survey. At a minimum, indicate the relationship between the attached payment rates and the market rate observed in the survey. (i.e., the relationship between the attached payment rates and the market rates observed in the survey). What additional facts (if any) were considered, in addition to the market rate survey, to set the attached payment rates?

Describe: Payment rate is set at 50 percentile level in four categories: center-based, group homes, family home and in-home. The survey was distributed to about 150 providers and 97 child care providers responded with information about their payment rates. The information that was returned resulted in the establishment of payment rates for child care centers and private providers. Payment rate is referenced in Attachment.

☐ **Option 2** – the Tribal Lead Agency uses the State's MRS

- a) Name of State(s): _____
- b) Provide the date the MRS was conducted: _____ / _____ / _____
- c) Describe how the payment rates are adequate to ensure equal access based on the results of the market rate survey. At a minimum, indicate the relationship between the attached payment rates and the market rate observed in the survey. (i.e., the relationship between the attached payment rates and the market rates observed in the survey). What additional facts (if any) were considered, in addition to the market rate survey, to set the attached payment rates?

Describe: _____

☐ **Option 3** – the Tribal Lead Agency provides alternative documentation in lieu of a local MRS. The Tribal Lead Agency must identify and meet at least one of the following two criteria listed below and provide a description to support its choice.

Please select only one criteria.



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☐ **Criteria 1** – check if the Tribal Lead Agency:

- a) Provides CCDF direct services solely in Tribally operated facility(ies) and does not provide services through certificates/vouchers, grants, or contracts; **and/or**
- b) Funds CCDF direct services solely in unregulated home-based settings such as in-home care (i.e., care in the child's own home) or unregulated family child care homes, and does not fund any CCDF services in centers, regulated family child care homes or regulated group homes.

Describe how the Tribal Lead Agency funds CCDF services solely in Tribally operated facility(ies) and does not provide services through certificates, vouchers, grants, or contracts; or provides direct services solely in unregulated home-based settings and does not provide any services through centers or regulated homes.

Describe: _____

☐ **Criteria 2** – check if the Tribal Lead Agency:

- a) Documents that all child care providers in the service area that would potentially be included in a market rate survey (a) serve only children receiving CCDF subsidies, and (b) serve no private-pay children.

Describe how the Tribal Lead Agency determined that all providers serve only children receiving CCDF subsidies and serve no private-pay children, including a description of all relevant providers' types (i.e., centers, family child care, etc.) that were examined.

Describe: _____

3.7.4. For Non-Exempt Tribes Only – If the payment rates do not reflect for the full range of providers – center-based, group home, family child care home, and in-home care—explain how the choice of the full range of providers is made available to parents.

Describe: _____

3.7.5. Tiered Reimbursement - Will the Tribal Lead Agency provide any type of tiered reimbursement or differential rates on top of its base reimbursement rates for providing care for subsidized children?

☐ No.

☒ Yes. Check all types of tiered reimbursement or differential rates the Tribal Lead Agency has chosen to provide.

☐ Nontraditional hours. Describe: _____

☐ Children with special needs as defined by the Tribe: Describe: _____

☐ Infants and toddlers. Describe: _____

☐ School-age programs. Describe: _____

☐ Higher quality as defined by the Tribe. Describe: _____

☒ Other Rate. Describe: Special care rate is designated for children under the age of 19 and is physically and/or mentally incapable for caring for him or herself.



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Child(ren) who are clinically diagnosed or developmentally delayed, or children who being assessed for physical or mental incapacities, as verified by a competent medical/health agency, is also considered.

Section 3.8. Sliding Fee Scale(s)

CCDF requires families to share in the cost of subsidized child care (658(E)(5), 98.42). The Tribal Lead Agency must establish a sliding fee scale that details each family's contribution(s) (i.e., "co-payment"). The sliding fee scale must vary based on **income and the size of the family**.

3.8.1. Attach a copy of the sliding fee scale (Enter Attachment # D)

Will the attached sliding fee scale be used in all parts of the service area?

☒ Yes. Effective date: October 1, 2013

☐ No. If No, attach other sliding fee scales and their effective date(s).
Enter Attachment # _____

3.8.2. Does the Tribal Lead Agency use other factors in addition to income and family size to determine each family's contribution to the cost of child care? (658E(c)(3)(B), 98.42(b))

☐ Yes. Describe those additional factors: _____

☒ No.

3.8.3. The Tribal Lead Agency may waive co-payments for families whose incomes are at or below the poverty level for a family of the same size. (98.42(c). The poverty level used by a Tribal Lead Agency for a family of 3 is \$3256. Check which option the Tribal Lead Agency has chosen to use: Arizona SMI for FFY 2013 as stated in the 2013 Poverty Guidelines, Federal Register, Vol. 78, No. 16 (January 13, 2013)

Reminder: Tribal Lead Agencies are reminded that the co-payments may be waived for only two circumstances – for families at or below the poverty level or on a case-by-case basis for children falling under the definition of "protective services" (as defined in 3.5.4).

☐ ALL families, including those with incomes at or below the poverty level ARE required to pay a fee.

☒ NO families with income at or below the poverty level for a family of the same size are required to pay a fee.

☐ SOME families with income at or below the poverty ARE NOT required to pay a fee. The Lead Agency waives the fee for the following families: _____

3.8.4. The following is a description of how the co-payments required by the Tribal Lead Agency's sliding fee scale(s) are affordable. (98.43(b)(3))

Describe: Families with a net income of less than or equal to 100% Federal Poverty Level is not required to pay a fee. Family with an income in level 2 is required to pay 4%; level 3 is



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required to pay 6% and level 4 is required to pay 8%. The levels of income are referenced in Attachment

The lead agency did not apply 10% bench mark as copayment fee since many families reside in rural areas and have to travel great distance to their employment sites. Additionally, the increased cost of food, gasoline and other costs contributed to setting the copayment amount. The incremental percentage of copayment fee for each level is to assist the families in become more self reliant and non-dependent on public assistance.

Part 4 – Procedures for Parents

In this section, the Tribal Lead Agency should provide a complete description of the application process for families, the procedures for providing parents with unlimited access to their children while they are in the care of a CCDF provider. Including how the Tribal Lead Agency maintains substantiated parental complaints and how such information is made available to the public upon request. (658E(c)(2)(D), 658D(b)(1)(A), 658E (c)(2)(C), 658E(c)(3)(B), 98.16(h), 98.30, 98.32).

Section 4.1. How Families Apply for CCDF

4.1.1. How are parents informed of the availability of child care assistance services under CCDF? (658E(c)(2)(A), 98.30(a))

- ☒ Tribal Lead Agency
- ☐ Public schools
- ☐ Early Head Start/Head Start
- ☐ Health Clinics
- ☒ TANF offices
- ☒ Other tribal offices
- ☒ Other governmental offices
- ☒ Community outreach meetings workshops or other in-person meetings
- ☒ Radio and/or television
- ☒ Internet (provide website): www.nnccdf.org
- ☐ Other: Describe: _____

4.1.2 How can parents apply for CCDF services? Check all application methods used by the Tribal Lead Agency.

- ☒ In Person interview or orientation
- ☒ By Mail
- ☐ By Phone/Fax
- ☐ Through the Internet, (provide website): _____
- ☐ By Email
- ☐ Other: Describe: _____



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4.1.3. Describe how the Tribal Lead Agency documents and verifies the applicant information.
(658K(a)(1), 98.70(a), 98.71(a))

Describe: The lead agency documents and verifies the applicant's information by obtaining copies of information on child's age, tribal enrollment, immunization and residency. Income is verified by employer's statement. Student enrollment is verified by course schedule and, if applicable, a formal statement on child's protective services situation.

4.1.4. TANF Agency's Criteria/Definitions Regarding Inability to Obtain Care

The regulations at 98.33(b) require the Tribal Lead Agency to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age. Lead Agencies must coordinate with TANF programs to ensure, that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth in the TANF statute and Plan.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency—which include both the Tribal TANF agency and the State TANF agency-- to determine whether the parent has a demonstrated inability to obtain needed child care:

Reminder: The TANF agency, not the Child Care Tribal Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record. This question is for informational purposes.

a) Identify the TANF agency(ies) that established these criteria or definitions:

State(s) TANF Agency: State of Arizona's Department of Economic Security (AZDES); State of New Mexico's Children, Youth and Families Department (NMCYFD); and State of Utah Department of Workforce Services (UTDWS).

Tribal TANF Agency: The lead agency's casework staff provides information to the TANF clientele about the exception to the individual's penalties associated with the TANF's work requirement. A single custodial parent will not penalized for his/her inability to obtain child care for his/her child under six years of age. The lead agency will make every effort to assist the single custodial parent by sharing a list of potential child care provider available near their home area. The Navajo Program for Self Reliance (Tribal TANF) and the lead agency will coordinate on the parent's plan to become self reliant.

b) Provide the following definitions established by the TANF agency.

- "Appropriate child care": The provider is licensed, certified or registered by the a state or tribal child care agency for the tribal various types of child care, i.e. in home care, relative provider, etc. The provider will provided an environment that is clean, safe and provide adequate nutrition and protection for any and all kinds of harm and is acceptable to the parent(s) or caretaker(s) of the child.



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- "Reasonable distance": The time it take for a PSR client to travel to the child care provider must be an hour or less.
- "Unsuitability of informal child care": Child care is deemed unsuitable or unacceptable by the customer and is expressed in writing, due to the health and safety concerns of the child or situations that places the child at risk.
- "Affordable child care arrangements": Child care that is available at a cost that is equal to or less than the amount the Navajo Nation child Care and Development Fund (CCDF) will pay or an informal child care at a cost which is acceptable to papers without causing undue financial hardship upon the client.

c) How are parents who receive TANF benefits informed about the exception to individual penalties associated with the TANF work requirements?

☐ In writing

☒ Verbally

☒ Other: If the client is unable to meet TANF requirements such as Personal Responsibility Plan, the customer may be informed that they may be exempted from such penalties. Exemption from penalties may be obtained as long as the client is able to document why they are unable to meet such requirements. For example, if child care is a barrier, the participant must provide verification as to their inability to obtain child care and should be able to provide answers to the following questions.

4.1.5. Is the application process for child care under CCDF different for families receiving TANF?
98.16(g)(4)

☐ Yes. If Yes, describe: _____

☒ No.

Section 4.2. Description of Procedures for Unlimited Parental Access

The Lead Agency shall have procedures to ensure that providers receiving CCDF funds afford parents unlimited access to their children, and access to the providers caring for their children, during normal hours of provider operation and whenever the children are in the care of the provider. (658E(c)(2)(B), 98.31, 98.16(n))

Describe how the Lead Agency ensures that parents have unlimited access: Parents are informed of their rights and responsibilities when they complete an Application for Child Care Assistance. The application states "you have the right to unlimited access to your child(ren) while under the provider's care. This is referenced in Attachment E. However, in the event of a court order, contact with a parent will be limited. The legal document may be a restraining order because of domestic violence or child protection order or child custody orders. Court documents are maintained in the family case file record and a copy is shared with the child care provider.



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The family home and in-home child care providers acknowledge on the Child Care Service Agreement in Section III, No. 4, which states, CCDF eligible parent(s)/legal guardian(s) have unlimited access to their child during the time of performing child care service". Child Care Service Agreement is referenced in Attachment B.

CCDF Tribally-Operated Child Care Supervisors are required to inform CCDF staff that the parents have unlimited access to their child(ren) while under their care. According to the Navajo CCDF Internal/Administrative Policy and Procedures for Child Care Center Services, Section IV.C (Description of Services) states "Parent(s)/guardian(s) are offered unlimited access to their child(ren) and the provider(s) during the time the child care center is in operation. In the event of a court order, contact with parent(s)/guardian(s) may be disallowed and/or limited. Courts documents may include restraining/domestic violence protection orders.

Additionally, parents are informed of the unlimited parental/provider access during the orientation. Signs are posted within the child care facility which states parents have unlimited parental/provider access. Parent(s)/guardian(s) will sign in/out on all visits." (page 4).

The unlimited parental access requirement that currently guides the independent child care providers is recorded in the Navajo Nation CCDBG Program/Division of Social Services' program policies and procedures. In this, every independent providers are required to acknowledge the Child Care Provider's Registration Agreement form and consent to Section E. Professional Responsibilities which include No. 4, i.e. Parents/legal guardians shall be provided unlimited access to their children and the provider, during the normal hours of operation and whenever such children are in the care of such providers.

Section 4.3. Record of Substantiated Parental Complaints

- a) Describe in detail how the Tribe maintains a record of substantiated parental complaints.
(658E(c)(2)(C), 98.32, 98.16(m))

Describe: CCDBG Program's Policies and Procedures No. 11 states, provider eligibility is required to "Not engage in or have an ongoing history of behaviors which are harmful or may endanger the health, safety and morals of children. Where there is a conviction for, or admission of, or substantial evidence of crimes against children, crimes involving intentional body harm, crimes involving the illegal use of controlled substances or crimes involving moral turpitude by the caregiver or any other household members, the CCDBG program will not approve or allow any approval to remain in effect, if such information becomes known to the CCDBF program." (Pg. K-2)

When the lead agency receives a complaint, the complainant is required to put their concerns in writing. Depending on information received, the lead agency may choose to conduct an investigation. If there is suspected child abuse or neglect, the complaints are forwarded to the appropriate agencies for investigation. The lead agency reports all cases of suspected child abuse and neglect to both the child protective services or local law enforcement agency.

Each complaint is reviewed and prioritized for investigation. Complaints regarding the health and safety of the child is regarded as the highest priority and local authorities are notified immediately to begin their investigation. Other complaints which constitute less severe complaints such as payment issues are investigated within ten working days.



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The investigation outcome includes a written response that details the results of the investigation. The letter is forwarded to the subject of the complaint and complainant. If the outcome is unsubstantiated, CCDF will not take further action. If the outcome is determined substantiated, the lead agency will require the child care provider to provide a written corrective action plan. If the child provider does not comply, the lead agency can impose sanctions by suspending, revoking or place limitation on the provider's services. The involved agencies can impose additional sanctions such as imposing criminal charges and pursuing other legal remedies.

All substantiated records are maintained in the Program Manager's Office at CCDF Central Administrative Office. Records are filed in the provider's individual case file for security and confidentially purposes and to abide with the privacy act regulation. Substantiated records are incidents or complaints which have been investigated and corrective action are determined by professional staff.

- b) Describe in detail how the substantiated parental complaints are available to the public on request, including who should be contacted to receive them. (658E(c)(2)(C), 98.32, 98.16(m))

Describe: Records maintained by the lead agency for child care providers are available to the public for review and copying. Personal information related to the child and parent is kept confidential. Disclosure of information about the child and parent will only be released by court order or by a parent's consent. It can be released to a law enforcement agency as required for official purposes.



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Part 5 – Activities and Services to Improve the Quality of Child Care

In this section, Tribal Lead Agencies are asked to describe their needs, goals and activities for the implementation of child care quality improvement activities. Core elements of CCDF include quality investments and support systems for programs and staff. Tribes are encouraged, regardless of size, to take an intentional approach to quality improvement – assessing the current quality of care available and the training and technical assistance needs of providers; investing their quality funds and efforts in accordance with the needs; and reviewing the success of their activities to improve quality and making adjustments as necessary.

The Tribal Lead Agency should consider its goals for a child care quality improvement system for all families, not just those receiving assistance under CCDF. (658G, 658E(c)(3)(B), 98.16(h), 98.51, 98.83(f))

Reminder: CCDF regulations require non-exempt Lead Agencies (those receiving \$500,000 or more) to spend at least 4 percent on quality activities. These activities may include, but are not limited to; activities designed to provide comprehensive consumer education, increased parental choice, and to improve the availability and quality of child care services.

Exempt Lead Agencies (those receiving less than \$500,000) are strongly encouraged to spend CCDF funds on quality activities but are not required to meet the 4 percent provision.

Section 5.1. Quality Improvement Needs

5.1.1. How does the Tribal Lead Agency learn about the quality of care currently offered and the training needs of providers?

Note: Tribes make their own decisions about how to determine their needs and make investments. For technical assistance purposes, ACF would like to learn how Tribes perform these functions – from the use of formal tools to determine the quality of programs to more informal methods to learn about the needs of caregivers.

Describe: The lead agency reviews, update and implement its strategic plans on an annual basis. The review is done on a quarterly basis. All the administrative components of the lead agency's goal and objectives are reviewed and recommendations are made. Once these are finalized, they are implemented.

A professional development assessment was conducted with the lead agency's direct child care workers and independent providers. The assessment was instrumental in producing more qualified child care professional. This was accomplished through the recruitment of qualified trainers who provided training to develop more "qualified" child care workers. Any array on early child development, culture-based teaching, curriculum development, nutrition, how to provide a more nurturing environment, supervision, development of lesson plan, develop a safe child care environment, language develop and literacy and other trainings is done on a quarterly basis.



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A strategic planning work session was conducted to develop plan for their respective unit, i.e. eligibility issues for Casework unit, building preventive maintenance services, fiscal/property management, monitoring services and human resources. Professional trainers were recruited to improve each unit's functions (the intent is continue to operate a stronger program based on integrity and accountability). Other units include accountability in subsidy payments, child focused services, and customer services improvements. As a result, types of training was identified and implemented. The topics include tribal, state, and federal policies and procedures, program/organizational development, procurement and contracts, teamwork, decision making, casework services, fiscal and property management, policy development, health and safety standards, program evaluation and others. The training was intended to strengthen the staff and provider's skills. The training schedule was implemented and the training was conducted on a monthly basis.

Assessment is ongoing on the independent provider's child care setting (family, in-home and relative providers). When the assessment was completed, health and safety training was developed and implemented. Minimum assistance with equipment and supplies such as fire extinguishers, fingerprinting/background checks, nutrition (food/snacks) and other supplies are provided to the independent providers; this is done to enhance the child care setting.

Technical assistance to independent providers was provided through training and provisions. The training focused on brain development, social competency and a nurturing learning environment. Part of the support is to provide basic learning supplies. This was to promote children's physical, cognitive, social and emotional development.

The Indian Health Services' Office of Environmental Health provides evaluation reports on every child care centers. The reports includes findings or recommendations to improve health and safety concerns which may include heating and ventilation.

The lead agency may also contract with specialized or professional services to improve quality issues, i.e. landscaping, fencing, appropriate age-related playground, sewage and waste disposal and others to comply with health standards. The maintenance unit conducts preventive services as a result of OEH's evaluation reports. Additionally, assessment on the maintenance unit is conducted periodically to ensure that the personnel is knowledgeable on how maintain the building and the surrounding physical premises.

Section 5.2. Quality Improvement Goals

In the upcoming Biennium, describe the Tribal Lead Agency's goals for improving the quality of care in your program. (Responses will be used to guide future training and technical assistance provided by OCC.)

Describe: _____

Section 5.3. Quality Improvement Activities

Identify the quality improvement activities the Tribal Lead Agency intends to implement during this plan period. As this list is not exclusive, Tribal Lead Agencies can use the "Other" box for additional activities. Tribal Lead Agencies can also choose to include a description of each activity checked using the Other box.



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a) Quality Training Activities

Training Topics Δ

- ☒ Child development
- ☒ Infant and toddler child care
- ☒ Physical activity and nutrition
- ☒ Language and literacy
- ☐ Inclusive child care for special needs children
- ☒ Health and safety
- ☒ Social-emotional development
- ☐ Fiscal management
- ☒ Administration and program management
- ☐ Curriculum development and instruction
- ☒ Child Care as a business
- ☒ Other topic(s): Educational computer games provided to the Before and After school children to use technology to improve in th subjects of literacy, social studies, science, vocabulary and mathematics.

Optional: Describe any of the activities checked above: _____

Strategies for Making Training Accessible Δ

- ☒ Grants or stipends for attending training events
- ☒ Time off to attend training
- ☐ Make substitute providers available
- ☐ Other: Describe: Provide individual training on site such as the Caseworker Provider training, provided quarterly.

Optional: Describe any of the activities checked above: _____

Training Outcomes

- ☒ Certificate
- ☐ Credential
- ☒ Degree
- ☐ Credit towards required training hours
- ☒ Other: Describe: Sign-in Sheets.

Optional: Describe any of the activities checked above: _____

b) Assisting Providers in meeting Licensing and Health and Safety Standards Δ

- ☒ Provide health and safety materials/equipment
- ☒ Grants/mini-grants for health and safety equipment/materials
- ☒ Classroom materials and resources



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- ☒ Financial assistance in meeting licensing requirements
☐ Other: Describe: _____

Optional: Describe any of the activities checked above: _____

c) Consumer Education

- ☒ Resource and referral services
☒ Resource library for parents and providers
☐ Newsletters for providers and parents
☒ Parent handbooks
☐ Toy lending library
☒ Internet-based consumer education on quality child care
☒ Other: Describe: Policy and procedures training.

Optional: Describe any of the activities checked above: _____

d) Staff Compensation & Financial Incentives for Programs

- ☒ Supplement wages of staff
☒ Bonuses to recruit providers caring for infants/toddlers or other areas of provider shortages
☐ Increase staff compensation in blended Child Care/Head Start programs
☐ Bonuses to higher quality programs
☐ Implement cash and non-cash career-ladder incentives
☐ Other: Describe: _____

Optional: Describe any of the activities checked above: _____

e) School-Age Child Care Activities Δ

- ☒ Cultural activities with elders (e.g., regalia making)
☐ Culturally-based summer youth programs
☐ Mentoring program
☐ Drug prevention program
☐ Teen pregnancy prevention programs
☒ Other: Describe: Cultural activities in general.

Optional: Describe any of the activities checked above: _____

f) Culturally Relevant Activities Δ

- ☐ Tribal language immersion programs
☒ Integration of storytellers in child care programs



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- ☐ Cultural training opportunities for parents and providers
- ☐ Cultural training to non-Native providers
- ☐ Other: Describe: _____

Optional: Describe any of the activities checked above: _____

g) Quality Support for Programs Δ

- ☐ Grants to programs to expand quality activities
- ☒ Health Consultation or other related activities
- ☒ Assessment of classroom practice
- ☐ Integrating children with special needs (creating inclusive child care settings)
- ☐ Higher rates for programs caring for infants and toddlers
- ☐ Other: Describe: _____

Optional: Describe any of the activities checked above: _____

5.4. Quality Improvement Initiatives for Relative Caregivers or other Small Home-based Providers

Does Tribal Lead Agency have quality improvement initiatives specifically for relative caregivers or other small home-based providers that are not described in your answers above?

- ☒ Yes. If Yes, describe: The relative provide are provided consumer educational brochures and can participate in trainings on health and safety awareness and learn about early childhood development.

The lead agency collaborated with the state of Arizona to initiate a "Family, Friend, Neighbor" care. The collaboration will allow CCDF to hire two educational specialist; their job is to provide technical assistance to relative providers and small, home-based child care providers. The technical assistance will provide consumer educational materials, develop a child care schedule which will describe an array of activities. The intent is to coach providers to they can provide a higher level of child care.

☐ No.

5.5. School-Age Care and Resource and Referral Activities

Tribal Lead Agencies are required to spend a specific amount on developing and improving School-Age Care activities and/or Resource and Referral services.

How does the Tribal Lead Agency intend to use these funds?

Describe: The lead agency provides "after school" program in several child care centers which tutoring and home work periods are provided. Additionally, computers are made available to after school children.



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5.6. Child and Adult Care Food Program (CACFP)

The US Department of Agriculture's Child and Adult Care Food Program (CACFP) plays a vital role in improving the quality of care for children by providing financial support for meals served in child care settings.

a) Does the Tribal Lead Agency participate in the Child and Adult Care Food Program (CACFP)?

☐ Yes. Identify which programs participate, for example Centers, Family Child Care, etc. _____

☒ No

b) If the answer to 5.6.(a) is no, please indicate reasons why the Tribal Lead Agency does not participate in CACFP.

☐ No CACFP sponsoring agency locally

☒ Difficult to complete initial CACFP application

☐ Difficult to maintain required CACFP documentation

☐ Not eligible to participate for the following reason(s): _____

☒ Do not have enough information about CACFP

☐ Not Interested

☒ Other, describe: Headstart is the lead agency.



Part 6 – Health and Safety Requirements for Providers

Activities to Ensure the Health and Safety of Children in Child Care

This section is intended to collect information on how Tribal Lead Agencies meet the statutory and regulatory provisions related to health and safety and how these requirements are effectively enforced. In the following pages, provide the appropriate responses for each category of care offered addressing the CCDF health and safety requirements.

The CCDF health and safety requirements at 98.41 require Lead Agencies to have health and safety requirements in the following areas:

- Prevention and Control of Infectious Disease (including immunizations)
- Building and Physical Premises Safety; and
- Health and Safety training.

CCDF identifies and defines four categories of care: child care centers, family child care homes, group child care homes and in-home child care providers (§98.2). The CCDF definition for each category is listed below.

Center-Based Child Care: Center-based child care providers are defined as a provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless care in excess of 24 hours is due to the nature of the parent(s)' work.

Group Home Child Care: Group home child care provider is defined as two or more individuals who provide child care services for fewer than 24 hours per day per child, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work.

Family Child Care: Family child care provider is defined as one individual who provides child care services for fewer than 24 hours per day per child, as the sole caregiver, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)'s work.

In-Home Care: In-home child care provider is defined as an individual who provides child care services in the child's own home.

6.1. Health and Safety Requirements - Centers

Prevention and Control of Infectious Disease - Centers

Check the health and safety requirements for prevention and control of infectious disease. (658E(c)(2)(F)(i), 98.41(a)(1)).

Table 6.1.1 Prevention and Control of Infectious Disease - Centers		
Topics	Check if required for providers	Check if required for children
<input checked="" type="checkbox"/> Physical exam or health statement	<input checked="" type="checkbox"/> For providers	<input type="checkbox"/> For children
<input checked="" type="checkbox"/> Tuberculosis check	<input checked="" type="checkbox"/> For providers	<input type="checkbox"/> For children



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Table 6.1.1 Prevention and Control of Infectious Disease - Centers

Topics	Check if required for providers	Check if required for children
<input checked="" type="checkbox"/> Immunizations	<input type="checkbox"/> For providers	<input checked="" type="checkbox"/> For children
<input checked="" type="checkbox"/> Hand-washing policy	<input checked="" type="checkbox"/> For providers	<input type="checkbox"/> For children
<input checked="" type="checkbox"/> Diapering policy and procedures		
<input type="checkbox"/> Providers required to submit a self-certification or complete health and safety checklist		
<input checked="" type="checkbox"/> Other. Describe <u>Navajo Nation CCDF Child Care Center employees/providers to obtain prevention and control of infectious diseases requirements within 90 days of hire.</u>		
<u>Navajo Nation CCDF will accept state licensing standards as verified by the state operating license.</u>		

6.1.2 Building and Physical Premises - Centers

Check the health and safety requirements for building and physical premises safety.
(658E(c)(2)(F)(ii), 98.41(a)(2))

- ☐ Building inspection
- ☐ Fire inspection, safety and evacuation policy
- ☐ Accessibility for people with disabilities
- ☐ Health inspection
- ☐ Toxic substances policy
- ☐ Lead paint policy
- ☐ Transportation policy
- ☐ Safety policy for bodies of water, including swimming pools
- ☐ Safe sleep policy, including SIDS prevention
- ☐ Providers to submit a self-certification or complete health and safety checklist
- ☐ Tobacco exposure reduction
- ☐ Group size limits based on age of children
- ☐ Staff child ratio based on ages of children
- ☒ Other: Describe Navajo Nation CCDF utilizes the Tribal Head Start Model Health and Safety Code

6.1.3 Health and Safety Training – Centers

Check the health and safety requirements for **health and safety training**. Tribal Lead Agencies have the flexibility to define these terms, for this question, "pre-service" refers to any training that happens prior to a person starting or shortly thereafter (e.g., first week, etc). "On-going" would be some type of routine occurrence.
(658E(c)(2)(F)(iii), 98.41(a)(3))

Table 6.1.3. Health and Safety Training - Centers

Topics	Pre-Service	On-Going
<input checked="" type="checkbox"/> Cardiopulmonary resuscitation (CPR)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> First Aid	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Training on Infectious Diseases	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> SIDS Prevention (i.e., Safe Sleep)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Medication Administration	<input type="checkbox"/>	<input type="checkbox"/>



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Table 6.1.3. Health and Safety Training - Centers		
<input checked="" type="checkbox"/> Mandatory Reporting of Suspected Abuse or Neglect	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Child Development	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Supervision of Children	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Behavior Management	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Nutrition	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tobacco Exposure Reduction	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Working with Children with Special Needs or Disabilities	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Emergency Preparedness and Response	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Other. Describe <u>Navajo Nation CCDF Child Care Center employees/providers to obtain health and safety training requirements within 90 days of hire.</u>		
<u>Navajo Nation CCDF will accept state licensing standards as verified by the state operating license.</u>	<input type="checkbox"/>	<input type="checkbox"/>

6.1.3.a Training Hours - Centers

Does the Tribal Lead Agency require child care center directors and providers to complete a specific number of training hours per year?

☐ Yes. If "Yes", indicate the requirements for directors and providers below.
Indicate requirements for directors:

- ☐ At least 30 training hours required in first year
☐ At least 24 training hours per year after first year
☐ Other: _____

Indicate requirements for providers:

- ☐ At least 30 training hours required in first year
☐ At least 24 training hours per year after first year
☐ Other: _____

☒ No.

6.2. Health and Safety Requirements - Group Home Child Care

Check the health and safety requirements for **prevention and control of infectious disease.** (658E(c)(2)(F)(i), 98.41(a)(1)).

Table 6.2.1 Prevention and Control of Infectious Disease - Group Home Child Care		
Topics	Check if required for providers	Check if required for children



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Table 6.2.1 Prevention and Control of Infectious Disease – Group Home Child Care

Topics	Check if required for providers	Check if required for children
<input checked="" type="checkbox"/> Physical exam or health statement	<input checked="" type="checkbox"/> For providers	<input type="checkbox"/> For children
<input checked="" type="checkbox"/> Tuberculosis check	<input checked="" type="checkbox"/> For providers	<input type="checkbox"/> For children
<input checked="" type="checkbox"/> Immunizations	<input type="checkbox"/> For providers	<input checked="" type="checkbox"/> For children
<input checked="" type="checkbox"/> Hand-washing policy	<input checked="" type="checkbox"/> For providers	<input type="checkbox"/> For children
<input checked="" type="checkbox"/> Diapering policy and procedures		
<input type="checkbox"/> Providers required to submit a self-certification or complete health and safety checklist		
<input type="checkbox"/> Other. Describe _____		

6.2.2 Building and Premises Safety – Group Home Child Care

Check the health and safety requirements for **building and physical premises safety**.
(658E(c)(2)(F)(ii), 98.41(a)(2))

- ☒ Building inspection
- ☒ Fire inspection, safety and evacuation policy
- ☒ Accessibility for people with disabilities
- ☒ Health inspection
- ☐ Toxic substances policy
- ☐ Lead paint policy
- ☐ Transportation policy
- ☐ Safety policy for bodies of water, including swimming pools
- ☒ Safe sleep policy, including SIDS prevention
- ☐ Providers to submit a self-certification or complete health and safety checklist
- ☐ Tobacco exposure reduction
- ☐ Group size limits based on age of children
- ☒ Staff child ratio based on ages of children
- ☐ Other: Describe _____

6.2.3 Health and Safety Training – Group Home Child Care

Check the health and safety requirements for **health and safety training**. Tribal Lead Agencies have the flexibility to define these terms, for this question, "pre-service" refers to any training that happens prior to a person starting or shortly thereafter (e.g., first week, etc). "On-going" would be some type of routine occurrence.
(658E(c)(2)(F)(iii), 98.41(a)(3))

Table 6.2.3 Health and Safety Training – Group Home Child Care

Topics	Pre-Service	On-Going
<input checked="" type="checkbox"/> Cardiopulmonary resuscitation (CPR)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> First Aid	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Training on Infectious Diseases	<input type="checkbox"/>	<input checked="" type="checkbox"/>



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Table 6.2.3 Health and Safety Training – Group Home Child Care

<input checked="" type="checkbox"/> SIDS Prevention (i.e., Safe Sleep)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Medication Administration	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Mandatory Reporting of Suspected Abuse or Neglect	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Child Development	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Supervision of Children	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Behavior Management	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Nutrition	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tobacco Exposure Reduction	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Physical Activity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Working with Children with Special Needs or Disabilities	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Emergency Preparedness and Response	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Other. Describe <u>Navajo Nation CCDF will accept state's licensing standards.</u>	<input type="checkbox"/>	<input type="checkbox"/>

6.2.3.a Training Hours – Group Home Child Care

Does the Tribal Lead Agency require group home child care providers to complete a specific number of training hours per year

☐ Yes. If "Yes", indicate the requirements for group child care home providers below.

Indicate requirements for directors:

- ☐ At least 30 training hours required in first year
- ☐ At least 24 training hours per year after first year
- ☐ Other: _____

Indicate requirements for providers:

- ☐ At least 30 training hours required in first year
- ☐ At least 24 training hours per year after first year
- ☐ Other: _____

☒ No.

6.3 Health and Safety Requirements – Family Child Care Homes (Care in the provider's home)

Check the health and safety requirements for **prevention and control of infectious disease.** (658E(c)(2)(F)(i), 98.41(a)(1)).

Table 6.3.1 Prevention and Control of Infectious Disease – Family Child Care Homes

Topics	Check if required for providers	Check if required for children
<input checked="" type="checkbox"/> Physical exam or health statement	<input checked="" type="checkbox"/> For providers	<input type="checkbox"/> For children
<input checked="" type="checkbox"/> Tuberculosis check	<input checked="" type="checkbox"/> For providers	<input type="checkbox"/> For children



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Table 6.3.1 Prevention and Control of Infectious Disease – Family Child Care Homes		
Topics	Check if required for providers	Check if required for children
<input type="checkbox"/> Immunizations	<input type="checkbox"/> For providers	<input type="checkbox"/> For children
<input checked="" type="checkbox"/> Hand-washing policy	<input checked="" type="checkbox"/> For providers	<input type="checkbox"/> For children
<input checked="" type="checkbox"/> Diapering policy and procedures		
<input type="checkbox"/> Providers required to submit a self-certification or complete health and safety checklist		
<input checked="" type="checkbox"/> Other. Describe <u>Relative providers will be required to submit self certification.</u>		

6.3.2 Building and Premises Safety – Family Child Care Homes

Check the health and safety requirements for **building and physical premises safety**.

(658E(c)(2)(F)(ii), 98.41(a)(2))

- ☐ Building inspection
- ☐ Fire inspection, safety and evacuation policy
- ☐ Accessibility for people with disabilities
- ☐ Health inspection
- ☐ Toxic substances policy
- ☐ Lead paint policy
- ☐ Transportation policy
- ☐ Safety policy for bodies of water, including swimming pools
- ☐ Safe sleep policy, including SIDS prevention
- ☐ Providers to submit a self-certification or complete health and safety checklist
- ☐ Tobacco exposure reduction
- ☐ Group size limits based on age of children
- ☐ Staff child ratio based on ages of children
- ☒ Other: Describe Navajo Nation CCDF utilizes the Annual Health and Safety Inspection for family home and in-home regulated child care provider.

6.3.3 Health and Safety Training – Family Child Care Homes

Check the health and safety requirements for **health and safety training**. Tribal Lead Agencies have the flexibility to define these terms, for this question, "pre-service" refers to any training that happens prior to a person starting or shortly thereafter (e.g., first week, etc). "On-going" would be some type of routine occurrence.

(658E(c)(2)(F)(iii), 98.41(a)(3))

Table 6.3.3. Health and Safety Training – Family Child Care Homes		
Health and safety training requirements	Pre-Service	On-Going
<input checked="" type="checkbox"/> Cardiopulmonary resuscitation (CPR)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> First Aid	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Training on Infectious Diseases	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> SIDS Prevention (i.e., Safe Sleep)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Medication Administration	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Mandatory Reporting of Suspected Abuse or Neglect	<input type="checkbox"/>	<input checked="" type="checkbox"/>



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Table 6.3.3. Health and Safety Training – Family Child Care Homes		
Health and safety training requirements	Pre-Service	On-Going
<input checked="" type="checkbox"/> Child Development	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Supervision of Children	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Behavior Management	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Nutrition	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tobacco Exposure Reduction	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Physical Activity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Working with Children with Special Needs or Disabilities	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Emergency Preparedness and Response	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Other: Describe <u>Unregulated relative care provider's certification would be waived.</u>	<input type="checkbox"/>	<input type="checkbox"/>

6.3.3.a Training Hours – Family Child Care Homes

Does the Tribal Lead Agency require family child care home providers to complete a specific number of training hours per year?

☐ Yes. If "Yes", indicate the requirements for family child care home providers below.

Indicate requirements for providers:

- ☐ At least 30 training hours required in first year
- ☐ At least 24 training hours per year after first year
- ☐ Other: _____

☒ No.

6.4. Health and Safety Requirements – In-Home Child Care (Care in the child's home)

Check the health and safety requirements for **prevention and control of infectious disease.** (658E(c)(2)(F)(i), 98.41(a)(1)).

Table 6.4.1 Prevention and Control of Infectious Disease		
Topics	Check if required for providers	Check if required for children
<input checked="" type="checkbox"/> Physical exam or health statement	<input checked="" type="checkbox"/> For providers	<input type="checkbox"/> For children
<input type="checkbox"/> Tuberculosis check	<input type="checkbox"/> For providers	<input type="checkbox"/> For children
<input checked="" type="checkbox"/> Immunizations	<input checked="" type="checkbox"/> For providers	<input checked="" type="checkbox"/> For children
<input checked="" type="checkbox"/> Hand-washing policy	<input checked="" type="checkbox"/> For providers	<input type="checkbox"/> For children
<input checked="" type="checkbox"/> Diapering policy and procedures		
<input type="checkbox"/> Providers required to submit a self-certification or complete health and safety checklist		
<input checked="" type="checkbox"/> Other. Describe <u>Relative providers will be required to submit self certification.</u>		

6.4.2 Building and Premises Safety – In-Home Child Care



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Check the health and safety requirements for **building and physical premises safety**.
(658E(c)(2)(F)(ii), 98.41(a)(2))

- ☐ Building inspection
- ☐ Fire inspection, safety and evacuation policy
- ☐ Accessibility for people with disabilities
- ☐ Health inspection
- ☐ Toxic substances policy
- ☐ Lead paint policy
- ☐ Transportation policy
- ☐ Safety policy for bodies of water, including swimming pools
- ☐ Safe sleep policy, including SIDS prevention
- ☐ Providers to submit a self-certification or complete health and safety checklist
- ☐ Tobacco exposure reduction
- ☐ Group size limits based on age of children
- ☐ Staff child ratio based on ages of children
- ☒ Other: Describe Navajo Nation CCDF utilizes the Annual Health and Safety Inspection for family home and in-home regulated child care provider.

6.4.3 Health and Safety Training – In-Home Child Care

Check the health and safety requirements for **health and safety training**. Tribal Lead Agencies have the flexibility to define these terms, for this question, “pre-service” refers to any training that happens prior to a person starting or shortly thereafter (e.g., first week, etc). “On-going” would be some type of routine occurrence.
(658E(c)(2)(F)(iii), 98.41(a)(3))

Table 6.4.3 Health and Safety Requirements – In-Home Child Care		
Health and safety training requirements	Pre-Service	On-Going
<input checked="" type="checkbox"/> Cardiopulmonary resuscitation (CPR)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> First Aid	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Training on Infectious Diseases	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> SIDS Prevention (i.e., Safe Sleep)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Medication Administration	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mandatory Reporting of Suspected Abuse or Neglect	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Child Development	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Supervision of Children	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Behavior Management	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Nutrition	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tobacco Exposure Reduction	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Working with Children with Special Needs or Disabilities	<input type="checkbox"/>	<input type="checkbox"/>



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Table 6.4.3 Health and Safety Requirements – In-Home Child Care

<input type="checkbox"/> Emergency Preparedness and Response	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other. Describe <u>Relative providers will be required to submit self certification.</u>	<input type="checkbox"/>	<input type="checkbox"/>

6.4.3.a Training Hours – In-Home Child Care

Does the Tribal Lead Agency require in-home child care providers to complete a specific number of training hours per year?

☐ Yes. If "Yes", indicate the requirements for In-Home child care home providers below.

Indicate requirements for providers:

- ☐ At least 30 training hours required in first year
- ☐ At least 24 training hours per year after first year
- ☐ Other: _____

☒ No.

6.5. Exemptions for Relative Providers

A Tribal Lead Agency has the option to exempt the following relatives from some or all of its health and safety requirements: grandparents, great-grandparents, siblings (if living in a separate residence), aunts, and uncles.

Does the Tribal Lead Agency exempt relative providers from the health and safety requirements described in 6.1- 6.4 (658)(4)(B), 98.41(e)).

- ☐ Yes, all relative providers are exempt from all health and safety requirements
- ☒ Some or all relative providers are subject to different health and safety requirements from those described in Section 6.1 - 6.4 and the following describes those different requirement and which relatives they apply to;

Describe: All relative providers are required to complete a FBI criminal background check and are exempt from all other health and safety requirements.

- ☐ No, all relative providers are subject to the same requirements as described in Section 6.1 - 6.4 as appropriate; there are no exemptions for relatives or different requirements for them.

Section 6.6. Monitoring and Enforcement of Health and Safety Requirements

The Tribal Lead Agency is required to certify that procedures are in effect to ensure that child care providers caring for children receiving CCDF services comply with the applicable health and safety requirements. (658E(c)(2)(E), 658E(c)(2)(G), 98.40(a)(2), 98.41(d))

In this section, use the series of questions below to describe how the Tribal Lead Agency effectively enforces the applicable health and safety requirements. Check the appropriate box below that best describes monitoring visits (announced and unannounced), background checks and any other enforcement policies and practices that govern Tribal child care programs.



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6.6.1. Monitoring Visits – Announced and Unannounced

Does the Tribal Lead Agency include **announced** and/or **unannounced** monitoring visits in its policies as a way to effectively enforce the applicable child care requirements?

- ☒ Yes. If "Yes" please refer to the chart 6.6.1 below and check all that apply.
☐ No.

Table 6.6.1 Information on Monitoring and Inspections		
Provider Categories	Frequency of Routine Announced Visits	Frequency of Routine Unannounced Visits
<input checked="" type="checkbox"/> Center-Based	<input checked="" type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input checked="" type="checkbox"/> Other: Describe: <u>Navajo Nation CCDF will accept state licensing standards as verified by the state operating license.</u>	<input checked="" type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input checked="" type="checkbox"/> Other: Describe: <u>Navajo Nation CCDF will accept state licensing standards as verified by the state operating license.</u>
<input checked="" type="checkbox"/> Family Child Care Home	<input checked="" type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input checked="" type="checkbox"/> Other: Describe: <u>Navajo Nation CCDF will accept state licensing standards as verified by the state operating license.</u>	<input checked="" type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input checked="" type="checkbox"/> Other: Describe: <u>Navajo Nation CCDF will accept state licensing standards as verified by the state operating license.</u>
<input checked="" type="checkbox"/> Group Home	<input checked="" type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input checked="" type="checkbox"/> Other: Describe: <u>Navajo Nation CCDF will accept state licensing standards as verified by the state operating license.</u>	<input checked="" type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input checked="" type="checkbox"/> Other: Describe: <u>Navajo Nation CCDF will accept state licensing standards as verified by the state operating license.</u>
<input checked="" type="checkbox"/> In-Home Care	<input checked="" type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input checked="" type="checkbox"/> Other: Describe: <u>Navajo Nation CCDF will accept state licensing standards as verified by the state operating license.</u>	<input checked="" type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input checked="" type="checkbox"/> Other: Describe: <u>Navajo Nation CCDF will accept state licensing standards as verified by the state operating license.</u>



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6.6.2 Background Checks

Tribal Lead Agencies may have agreements with Federal, State, or Tribal entities that conduct background checks of providers and employees. Some Tribal Lead Agencies have entered into agreements with Tribal law enforcement to conduct background checks.

Does the Tribal Lead Agency use background checks as a way to effectively enforce health and safety requirements?

☒ Yes. If Yes, please refer to the chart below and check all that apply.

☐ No.

Table 6.6.2 Background Checks (Check all that apply) Δ				
Check all requirements that the Lead Agency has chosen to implement:	For each requirement checked, identify which providers must meet the requirement.			
	Center-based	Group Family Child Care home	Family Child Care home	In-home
Child Abuse Registry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tribal Criminal Background <input type="checkbox"/> Check if the Tribal background checks include fingerprints.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Criminal Background <input type="checkbox"/> Check if the State background checks include fingerprints.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FBI Criminal Background	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sex Offender Registry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: Describe: <u>Navajo Nation CCDF will accept state licensing standards as verified by the state operating license.</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

6.6.3 Enforcement of Health and Safety Standards

What methods does the Tribal Lead Agency use to effectively enforce CCDF health and safety requirements?

- ☒ Conduct regular training on the Health and Safety requirements
- ☒ Develop corrective action plan to address issues
- ☐ Conduct follow up to monitor corrective action progress
- ☐ Fines
- ☐ Injunctions through court
- ☐ Emergency or immediate closure not through court action
- ☒ License or certificate revocation, probation, or non-renewal
- ☒ Other: Describe: In the event of improper payment, corrective action will be implemented which may include payment adjustments or non-payment.



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6.6.4 Does the Tribal Lead Agency disseminate information to parents and the public, about child care program compliance records?

☐ Yes. If Yes, describe: _____

☒ No.

6.7 Tribal Licensing Requirements Δ

Many Tribes have adopted policies and licensing standards from a variety of sources. In some cases, these policies may serve as the Tribe's licensing standards. In other cases, the Tribe may use only portions of the policies. Indicate below whether the Tribe uses policies or licensing standards from the sources listed below and whether the policies serve as the tribal licensing standards or have been adapted by the Tribe in some way.

Table 6.7 Tribal Licensing Requirements		
Source	Serves as Tribal Licensing Standards	Tribe Adapted Portions from the Source
Minimum Tribal Child Care Standards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Caring for Our Children or Stepping Stones	<input type="checkbox"/>	<input checked="" type="checkbox"/>
State licensing standards. If so, list state(s): <u>Arizona, New Mexico, Utah</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other. Describe _____	<input type="checkbox"/>	<input type="checkbox"/>



APPENDIX 1

CCDF PROGRAM ASSURANCES AND CERTIFICATIONS

The Tribal Lead Agency is designated by the Tribe (or Tribal consortium) to represent the Tribe (or Tribal organization).

The Tribal Lead Agency agrees to follow the Federal laws and regulations that apply to the CCDF program and to follow this Plan, when approved, including the following assurances and certifications.

The Tribal Lead Agency assures that:

- (1) Upon approval, it will have in effect a program that complies with the provisions of the Plan printed herein, and is administered in accordance with the Child Care and Development Block Grant Act of 1990 as amended, Section 418 of the Social Security Act, and all other applicable Federal laws and regulations. (658D(b), 658E(a), 98.15(a)(1))
- (2) The parent(s) of each eligible child within the Tribe or Tribal service area who receives or is offered child care services for which financial assistance is provided is given the option either to enroll such child with a child care provider that has a grant or contract for the provision of the service or to receive a child care certificate. (658E(c)(2)(A)(i), 98.2, 98.30, 98.15(a)(2)) **[Exempt Tribal Lead Agencies are not required to operate certificate programs.]**
- (3) In cases in which the parent(s) elect(s) to enroll the child with a provider that has a grant or contract with the Tribal Lead Agency, the child will be enrolled with the eligible provider selected by the parent to the maximum extent practicable. (658E(c)(2)(A)(ii), 98.15(a)(3), 98.30)
- (4) The child care certificate offered to parents shall be of a value commensurate with the subsidy value of child care services provided under a grant or contract. (658E(c)(2)(A)(iii), 98.15(a)(4), 98.30) **[Exempt Tribal Lead Agencies are not required to operate certificate programs.]**
- (5) The Tribe, or Tribal consortium, will coordinate, to the maximum extent feasible, with the Tribal Lead Agency(ies) in the State(s) in which the child care programs or activities will be carried out. (98.12, 98.14(a)&(b), 98.81(b)(3)(i), 98.82)
- (6) Tribal Child Care and Development Fund (CCDF) programs and activities will be carried out for the benefit of Indian children on an Indian reservation (except for Programs located in Alaska, California, or Oklahoma). (98.81(b)(3)(ii), 98.83(b))
- (7) With respect to State and local regulatory requirements (or Tribal regulatory requirements), health and safety requirements, payment rates, and registration requirements, State or local (or Tribal) rules, procedures or other requirements promulgated for the purpose of the CCDF will not significantly restrict parental choice from among categories of care or types of providers. (658E(c)(2)(A), 98.15(a)(5), 98.15(p), 98.30(e)&(f), 98.40(b)(2), 98.41(b), 98.43(d), 98.45(d))



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The Tribal Lead Agency certifies that:

- (1) It has procedures in place to ensure that providers of child care services for which assistance is provided under the Child Care and Development Fund (CCDF) afford parents unlimited access to their children and to the providers caring for their children during the normal hours of operations and whenever such children are in the care of such providers. (658E(c)(2)(B), 98.15(b)(1), 98.31)
- (2) It maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request. (658E(c)(2)(C), 98.15(b)(2), 98.32)
- (3) It will collect and disseminate to parents of eligible children and the general public, consumer education information that will promote informed child care choices. (658E(c)(2)(D), 98.15(b)(3), 98.33)
- (4) There are licensing requirements in effect that are applicable to child care services provided within the area served by the Tribal Lead Agency pursuant to 98.40. (98.15(b)(4), 98.40)
- (5) There are—under Tribal, local, or State law—requirements in effect designed to protect the health and safety of children; these requirements are applicable to child care providers that provide services for which assistance is made available under the CCDF. (658E(c)(2)(F), 98.15(b)(5), 98.41)
- (6) Procedures are in effect to ensure that child care providers that provide services for which assistance is provided under the CCDF comply with all applicable health and safety requirements. (658E(c)(2)(G), 98.15(b)(6), 98.41)
- (7) Payment rates under the CCDF for the provision of child care services will be sufficient to ensure equal access for eligible children to comparable child care services in the Tribe or Tribal service area that are provided to children whose parents are not eligible to receive assistance under this program or under any other Federal or State child care assistance programs. (658E(c)(4)(A), 98.15(b)(7), 98.43)
- (8) By the end of each three-year funding period (expenditure period for each Federal fiscal year's grant funding), the Tribe must have expenditures that are equal to grant funds received for that fiscal year. (98.67(c))



PLAN FOR: NAVAJO NATION
CHILD CARE & DEVELOPMENT FUND
Plan Period 10/1/13 - 9/30/15

APPENDIX 2

CHILD COUNT DECLARATION

Federal Fiscal Year: _____

Name of Tribe/Tribal Lead Agency:

This certifies that the number of Indian children under age 13 who reside on or near the reservation or service area is: _____ (number)

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

This count shows the number of Indian children under age 13 as of (date) _____

Official Signature of Individual Authorized to Act for the Tribe

Date: ____/____/____

Type or Write Name and Title



PLAN FOR: NAVAJO NATION
CHILD CARE & DEVELOPMENT FUND
Plan Period 10/1/13 – 9/30/15

CHILD COUNT DECLARATION
(P.L. 102-477 Tribe)

Federal Fiscal Year: 2014

Name of Tribe/Tribal Lead Agency:
Navajo Nation

This certifies that the number of Indian children under age 13 (as defined in the CCDF section of the 102-477 plan) who reside on or near the reservation or service area (as defined in the CCDF section of the 102-477 plan) is: _____ (number)

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

This count shows the number of Indian children under age 13 as of date: 06/25/2013

Official Signature of Individual Authorized to Act for the Tribe

Date: ____/____/____

Ben Shelly, President, Navajo Nation
Type or Write Name and Title

REQUEST FOR REALLOTTED TRIBAL DISCRETIONARY FUNDS

The Tribe named above requests Discretionary Funds that may be available through the reallocation process.

☐ Yes ☐ No



APPENDIX 3

AMENDMENTS LOG

Child Care and Development Fund Plan
For the period: 10/1/2013 –9/30/2015

Tribal Lead Agencies are required to request approval from Administration for Children and Families (ACF) whenever a "substantial" change in the Tribal Lead Agency's approved CCDF plan occurs. Please refer to the ACF Program Instruction regarding CCDF Plan amendments for more information.

Plan amendments must be submitted to ACF within 60 days of the effective date of the change. Under the regulation, the plan amendment must be approved no later than the 90th day following the date on which the amendment is received by ACF unless the Lead Agency and ACF mutually agree in writing to extend the period. (§98.18 (b)).

ACF encourages Tribal Lead Agencies to contact the Child Care program staff in the appropriate ACF Regional Office to discuss any proposed amendment as early as possible.

Instructions:

- (1) Tribal Lead Agency completes the first 3 columns and sends a photocopy of this log (showing the latest amendment sent to ACF) and the amended section(s) to the ACF Regional contact. A copy of the log, showing the latest amendment pending in ACF, is retained in the Tribal Lead Agency's Plan.
- (2) ACF completes column 4 and returns a photocopy of the log to the Tribal Lead Agency.
- (3) The Tribal Lead Agency replaces this page in the Plan with the copy of the log received from ACF showing the approval date.
- (4) Program Instruction CCDF-ACF-PI-2009-01 provides specific details and timelines specific to the plan amendment process.

Reminder: This process depends on repeated subsequent use of the same log page over the life of the Plan. At any time the log should reflect all amendments, both approved and pending in ACF. The Tribal Lead Agency is advised to retain those "old" plan pages that are superseded by amendments in a separate appendix to its Plan.



PLAN FOR: NAVAJO NATION
CHILD CARE & DEVELOPMENT FUND
Plan Period 10/1/13 - 9/30/15

Table: Appendix 3 – Amendment Log

Tribal Lead Agency: _____

Section Amended	Proposed Effective Date	Grantee Signature and Date Submitted to ACF	ACF Approving Official's Signature and Date
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
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_____	_____		



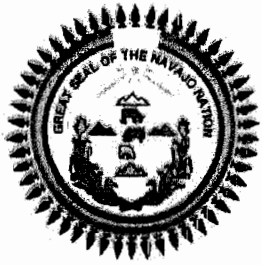
APPENDIX 4

LIST OF CERTIFICATIONS

CCDF Regulations 45 CFR §98.13(b)(2)-(6) require the following certifications.

1. Assurance of compliance with Title VI of the Civil Rights Act of 1964
2. Certification regarding debarment
3. HHS certification regarding drug-free workplace requirements
4. Certification of Compliance with the Pro-Children Act of 1994

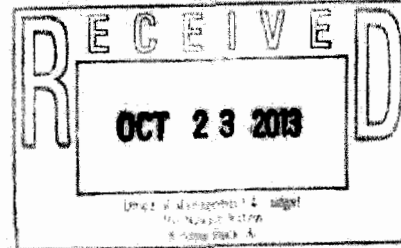
These certifications were obtained in the previous approved Plan and need not be collected again if there has been no change in the Tribal Lead Agency. If there has been a change in the Tribal Lead Agency, these certifications must be completed and submitted with the Plan. New Tribal Lead Agencies must submit all required Certifications.



THE NAVAJO NATION
DIVISION OF SOCIAL SERVICES
CHILD CARE & DEVELOPMENT FUND PROGRAM
P.O. Box 2425 • HOGAN TSO OFFICE COMPLEX
WINDOW ROCK, AZ 86515
928.871.6629 FAX 928.871.7077



BEN SHELLY
PRESIDENT

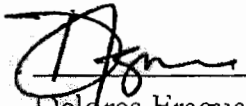


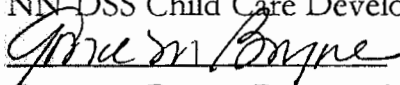
REX LEE JIM
VICE-PRESIDENT

MEMORANDUM

October 23, 2013

TO: 164 Reviewers

FROM: 
Delores Fragua, Senior Accountant
NN-DSS Child Care Development Fund Program

THRU: 
Grace M. Boyne, Program Manager
NN-DSS Child Care Development Fund Program

SUBJECT: DSS-CCDF Tribal Plan FY 14-15 acceptance of document

Program is requesting an Executive review on document no. 793 for an approval for a renewal of Division of Social Services- Child Care Development Fund Program Tribal Plan (Grant application) FY 2014 to FY 2015. Grant covers Administration and Direct Services in an estimated amount of \$9,565,178 for each grant year, and any subsequent allocation depending on funds availability for the period beginning 10/1/2013 to 9/30/2015.

Your approval will allow our program to continue to provide services to Navajo children throughout our Reservation with the availability, affordability and quality child care services to our clients.

Attachment

EXECUTIVE OFFICIAL REVIEWTitle of Document: NNDSS CCDF Grant application Contact Name: FRAGUA, DELORES A.Program/Division: DIVISION OF SOCIAL SERVICESEmail: accountant@nncdf.org Phone Number: 928-871-6629

- ☐ **Business Site Lease** Sufficient Insufficient
1. Division: _____ Date: _____ ☐ ☐
2. Office of the Controller: _____ Date: _____ ☐ ☐
- (only if Procurement Clearance is not issued within 30 days of the initiation of the E.O. review)
3. Office of the Attorney General: _____ Date: _____ ☐ ☐

- ☐ **Business and Industrial Development Financing, Veteran Loans, (i.e. Loan, Loan Guarantee and Investment) or Delegation of Approving and/or Management Authority of Leasing transactions**

1. Division: _____ Date: _____ ☐ ☐
2. Office of the Attorney General: _____ Date: _____ ☐ ☐

- ☐ **Fund Management Plan, Expenditure Plans, Carry Over Requests, Budget Modifications**

1. Office of Management and Budget: _____ Date: _____ ☐ ☐
2. Office of the Controller: _____ Date: _____ ☐ ☐
3. Office of the Attorney General: _____ Date: _____ ☐ ☐

- ☐ **Navajo Housing Authority Request for Release of Funds**

1. NNEPA: _____ Date: _____ ☐ ☐
2. Office of the Attorney General: _____ Date: _____ ☐ ☐

- ☐ **Lease Purchase Agreements**

1. Office of the Controller: _____ Date: _____ ☐ ☐
- (recommendation only)
2. Office of the Attorney General: _____ Date: _____ ☐ ☐

- ☒ **Grant Applications**

1. Office of Management and Budget: [Signature] Date: 10/25/13 ☒ ☐
2. Office of the Controller: [Signature] Date: 11/4/13 ☒ ☐
3. Office of the Attorney General: [Signature] Date: 11/4/13 ☒ ☐

- ☐ **Five Management Plan of the Local Governance Act, Delegation of an Approving Authority from a Standing Committee, Local Ordinances (Local Government Units), or Plans of Operation/Division Policies Requiring Committee Approval**

1. Division: _____ Date: _____ ☐ ☐
2. Office of the Attorney General: _____ Date: _____ ☐ ☐

- ☐ **Relinquishment of Navajo Membership**

1. Land Department: _____ Date: _____ ☐ ☐
2. Elections: _____ Date: _____ ☐ ☐
3. Office of the Attorney General: _____ Date: _____ ☐ ☐

☐ **Land Withdrawal or Relinquishment for Commercial Purposes**

Sufficient Insufficient

- | | | | | |
|------------------------------------|-------|-------------|--------------------------|--------------------------|
| 1. Division: | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Office of the Attorney General: | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

☐ **Land Withdrawals for Non-Commercial Purposes, General Land Leases and Resource Leases**

- | | | | | |
|-------------|-------|-------------|--------------------------|--------------------------|
| 1. NLD | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. F&W | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. HPD | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Minerals | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. NNEPA | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. DNR | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. DOJ | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

☐ **Rights of Way**

- | | | | | |
|------------------------------------|-------|-------------|--------------------------|--------------------------|
| 1. NLD | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. F&W | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. HPD | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Minerals | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. NNEPA | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Office of the Attorney General: | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. OPVP | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

☐ **Oil and Gas Prospecting Permits, Drilling and Exploration Permits, Mining Permit, Mining Lease**

- | | | | | |
|-------------|-------|-------------|--------------------------|--------------------------|
| 1. Minerals | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. OPVP | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. NLD | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

☐ **Assignment of Mineral Lease**

- | | | | | |
|-------------|-------|-------------|--------------------------|--------------------------|
| 1. Minerals | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. DNR | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. DOJ | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

☐ **ROW (where there has been no delegation of authority to the Navajo Land Department to grant the Nation's consent to a ROW)**

- | | | | | |
|-------------|-------|-------------|--------------------------|--------------------------|
| 1. NLD | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. F&W | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. HPD | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Minerals | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. NNEPA | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. DNR | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. DOJ | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. OPVP | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

☐ **OTHER:**

- | | | | | |
|----------|-------|-------------|--------------------------|--------------------------|
| 1. _____ | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. _____ | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. _____ | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. _____ | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. _____ | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |



RESUBMITTAL

RF 523 1928
Oct 2013

NAVAJO NATION DEPARTMENT OF JUSTICE

DOCUMENT REVIEW REQUEST FORM



2013 2

DOJ
11/4/13 0230
DATE / TIME
☐ 7 Day Deadline
DOC #: 000793
SAS #
UNIT: Hsqw

*** FOR NNDOJ USE ONLY - DO NOT CHANGE OR REVISE FORM. VARIATIONS OF THIS FORM WILL NOT BE ACCEPTED. ***

CLIENT TO COMPLETE			
DATE OF REQUEST: <u>Nov. 04, 2013</u>		ENTITY/DIVISION: <u>DSS</u>	
CONTACT NAME: <u>Delores Tragua</u>		DEPARTMENT: <u>CCDF</u>	
PHONE NUMBER: <u>928-871-6629</u>		E-MAIL: _____	
TITLE OF DOCUMENT: <u>164 # 793 for CCDF Program</u>			
DOJ SECRETARY TO COMPLETE			
DATE/TIME IN UNIT: <u>11/4 @ 4:18</u>		REVIEWING ATTORNEY/ADVOCATE: <u>Kandis</u>	
DATE/TIME OUT OF UNIT: <u>11/5 @ 900</u>		<u>LS</u>	
DOJ ATTORNEY / ADVOCATE COMMENTS			
<u>Okay</u>			
REVIEWED BY: (PRINT)	DATE / TIME	SURNAMED BY: (PRINT)	DATE / TIME
		<u>Kandis Martin</u>	<u>11/4/13 4:26 p.m.</u>
DOJ Secretary Called: <u>Sharon</u>		for Document Pick Up on <u>11/5</u> at <u>900</u> By: <u>Sharon</u>	
PICKED UP BY: (PRINT)		DATE / TIME:	

NNDOJ/DRRF-July 2013

RECEIVED

NOV - 5 2013

Division of Social Services
CCDF Program



NAVAJO NATION DEPARTMENT OF JUSTICE

**REQUEST
FOR
SERVICES**



DOJ
10/01/13 @ 9:19 am
DATE / TIME
RFS # 13-1928
UNIT HSH

☐ RESUBMITTAL

*** FOR NNDOJ USE ONLY - DO NOT CHANGE OR REVISE FORM. VARIATIONS OF THIS FORM WILL NOT BE ACCEPTED. ***

CLIENT TO COMPLETE	
DATE OF REQUEST: 9/19/2013	ENTITY/DIVISION: Social Services
CONTACT NAME: Grace M. Boyne, PMII	DEPARTMENT: Administration
PHONE NUMBER: (928) 871-6629	E-MAIL: gboyne@nnccdf.org
COMPLETE DESCRIPTION OF LEGAL NEED AND SERVICES REQUESTED (attach documents): Preview of approved CCDF Tribal Plan FFY 2014-2015. Requesting review before original document with IEL process begins.	
DEADLINE: ASAP	REASON: New Tribal Plan
# 107 DOJ SECRETARY TO COMPLETE	
DATE/TIME IN UNIT: 10/01 @ 10:29	REVIEWING ATTORNEY/ADVOCATE: Kandis
DATE/TIME OUT OF UNIT: 10/01 @ 11:12	PREPARED BY (initial): LS
DOJ ATTORNEY / ADVOCATE COMMENTS	
Okay	
REVIEWED BY: (PRINT) Kandis Martine	
DATE / TIME 10/1/13 11:12 a.m.	
DOJ Secretary Called: Sharon for Document Pick Up on 10/01 at 2/10 By Sharon	
PICKED UP BY: (PRINT)	DATE / TIME: RECEIVED

Revised NNDOJ/RFS Form - July 2013

OCT - 1 2013

Division of Social Services
CCDF Program

FRAGUA, DELORES A. [JP0900]

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Date Issued * 10/15/2013

Transaction Original DLOHN

Document No. * 763

Title of Document NNDSS CCDF Grant application

Document Type ER

Description Executive Review

Contact Address Book 151298

Contact Name

FRAGUA, DELORES A.

Contact Phone Number 928-871-6629

Contact Email Address accountant@nndf.org

Business Unit K130560

F713 CCDF - ADMINISTRATION

Office or Division 17

DIVISION OF SOCIAL SERVICES

Department

955

F7 DEFENSE CHILD DAY CARE

Vendor Number

Amount

Click In/Click Out section for REVIEWERS ONLY

User ID DLOHN

Work Station FMISWBO1

Date Update 10/15/2013

Time Last Update 14405

- Favorites
 - Activators
- EnterpriseOne Menus
 - FMS Master Directory
 - Foundation Systems
 - Distribution / Logistics
- FMS Inquiry Menu
 - Foundation Inquiry
 - Work with Navajo Nation Funds
 - Work with Contracts & Grants
 - Work with Capital Projects
 - Work with Non-Capital Projects
 - Accounts Payable Inquiry
 - Purchasing Inquiry
 - Orders Awaiting Approval
 - Open Purchase Orders
 - Open Contract Orders
 - Open OI Purchase Orders
 - Enter/Review Requisitions
 - Enter/Review Quote Orders
 - Open Receipts
 - Supplier Analysis Summary
 - Delivery Analysis
 - Cost Analysis
 - Open Commitments
 - Status by Order
 - Open

Jan James

From: gboyne@nnccdf.org
Sent: Wednesday, September 18, 2013 2:22 PM
To: Jan James; accountant@nnccdf.org; begaysm@yahoo.com
Subject: [FWD: FW: Revised Navajo CCDF Plan]

Here is the approval on the plan.\

gmb

----- Original Message -----

Subject: FW: Revised Navajo CCDF Plan
From: "Relph, Kim (ACF)" <kim.relph@acf.hhs.gov>
Date: Wed, September 18, 2013 9:02 am
To: "gboyne@nnccdf.org" <gboyne@nnccdf.org>

Good Morning Grace;
I hope your travel home is safe and uneventful.
Your Plan, submitted with the revisions is approvable. Thank you for taking the time to re-review this and to respond to our questions. Take care.

Warm Regards;

Kim Relph, MSW
Children and Family Program Specialist
Office of Child Care Region IX
90 Seventh Street
Ninth Floor
San Francisco, CA 94103
Phone: 415.437.8485
FAX: 415.437.8436
kim.relph@acf.hhs.gov
Office of Child Care

From: Garcia, Robert (ACF)
Sent: Friday, August 09, 2013 3:08 PM
To: Relph, Kim (ACF)
Subject: Revised Navajo CCDF Plan

Kim—

We received the revised plan today via FedEx; I put it on your desk.

Thanks again...

Bob Garcia
Acting Regional Administrator/
Regional Program Manager, Office of Child Care
Administration for Children and Families

U.S. Department of Health and Human Services
90 7th Street, Ninth Floor
San Francisco, CA 94103
(415) 437-8439
(415) 437-8436 (FAX)
robert.garcia@acf.hhs.gov

ACF Administration for Children and Families	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES	
	1. Log No: CCDF-ACF-PI-2015-03	2. Issuance Date: April 1, 2015
	3. Originating Office: Office of Child Care (OCC)	
	4. Key Words: Child Care and Development Fund (CCDF); Child Care and Development Block Grant (CCDBG) Act	

To: Tribal Lead Agencies administering the Child Care and Development Fund (CCDF) program, as amended, and other interested parties.

Subject: Guidance on the Child Care and Development Block Grant (CCDBG) Act of 2014 Relevant to Tribes

References: The CCDBG Act of 2014 (Pub. L. 113-186); The CCDBG Act of 1990, as amended (42 U.S.C. § 9858 *et seq.*); section 418 of the Social Security Act (42 U.S.C. § 618); 45 CFR Parts 98 and 99; 63 FR 39936-39998

Background: On November 19, 2014, President Barack Obama signed the Child Care and Development Block Grant (CCDBG) Act of 2014 into law. The law reauthorizes the Child Care and Development Fund (CCDF) program and makes expansive changes to the CCDF program. The changes are focused on improving the health and safety of children in child care, making the program more family-friendly by streamlining eligibility policies, ensuring parents and the general public have transparent information about the child care choices available to them, and improving the overall quality of early learning and afterschool programs. Attachment A provides a plain language summary of the statutory changes made by the new law.

Impact for Tribes: This new law provides a much-needed comprehensive update to the CCDF program. The changes emphasize the dual goals of promoting families' economic stability by making child care more affordable, and fostering healthy child development and school success by improving the quality of child care. While many of the new provisions clearly apply to states and territories, these provisions do not explicitly apply to tribes. Therefore, the Office of Child Care (OCC) will issue regulations and policy guidance on whether or how these provisions ought to apply to tribes. Prior to issuing regulation, OCC will consult with tribal Leaders and program administrators.

**Tribal-
Specific**

Provisions: Within the new law, there are a number of provisions that specifically address tribes:

Tribal Funding: Under the new law, tribes will receive not less than 2 percent of the Discretionary CCDF funding. The Secretary may only reserve an amount greater than 2 percent for tribes if two conditions are met:

- The amount appropriated is greater than the amount appropriated in FY 2014, and
- The amount allotted to states is not less than the amount allotted in FY 2014. (Section 658O(a)(2)).

NOTE: Tribal CCDF funding is comprised of two funding sources: 1) Discretionary Funds, which are provided under the CCDBG Act, as amended; and 2) Tribal Mandatory Funds provided under Section 418 of the Social Security Act. Reauthorization of the CCDBG Act allows for a potential increase in the Tribal Discretionary funds, but it does not affect the Tribal Mandatory funds. Tribes may only be awarded up to 2 percent of the Mandatory Funds, per the Social Security Act.

Recognizing the needs of tribal communities, OCC increased the Tribal CCDF Discretionary set-aside from 2 percent to 2.5 percent for FY 2015, which increased the total tribal CCDF Funding from \$107 million to \$119 million. The increase gives tribes access to an additional \$12 million.

As part of the upcoming consultations (see below), OCC will seek tribal input on the funding level for future years. OCC encourages tribes to use the increased funding on activities included in reauthorization, such as health and safety, continuity of care, and consumer education.

Minimum Child Care Standards: As under the previous statute, in lieu of any licensing and regulatory requirements under state or local law, the Secretary, in consultation with Tribes, is required to develop minimum child care standards. The new law describes that these standards must appropriately reflect tribes' needs and available resources and must include:

- Standards requiring a publicly available application,
- Health and safety standards, and
- Standards requiring a reservation of funds for activities to improve the quality of child care services. (See Section 658O(c)(2)(D)).

Construction: As under the previous statute, tribes may not use CCDF funds for construction or renovation if it will result in a decrease in the level of child care services. However, the new law allows for a waiver of this clause if:

- The decrease in the level of child care services is temporary, and
- The tribe submits a plan to ACF that demonstrates that after the construction or renovation is completed the level of child care services will increase or the quality of child care services will improve. (See Section 658O(c)(6)(C)).

**Provisions
That Impact
Tribes:**

In addition, the new law includes several provisions that impact tribes:

Plan Development: At the option of the tribe, State Lead Agencies must collaborate and coordinate with the tribes in a timely manner in the development of the State Plan. (See Section 658D(b)(1)(E)).

Professional Development: State Lead Agencies must have training and professional development in place 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. This training and professional development must also be accessible to CCDF child care providers supported through Indian tribes or tribal organizations. The training and professional development should also, to the extent practicable, be appropriate for Native American children. (See Section 658E(c)(2)(G)(ii)).

Coordination of Services: State Lead Agencies must describe in their Plans how they coordinate services with a number of different groups, including tribal early childhood programs, in order to expand accessibility and continuity of care and to assist children to receive full-day services. (See Section 658E(c)(2)(O)(i)).

Increasing Supply: State Lead Agencies must demonstrate how they are encouraging partnerships among other entities, including tribes and tribal organizations, to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services. (See Section 658E(c)(2)(P)).

Consultation: OCC is committed to consulting with tribes and tribal leadership to the extent practicable and permitted by law, prior to promulgating any regulation that has tribal implications. Starting in early 2015, OCC began a series of formal consultations, conducted in accordance with ACF's Tribal Consultation Policy¹, with tribal leaders to determine how the provisions in the new law apply to tribes and tribal organizations. In addition to a listening session in February, OCC is planning three conference calls and an in-person consultation session with tribal leaders and tribal CCDF Administrators to discuss the impact of reauthorization on tribes. Tribes and tribal organizations have been informed of these consultations and conference calls through letters to tribal leaders. As OCC

¹ http://www.acf.hhs.gov/sites/default/files/ana/acf_tcp_final.pdf

finalizes these sessions, more information will be posted to the Reauthorization page of the OCC website at: <http://www.acf.hhs.gov/programs/occ>.

**Existing
Plans**

**Remain
Effective:**

Pending the issuance of new CCDF regulations and guidance for tribes, the provisions of prior law and regulations are still in place, and tribes will remain subject to their existing approved CCDF Plans.

**Tribal Plan
Extension:**

This Program Instruction serves to notify tribes that OCC will be extending the approved FY 2014-2015 Tribal Plans for one year. In March 2014, OCC notified tribal leaders and tribal CCDF Administrators of our proposal for an alternative submission cycle for CCDF Tribal Plans. Under the previous plan cycle, states, territories, and tribes all submitted Plans to OCC at the same time. OCC proposed to “stagger” the Plan submission cycle beginning in July 2015 so that Tribal Plans would be submitted on a different schedule than State/Territorial Plans. The feedback on this proposal was positive. Given the comments and the priority placed on tribal consultation, OCC decided to adopt the alternative submission cycle for tribes.

The new law extends the Plan period from two years to three years. OCC will extend the current Tribal Plans for one year, which means that tribes will submit new 3-year Plans for the FY 2017-2019 on July 1, 2016, with an effective date of October 1, 2016. The new submission cycle will have no impact on the tribal funding allocations. Tribes will continue to submit their annual child count for funding in July 2015 in order to receive funding for FY 2016 funding, which is consistent with current regulations regarding child counts. If tribes wish to change their policies before the beginning of the FY 2017-2019 Plan cycle, they may submit Plan amendments to their current approved CCDF Plans.

102-477

Tribes:

Tribes that have consolidated their CCDF funds under the Indian Employment, Training, and Related Services Demonstration Act (Pub. L. 102-477) will continue to be subject to their existing 102-477 Plans. The 102-477 program allows tribes to streamline a number of tribal services funded through the Department of the Interior, the Department of Labor, and the Department of Health and Human Services. Because the 102-477 Plan incorporates other Federal programs alongside of CCDF, OCC will not be extending these Plans. Tribes participating in the 102-477 program will continue to follow regular timelines. All tribes, including those under a 102-477 Plan, will continue to submit their annual child count by the July 1 deadline to receive funding for the upcoming fiscal years.

Questions: Please direct inquiries to the Child Care Program Manager in the appropriate ACF Regional Office or email inquiries to:
ccdf.reauthorization@acf.hhs.gov

_____/s/_____
Rachel Schumacher
Director
Office of Child Care

Attachments:

A – Summary of the Child Care and Development Block Grant Act of 2014

Amendments to Tribal Plan 2014-15 Attachment F

No.	PROVIDERS NAME	PHYSICAL ADDRESS	Type of Building
List of CCDF Child Care Centers that are currently utilized to serve children			
CHINLE - P.O. Box 128, Chinle, AZ 86503			
1	Kii Doo Baa II Child Care Center	.1 mile East of HWY 191	Modular
2	Many Farms Child Care Center	Route 191 & IR 59, West of Chapter House	Modular
3	Pinon Child Care Center	IR 4 – Southwest of Pinon Middle School campus	Modulars (2)
4	Tsaile Child Care Center	Dine College Campus, West of Cafeteria	Modular
FT. DEFIANCE - P.O. Box 249, St. Michaels, AZ 86511			
1	Karigan Child care Center	HWY 264 Crest Rd, near St Michaels Estate	Conventional
2	Little Miss Muffet Child Care Center	4008 Pinehill Road, Route 12, Fort Defiance	Modulars (2)
3	Leupp Early Learning Child Care Center	Navajo Route 15, .05 miles South of the road	Conventional
CROWNPOINT - P.O. Box 1717, Crownpoint, NM 87313			
1	Tiists'ozhi Child Care Center	Northeast side of Navajo Technical University campus	Conventional
SHIPROCK - P.O. Box 837, Shiprock, NM 87420			
1	Alchini Nizhoni	SR 64, Shiprock Dine College campus	Modulars (2)
2	Hogback Child Care Center	East HWY 64, MM 27, North of Tse'Da'Kaan Chapter House	Modular
3	Two Grey Hills Child Care Center	South HWY 491, West of Navajo Route 19, No-IR 5000, Two Grey Hills	Conventional
List of CCDF Child Care Centers that are currently closed or is being occupied by Navajo Nation Head Start Program or serves as a CCDF Casework Office			
TUBA CITY			
1	Shonto Child Care Center	Modular - closed	
2	Upper Fruitland to Tuba City	Modular - closed	
3	Window Rock to Tuba City	Modular - closed	
FT. DEFIANCE			
1	Fort Defiance Child Care Center	Modular - occupied by Head Start	
2	Greasewood Child Care Center	Modular - occupied by Case Work Unit	
CHINLE			
1	Rock Point Child Care Center	Conventional - closed	
2	Rough Rock Child Care Center	Conventional - closed	
3	Tsalani/Cottonwood Child Care Center	Modular – occupied by Head Start	



THE NAVAJO NATION

DSS/CHILD CARE & DEVELOPMENT FUND PROGRAM
CENTRAL ADMINISTRATION
HOGAN TSO COMPLEX-BUILDING 53-G • P.O. Box 2425
WINDOW ROCK, AZ 86515
PH 928.871.6629 • FAX 928.871.7077



RUSSELL BEGAYE
PRESIDENT

JONATHAN NEZ
VICE-PRESIDENT

May 29, 2015

Abbey Cohen, JD
Regional Manager
Office of Child Care -- Region IX
90 Seventh Street, 9th Floor
San Francisco, CA 94103

Subject: Tribal Plan 2014-2015 Amendments

Dear Dr. Cohen:

The Navajo Nation Child Care and Development Fund (CCDF) Program would like to file the following amendments to the 2014-2015 Tribal Plan. The amendments includes the one year extension of the Tribal Plan which ends 09.30.2016. Attached are the pages of the tribal plan as was originally filed and the amended changes.

Page 3, Section 1.1.1.b. Tribal Applicant and Designated Tribal Lead Agency

The words deleted are: Ben Shelly

The words added are: Russell Begaye

The change is made as a result of the Navajo Nation Election. Effective May 12, 2015, Mr. Russell Begaye was sworn in as the new President for Navajo Nation.

Page 4, Section 1.1.3.a.4. Contact Information for CCDF Administrator:

The words added are: -Building 53-G

The change is made to add the building number to the CCDF Administration office. It is read as the physical address for location of the Navajo Nation Child Care and Development Fund Program's Central Administration Office is at "Hogan Tso Complex-Building 53-G located at junction of Highway 264 and Route 12 North in Window Rock, Arizona."

Page 7, Section 1.4.1 Indian Child

The words added are: Navajo parents already enrolled with Navajo Nation will have 30 days from initial case approval to obtain a child's Certificate of Navajo Indian Blood. Written verification is required from the Tribal Vital Statistics Office to delay issuing a Certificate of Navajo Indian Blood. Exemption for tribal enrollment is a child who is legally ward of the Navajo Nation court or State court and not issued a Navajo enrollment number.

Page 7, Section 1.4.3. Indian Reservation or Service Area

The words deleted are: In certain circumstances as defined in Section 1.4.2 child care services may be provided to children meeting the definition of Indian child through eligible providers in urban areas outside of the "on or near reservation designated communities".

The words added are: The lead agency limits the number of eligible children served off-reservation. Setting limits is to support childcare providers who serve children on Navajo Nation.

Page 8 & 9, Section 1.6.1 Program Integrity and Accountability

The added section is: The check box is to be marked.

The box marked is to justify that the CCDF Casework Unit is responsible to make eligibility determination and redetermination.

The added section is: The check box is to be marked.

The box marked is to justify that the CCDF Casework Unit is responsible to determine parent co-payments.

The added section is: The check box is to be marked.

The box marked is to justify that the CCDF Casework Unit is responsible to determine child care payments.

The words added are: payment authorization documents.

In the child care payments section, the Regional Casework Units are responsible for reviewing monthly timesheets, calculates subsidy, and initiate financial form for payments to child care providers. The timesheet forms, work/training/counseling schedule, financial form are referred to as the payment authorization documents.

Page 12, Section 2.3.1.a.

The words deleted are: held four public hearings: the dates are March 20 and 21 and March 27 and 28, 2013.

The words added are: The lead agency published public hearing notice in the local newspaper on February 28, 2013 and March 07, 2013.

Page 13, Section 2.4.1. Public-Private Partnerships

Correction is made to reflect that the CCDF Program is no longer receiving funds from the State of Arizona First Things First to administer the Family, Friend and Neighbor Care Service (FFNC). FFNC ceased service on June 30, 2014.

The words deleted is: is

The words added are: was

The words added are: service which was temporarily funded by the State of Arizona First Things First, this service ended on June 30, 2014.

The past tense is added to the words: provided and coached

The deleted word is: education

The words deleted are: The "Family, Friend, Neighbor Care" is funded by the state of Arizona's Initiative, First Things First's through the Navajo National Regional Partnership Council.

The words added are: Quality First which is a program approved by the State of Arizona First Things First, Navajo Nation Regional Partnership Council which assists the Lead Agency's operated child care centers to improve early child care services in the classrooms.

Page 15, Section 3.2.1.d. Tribal-Operated Center

The words added is: not in operation.

Three modular child care centers are relocated to Tuba City area. The child care centers are not in operation due to pending renovation infrastructures.

The boxes added are: in the Infant and Toddler column, marked boxes for Crownpoint Region and Shiprock Region.

The boxes unmarked are: the row of Tuba City Region for all columns.

The box to be marked and added is: in the School Age column for Fort Defiance Region.

The words added is: Attachment F.

A list is attached where children are currently being served in CCDF operated child care centers.

Page 16, Section 3.2.2. Are all of the child care services identified in 3.2.1 available throughout the entire service area?

The words added are: that are currently not in operation.

Tuba City Child Care Centers are currently not in operation.

The words added are: Refer to Attachment F.

A list is attached where children are currently being served in CCDF operated child care centers.

Page 16, Section 3.3.1.b. Payment System

The box to be marked is: Other

The words added are: The Child Care Certificate is issued after parent has been determined income eligible and has been orientated on child care service, parent's responsibilities, and timesheet reporting.

Page 17, Section 3.4.1. Does the Tribal Lead Agency allow for In-home care?

The box is to be unmarked for: Restricted to care by relatives.

The words deleted in Box marked "Other" are: be restricted to

The words added are: An exemption of serving more than five children is permissible for In-Home providers; it will apply for a group of three (3) to six (6) sibling.

Page 18, Section 3.5.2.a. Eligibility Criteria Based Upon Age

The words added are: to and up to

The word deleted is: 13

The words added is: 12 years, 11 months

Page 19, Section 3.5.3.a. Eligibility Criteria Based Upon Work, Job Training, or Educational Program

The words added are: Extension of Work Leave is allowable for working parents for two (2) reasons.

A. Child care assistance is authorize to include the time when parents are on approved regular annual leave, medical or sick leave granted by their employer. The extension of work leave is limited to the timeline identified on the active Child Care Certificate.

The word deleted is: should

The words added are:

B. If an individual resigns, is laid off, terminate, child care assistance can include Job search but this is not to exceed 60 work days. The 60 work days extension request must be in writing from a certified parent. The parent must provide proof of resignations, laid off, or termination notice from their employer. The parent must notify their assigned Senior Caseworker within ten (10) working days from the resignations, laid off, or termination notice in order to approve the 60 work days extension.

Page 20, 3.5.3.b. Definition of attending job training

The words added are: Other job training accepted are

The words added are: with the

The words deleted are: can include

The words deleted are: Program

The words added are: The recipients learn to perform work related skills on a work placement setting.

The paragraph is to be read as: Other job training accepted are participants with the Navajo Nation Department for Self Reliance (TANF funded recipient) or Navajo Nation Department of Workforce Development. The recipients learn to perform work related skills on a work placement setting.

The words added are: For working parents enrolled in educational courses or job training, a worksite agreement with employer's approval is required to include child care assistance for educational/training attendance hours and time for study. If there is no worksite agreement, dual reasons for child care assistance is not allowed.

Page 20, Section 3.5.3.c. How does the lead agency define attending "educational program" for the purposes of eligibility?

The word added is: Department

The two words deleted are: Program

The word added is: The recipients learn to perform work related skills on a work placement setting.

The paragraph is to be read as: Participants includes Navajo Nation Department for Self Reliance (TANF funded) or Navajo Nation Department of Workforce Development. The recipients learn to perform work related skills on a work placement setting.

Page 21, Section 3.5.4.a. Eligibility Criteria Based Upon Receiving or Needing to Receive Protective Services

The words deleted are: Respite care is for a child who is removed by court order and needs temporary relief of care from a relative or foster care. Respite care is limited to 24 hours a month. Hours will be determined by the Caseworker, child care provider and the child's Protective Service Agency.

Page 22, Section 3.5.4.d. Does the Tribal Lead Agency provide respite child care to children in protective services?

The box is to be unmarked in: Yes, and respite care is included under the Tribe's definition of protective services.

The box is to be marked in: No.

The CCDF Program do not approve for respite care for children in protective services.

Page 23, Section 3.5.5. Income Eligibility

The words added for 4: (Pell Grant, student loans and grants, tribal scholarships)

The words added for 5: (food stamps, LIHEAP, social security disability income, survivor's benefits, Department of Self-Reliance)

Page 24, Section 3.5.5.c. Grantee Median Income (GMI)

The numbers deleted in column (a) are: 2875, 3760, 4645, 5529, 6414, 7299, 7464, 7630.

The numbers added in column (a) are: 2754, 3602, 4449, 5297, 6144, 6992, 7151, 7309.

The numbers deleted in column (b) are: 2443, 3195, 3947, 4699, 5451, 6203, 6344, 6485.

The numbers added in column (b) are: 2341, 3061, 3782, 4502, 5223, 5943, 6078, 6213.

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The amounts for Grantee Median Income (GMI) is changed for 100% of GMI because of 2015 Poverty Guidelines, Federal Register Volume 80 and Number 14. Also, changes are made in 85% of GMI column because of 2015 Arizona State Median Income; Federal Register Volume 79, Number 138.

Page 25, Section 3.6.1.a. Priority Rules for Children with Special Needs

The word deleted is: Program

The word added is: Department

Page 25, Section 3.6.2.a. Additional Priority Rules

The words added are: CCDF eligible children has a priority to access child care services over non-eligible children.

Page 26, Section 3.7.1. Attach a copy of your payment rates as Attachment.

In the box marked for: Yes, Effective Date: October 01, 2013.

The added word is: 2013.

The deleted word is: 2014.

Page 27, Section 3.7.3. Market Rate Survey Requirements

In option 1, the letter that is added is: C.

The sentence is to be read as: Payment rate is reference in Attachment C.

Page 28, Section 3.7.5. Tiered Reimbursement

The box to be marked is for: No

The box that is to be unmarked is: Yes and Other Rate.

The paragraph deleted is: Special care rate is designated for children under the age of 19 and is physically and/or mentally incapable for caring for him or herself. Child(ren) who are clinically diagnosed or developmentally delayed, or children who being assessed for physical or mental incapacities, as verified by a competent medical/health agency, is also considered.

Reason for change: The CCDF Program did not designate a special rate for disabled children. The child care rate is set serve children from infant to age 12 years and 11 months.

Page 29 and 30, Section 3.8.4. The following is a description of how the co-payments required by the Tribal Lead Agency's sliding fee scale(s) are affordable.

The word deleted is: feel; the replaced word is: fee

The word deleted is: 4%; the replaced word is: 6% (Level 2)

The word deleted is: 6%; the replaced word is: 8% (Level 3)

The word deleted is: 8%; the replaced word is: 10% (Level 4)

The letter added is: D. The sentence is to be read as "The levels of income are referenced in Attachment D."

The word deleted is: not

The words added are: to support families that meet the higher income level, above the 100% National Poverty Level.

The words deleted are: since many families reside in rural areas and have to travel great distance to their employment sites. Additionally, the increased cost of food, gasoline and other costs contributed to setting the copayment amount.

Page 30, Section 4.1.1. How Families Apply for CCDF

The words added are: (The website is not fully developed).

The box to be marked is: Other

The words added in the box marked "Other" is: Public recruitment to serve families and providers is by setting information booths at community events, Tribal/State/Federal program events, conferences, training, workshops, tribal fairs, health fairs, and job fairs.

Page 30, Section 4.1.2. How can parents apply for CCDF services?

The box marked for: In Person interview or orientation will have added words, (necessary for first time applicants).

The box marked for: By Mail will have added words, (Only applies for parents to submit recertification documents).

Page 31, Section 4.1.4.a. TANF Agency's Criteria/Definitions Regarding Inability to Obtain Care

The word added is: Department

The word deleted is: Program

Page 35, Section 5.1.1. How does the Tribal Lead Agency learn about the quality of care currently offered and the training needs of providers?

The words added are: by the State of Arizona, First Things First, Quality First in collaboration with

The words added are: were involve in the assessment and provided feedback on their classroom performances.

The word deleted is: 's

The paragraph is to be read as: "A professional development assessment was conducted by the State of Arizona, First Things First, Quality First in collaboration with the lead agency. Direct child care workers and independent providers were involve in the assessment and provided feedback on their classroom performances. The assessment was instrumental in producing more qualified child care professional. This was accomplished through the recruitment of qualified trainers who provided training to develop more "qualified" child care workers. Any array on early child development, culture-based teaching, curriculum development, nutrition, how to provide a more nurturing environment, supervision, development of lesson plan, develop a safe child care environment, language develop and literacy and other trainings is done on a quarterly basis."

Page 36, Section 5.2. Quality Improvement Goals

The words added are: The health and safety trainings identified in Tribal Plan Part VI will be required on biennium basis for all providers. Exemption to the biennium timeline is the childcare center policy that mandates different timelines for trainings. Exemption to the biennium timeline applies to state operated childcare centers as training timelines may vary according to their state statute.

Page 39, Section 5.3.g. Quality Support for Programs

The box to be marked is: Other

The words to be added in the box marked "Other" are: Quality First, as administered in collaboration with the State of Arizona, First Things First, Navajo Nation Regional Partnership Council.

Page 39, Section 5.4. Quality Improvement Initiatives for Relative Caregivers or other Small Home-based Providers

The letters added in the first paragraph in box marked "Yes" is: "rs" and "o "

The paragraph is to be read as: The relative providers are provided consumer educational brochures and can participate in trainings on health and safety awareness and learn about early childhood development.

The paragraph deleted is: The lead agency collaborated with the state of Arizona to initiate a "Family, Friend, Neighbor" care. The collaboration will allow CCDF to hire two educational specialist; their job is to provide technical assistance to relative providers and small, home-based child care providers. The technical assistance will provide consumer educational materials, develop a child care schedule which will describe an array of activities. The intent is to coach providers to they can provide a higher level of child care.

Page 40, Section 5.6.b. Child and Adult Care Food Program (CACFP)

The box is to be unmarked for: Difficult to complete initial CACFP application

The box that is marked "Other, describe:" is to delete words: Headstart is the lead agency.

The box that is marked "Other, describe:" is to have added words: The Lead Agency will collaborate with the States of Arizona and New Mexico to access assistance from the Child and Adult Care Food Program (CACFP). An initiative with the Navajo Nation Head Start is to establish memorandum of agreements, this is to access CACFP for childcare services administered by the Lead Agency, and this will include only those CCDF centers that are jointly in the same building with Head Start.

Page 42, Table 6.1.1. Prevention and Control of Infectious Disease – Centers

The change is made on the topic Immunizations. The box is to be marked: For providers

Page 42, Section 6.1.2. Building and Physical Premises – Centers

The box that is marked "Other, describe:" is to have added words: The Navajo Nation also utilizes the *Caring for Our Children, National Health and Safety Performance Standards, Guidelines for Early Care and Education Programs*. The lead agency accepts state licensing standards that verifies for off-reservation childcare centers to operate with a state license.

Page 42 & 43, Table 6.1.3. Health and Safety Training – Centers

The check box is to be marked for On-Going column for: Cardiopulmonary resuscitation (CPR), First Aid, Training on Infectious Diseases, SIDS Prevention (i.e. Safe Sleep), Mandatory Reporting of Suspected Abuse or Neglect, Child Development, Supervision of Children, Nutrition, Physical Activity, Emergency Preparedness and Response, and Other.

Page 44, Table 6.2.1. Prevention and Control of Infectious Diseases – Group Home Child Care

The change is made on the topic Immunizations. The box is to be marked: For providers

The box is to be checked for: "Other. Describe"

The words added are: The lead agency accepts State Licensing Standards as verified by the State operating license.

Page 44, Section 6.2.2. Building and Physical Premises – Group Home Child Care

The box is to be check for: "Other. Describe"

The words added are: The lead agency accepts State Licensing Standards as verified by the State operating license.

Page 45, Table 6.2.3. Health and Safety Training – Group Home Child Care

The box is to be check for: "Other. Describe"

The words added are: as verified by the state operating license.

The sentence is to read "Navajo Nation CCDF will accept state's licensing standards, as verified by the state operating license.

Page 46, Table 6.3.1. Prevention and Control of Infectious Disease – Family Child Care Homes

The change is made on the topic Immunizations. The boxes is to be checked: For providers and For children

The box is checked for: "Other. Describe"

The words added are: Unregulated relative child care providers would be waived through the issuance of the Health and Safety self-certification form.

Page 46, Section 6.3.2. Building and Premises Safety – Family Child Care Homes

The box is checked for: "Other. Describe"

The words added are: Unregulated relative child care providers would be waived through the issuance of the Health and Safety self-certification form.

Page 47, Table 6.3.3. Health and Safety Training – Family Child Care Homes

The box is to be checked for: "Other. Describe"

The box that is in the "On-Going" column is to be checked.

The word added is: child

The words added are: through the issuance of the Health and Safety self-certification form.

The sentence is to be read as: Unregulated relative child care provider's certification would be waived through the issuance of the Health and Safety self-certification form.

Page 47 & 48, Table 6.4.1. Prevention and Control of Infectious Diseases

The change is made on the topic tuberculosis check. The box is to be checked: For providers

The change is made on the topic Immunizations. The box is to be checked: For providers

The words added are: Unregulated relative child care providers would be waived through the issuance of the Health and Safety self-certification form.

Page 48, Section 6.4.2. Building and Premises Safety – In-Home Child Care

The box is checked for: "Other. Describe"

The words added are: Unregulated relative child care providers would be waived through the issuance of the Health and Safety self-certification form.

Page 49, Table 6.4.3. Health and Safety Training – In-home Child Care

The check box is to be marked for the following Health and Safety training requirements: SIDS Prevention (i.e. Safe Sleep), Mandatory Reporting of Suspected Abuse or Neglect, Child Development, Supervision of Children, Nutrition, Physical Activity, Emergency Preparedness and Response, and Other.

The check box is to be marked in the On-going Column for: SIDS Prevention (i.e. Safe Sleep), Mandatory Reporting of Suspected Abuse or Neglect, Child Development, Supervision of Children, Nutrition, Physical Activity, Emergency Preparedness and Response, and Other.

The words added are: Unregulated relative child care providers would be waived through the issuance of the Health and Safety self-certification form.

Page 50, Section 6.5. Exemptions for Relative Providers

The words added are: The Lead Agency defines Relative Care as kin by first-blood line relationships, or kin as established through court decree to the eligible child. Relatives are the child's and the parent's immediate grandparents, aunts, uncles, cousins, or siblings. (Siblings have to live in separate residence from the eligible child).

Page 50 & 51, Table 6.6.1. Information on Monitoring and Inspections

The Provider Categories for Center-based and Group Home are marked.

In both columns: *Frequency of Routine Announced Visits* and *Frequency of Routine Unannounced Visits* are to have the following added words:

The Navajo Nation Department of Health, Office of Environmental Health/Code Enforcement conducts an annual building and kitchen/sanitation inspection and issues permits to operate Navajo Nation childcare service.

Page 52, Table 6.6.2. Background Checks (Check all that apply)

The Tribal Criminal Background will be conducted for all staff with the CCDF operated child care centers. The box in the column for Center-based is to be checked.

The State Criminal Background will be conducted on all staff with the CCDF operated child care centers. The box in the column for Center-based is to be checked.

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The Sex Offender Registry will be conducted on all new hired staff with the CCDF operated child care centers. The box in the column for Center-based is to be checked.

The added words in "Other" are: The Navajo Nation collaborates with the Navajo Nation Office of Background Investigation to conduct federal/state/tribal background investigation and provides clearance letter on CCDF tribal staff.

Page 53, Table 6.7. Tribal Licensing Requirements

The box in the "Other" is to be checked.

The added words in "Other" are: Navajo Nation Department of Health, Office of Environmental Health/Code Enforcement standards.

If you should have any questions, please don't hesitate to contact CCDF Office at (928) 871-6629.

Sincerely,

Russell Begaye
President
Navajo Nation

xc: Central CCDF



PLAN FOR: **NAVAJO NATION**
CHILD CARE & DEVELOPMENT FUND
Plan Period 10/1/13 – 9/30/15⁶

Table: Appendix 3 – Amendment Log

Tribal Lead Agency: Navajo Nation Division of Social Services

Section Amended	Proposed Effective Date	Grantee Signature and Date Submitted to ACF	ACF Approving Official's Signature and Date
<u>1.1.1.b.</u>	<u>08.03.2015</u>		
<u>1.1.3.a.4.</u>	<u>08.03.2015</u>		
<u>1.4.1</u>	<u>08.03.2015</u>		
<u>1.4.3</u>	<u>08.03.2015</u>		
<u>1.6.1</u>	<u>08.03.2015</u>		
<u>2.3.1.a.</u>	<u>08.03.2015</u>		
<u>2.3.1.b.</u>	<u>08.03.2015</u>		
<u>2.4.1.</u>	<u>08.03.2015</u>		
<u>3.2.1.d.</u>	<u>08.03.2015</u>		
<u>3.2.2.</u>	<u>08.03.2015</u>		
<u>3.3.1.b</u>	<u>08.03.2015</u>		
<u>3.4.1.</u>	<u>08.03.2015</u>		
<u>3.5.2.a.</u>	<u>08.03.2015</u>		
<u>3.5.3.a.</u>	<u>08.03.2015</u>		
<u>3.5.3.b.</u>	<u>08.03.2015</u>		
<u>3.5.3.c.</u>	<u>08.03.2015</u>		
<u>3.5.4.a.</u>	<u>08.03.2015</u>		



PLAN FOR: **NAVAJO NATION**
CHILD CARE & DEVELOPMENT FUND
 Plan Period 10/1/13 – 9/30/15⁶

Section Amended	Proposed Effective Date	Grantee Signature and Date Submitted to ACF	ACF Approving Official's Signature and Date
<u>3.5.4.d.</u>	<u>08.03.2015</u>		
<u>3.5.5.</u>	<u>08.03.2015</u>		
<u>3.5.5.c.</u>	<u>08.03.2015</u>		
<u>3.6.1.a.</u>	<u>08.03.2015</u>		
<u>3.6.2.a.</u>	<u>08.03.2015</u>		
<u>3.7.1.</u>	<u>08.03.2015</u>		
<u>3.7.3.</u>	<u>08.03.2015</u>		
<u>3.7.5.</u>	<u>08.03.2015</u>		
<u>3.8.4.</u>	<u>08.03.2015</u>		
<u>4.1.1.</u>	<u>08.03.2015</u>		
<u>4.1.2.</u>	<u>08.03.2015</u>		
<u>4.1.4.a.</u>	<u>08.03.2015</u>		
<u>5.1.1.</u>	<u>08.03.2015</u>		
<u>5.2.</u>	<u>08.03.2015</u>		
<u>5.3.g.</u>	<u>08.03.2015</u>		
<u>5.4.</u>	<u>08.03.2015</u>		
<u>5.6.b.</u>	<u>08.03.2015</u>		
<u>6.1.1.</u>	<u>08.03.2015</u>		
<u>6.1.2.</u>	<u>08.03.2015</u>		
<u>6.1.3.</u>	<u>08.03.2015</u>		

COPY



PLAN FOR: **NAVAJO NATION**
CHILD CARE & DEVELOPMENT FUND
 Plan Period 10/1/13 - 9/30/15⁶

Section Amended	Proposed Effective Date	Grantee Signature and Date Submitted to ACF	ACF Approving Official's Signature and Date
<u>6.2.1</u>	<u>08.03.2015</u>		
<u>6.2.2.</u>	<u>08.03.2015</u>		
<u>6.2.3.</u>	<u>08.03.2015</u>		
<u>6.3.1.</u>	<u>08.03.2015</u>		
<u>6.3.2.</u>	<u>08.03.2015</u>		
<u>6.3.3.</u>	<u>08.03.2015</u>		
<u>6.4.1.</u>	<u>08.03.2015</u>		
<u>6.4.2.</u>	<u>08.03.2015</u>		
<u>6.4.3.</u>	<u>08.03.2015</u>		
<u>6.5.</u>	<u>08.03.2015</u>		
<u>6.6.1.</u>	<u>08.03.2015</u>		
<u>6.6.2.</u>	<u>08.03.2015</u>		
<u>6.7</u>	<u>08.03.2015</u>		



ADMINISTRATION FOR
CHILDREN & FAMILIES

370 L'Enfant Promenade SW, Washington DC 20447 www.acf.hhs.gov

FEB 09 2015

Mr. Ben Shelly, President
Navajo Nation
Division of Social Services
Child Care & Development Fund Program
P.O. Box 2425 Hogan TSO Office Complex
Window Rock, AZ 86515

Dear President Shelly:

The Office of Child Care has completed its review of the proposed amendments to the Child Care and Development Fund (CCDF) Tribal Plan for 2014 - 2015, submitted on December 9, 2014. I am pleased to inform you that the following amendments have been approved.

Section 1.4.1 Indian Child Count - The definition of Indian child has been amended to include a child enrolled or *eligible to enroll* so that it now reads "a child enrolled or eligible to enroll with Navajo Nation or a child of Navajo parents enrolled with Navajo Nation," thereby additionally allowing children who are not enrolled to be provided services.

Section 3.8.4 – Sliding Fee Scale - The amendment corrected the income levels 2 to 4. It now indicates correctly that "Family with an income in Level 2 is required to pay 6%; level 3 is required to pay 8% and level 4 is required to pay 10%. The sliding fee scale in Attachment D is correct.

The effective dates for the amendments are noted in your amendment log. The approved amended pages have been entered into the official copy of the Tribal CCDF Plan for the Navajo Nation. Copies of the amendments are enclosed with this letter, along with a copy of the Amendment Log.

Please feel free to contact Abby Cohen, Regional Program Manager in our San Francisco Regional Office at 415-437-8437 if you have any questions about these amendments, or if you need further assistance.

We appreciate your efforts to meet the child care needs of eligible families in the Navajo Nation, and we look forward to our continued partnership in the administration of your CCDF Program.

Sincerely,

A handwritten signature in black ink, appearing to read "Rachel Schumacher", with a stylized flourish at the end.

Rachel Schumacher
Director
Office of Child Care

Enclosures

cc: Grace Boyne, Child Care Director, Navajo Nation
Sharon Begay-McCabe, Division Director, Division of Social Services
Abby Cohen, Office of Child Care Regional Program Manager, Region 9
Dawn Ramsburg, Regional Liaison, Office of Child Care



THE NAVAJO NATION
DIVISION OF SOCIAL SERVICES
CHILD CARE & DEVELOPMENT FUND PROGRAM
P.O. Box 2425 • HOGAN TSO OFFICE COMPLEX
WINDOW ROCK, AZ 86515
PH 928.871.6629 • FAX 928.871.7077



BEN SHELLY
PRESIDENT

REX LEE JIM
VICE-PRESIDENT

344590
BX 9000

December 9, 2014

Ms. T. Kim Relph
Child Care Program Specialist
Office of Child Care – Region IX
90 Seventh Street, 9th Floor
San Francisco, CA 94103

COPY

Subject: Tribal Plan 2014-2015 Amendments

Dear Ms. Relph:

The Navajo Nation Child Care and Development Fund (CCDF) Program would like to file two amendments to the 2014 - 2015 Tribal Plan. Attached are the four pages of the tribal plan as was originally filed and the amended changes.

Page 7, Section 1.4.1 Indian Child Count

"The Tribal Lead Agency Defines Indian Child as: A child enrolled with Navajo Nation or a child of Navajo parents enrolled with Navajo Nation. Insert "or eligible to enroll" after enrolled. The sentence would then read, "a child enrolled or eligible to enroll with Navajo Nation or a child of Navajo parents enrolled with Navajo Nation". This would allow the parents to enroll their children and additionally, allow those children who are not enrolled to be provided services.

Page 27, Section 3.8.4 Sliding Fee Scale

The level for each income level 2 to 4 is incorrect. It should state "Family with an income in Level 2 is required to pay 6%; level 3 is required to pay 8% and level 4 is required to pay 10%." The sliding fee scale in Attachment D is correct; it has the corrected pay level.

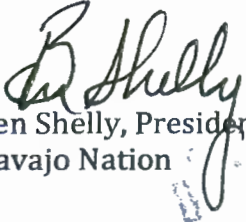
Attached is the also the amendment log.

Fed-ex-1c Region 9
MAILED
1/26/15

Letter to: Ms. T. Kim Relph
Subject: Tribal Plan 2014-2015 Amendments
December 9, 2014
Page 2 of 2

If you have any additional questions, please contact Child Care and Development Fund Program at (928) 871-6629.

Sincerely,


Ben Shelly, President
Navajo Nation

CONCURRENCE:


Sharon Begay-McCabe, Division Director
Division of Social Services

XC: Navajo Nation Office of the President and Vice President
Navajo Nation Division of Social Services
CCDF Program File



PLAN FOR: NAVAJO NATION
CHILD CARE & DEVELOPMENT FUND
Plan Period 10/1/13 – 9/30/15

The Tribal Lead Agency defines Indian child as: A child enrolled or eligible to enroll with Navajo Nation or a child of Navajo parents enrolled with Navajo Nation.

1.4.2. Indian Child Count

The Tribal Lead Agency determines the number of Indian children, under age 13, who reside on or near the reservation, or service area. **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.** (98.81(a)(4), 98.81 (b)(4))

Complete and attach the "Child Count Declaration" at **Appendix #2.**

1.4.3. 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. The service area must be within a reasonably close geographic proximity to the borders of a Tribe's reservation (with the exception of 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. ACF will not approve an entire state as a Tribe's service area. (658O(c)(2)(B), 98.80(e), 98.81(b)(2)(i) and (ii), 98.81(b)(3)(ii), 98.83(b))

Reminder: Tribes can limit services within the reservation boundaries or can go beyond the reservation boundaries (Example: "permanent residence is within the reservation boundaries, however the participant is attending school outside of the reservation area", or "resides within 20 miles of the reservation boundaries", etc.).

The Tribal Lead Agency defines the Reservation/Service Area as: "on and near reservation designated communities" as defined by the tribal legislative oversight committee: Navajo Nation Tribal Council Resolution No. HHSC-AU-40-89 (refer to Attachment B). In certain circumstances as defined in Section 1.4.2 child care services may be provided to children meeting the definition of Indian child through eligible providers in urban areas outside of the "on or near reservation designated communities".

Section 1.5. Consortium

A consortium representing more than one Indian Tribe may be eligible to receive CCDF funds on behalf of a particular Tribe. The Consortium Lead Agency must list all participating Tribes and include an attachment with separate demonstrations (e.g. resolutions) from each Tribal consortium member indicating that the consortium has the authority to seek funding on behalf of its constituent Tribes. **If there is any change in the consortium membership, the Tribal Lead Agency must notify ACF through an amendment to the Plan.**

1.5.1. Are you a Tribal Consortium?

- ☐ Yes. If Yes, provide a list of its participating member Tribes and include demonstrations; for example, Tribal Resolutions from the participating members indicating that the consortium has the authority to seek funding on their behalf. (98.80(c)(1), 98.81(b)(8)(i))



PLAN FOR: NAVAJO NATION
CHILD CARE & DEVELOPMENT FUND
Plan Period 10/1/13 – 9/30/15

The Tribal Lead Agency defines Indian child as: A child enrolled with Navajo Nation or a child of Navajo parents enrolled with Navajo Nation.

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PLAN FOR: NAVAJO NATION
CHILD CARE & DEVELOPMENT FUND
Plan Period 10/1/13 – 9/30/15

who being assessed for physical or mental incapacities, as verified by a competent medical/health agency, is also considered.

Section 3.8. Sliding Fee Scale(s)

CCDF requires families to share in the cost of subsidized child care (658(E)(5), 98.42). The Tribal Lead Agency must establish a sliding fee scale that details each family's contribution(s) (i.e., "co-payment"). The sliding fee scale must vary based on **income and the size of the family**.

3.8.1. Attach a copy of the sliding fee scale (Enter Attachment # _____) Attach

Will the attached sliding fee scale be used in all parts of the service area?

☒ Yes. Effective date: October 1, 2013

☐ No. If No, attach other sliding fee scales and their effective date(s).
Enter Attachment # _____

3.8.2. Does the Tribal Lead Agency use other factors in addition to income and family size to determine each family's contribution to the cost of child care? (658E(c)(3)(B), 98.42(b))

☐ Yes. Describe those additional factors: _____

☒ No.

3.8.3. The Tribal Lead Agency may waive co-payments for families whose incomes are at or below the poverty level for a family of the same size. (98.42(c). The poverty level used by a Tribal Lead Agency for a family of 3 is \$_____. Check which option the Tribal Lead Agency has chosen to use:

Reminder: Tribal Lead Agencies are reminded that the co-payments may be waived for only two circumstances – for families at or below the poverty level or on a case-by-case basis for children falling under the definition of "protective services" (as defined in 3.5.4).

☐ ALL families, including those with incomes at or below the poverty level ARE required to pay a fee.

☒ NO families with income at or below the poverty level for a family of the same size are required to pay a fee.

☐ SOME families with income at or below the poverty ARE NOT required to pay a fee. The Lead Agency waives the fee for the following families: _____

3.8.4. The following is a description of how the co-payments required by the Tribal Lead Agency's sliding fee scale(s) are affordable. (98.43(b)(3))

Describe: Families with a net income of less than or equal to 100% Federal Poverty Level is not required to pay a fee. Family with an income in level 2 is required to pay 6%; level 3 is required to pay 8% and level 4 is required to pay 10%. The levels of income are referenced in Attachment D.



PLAN FOR: NAVAJO NATION
CHILD CARE & DEVELOPMENT FUND
Plan Period 10/1/13 - 9/30/15

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☐ Yes. Describe those additional factors: _____

☒ No.

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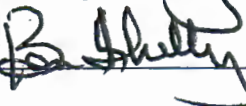
Describe: Families with a net income of less than or equal to 100% Federal Poverty Level is not required to pay a fee. Family with an income in level 2 is required to pay 4%; level 3 is required to pay 6% and level 4 is required to pay 8%. The levels of income are referenced in Attachment D.



PLAN FOR: NAVAJO NATION
CHILD CARE & DEVELOPMENT FUND
Plan Period 10/1/13 - 9/30/15

Table: Appendix 3 – Amendment Log

Tribal Lead Agency: _____

Section Amended	Proposed Effective Date	Grantee Signature and Date Submitted to ACF	ACF Approving Official's Signature and Date
<u>1.4.1</u>	<u>2/16/15</u>		
<u>3.8.4</u>	<u>2/16/15</u>		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
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_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		

Document No. 000793Date Issued: 10/15/2013**EXECUTIVE OFFICIAL REVIEW**Title of Document: NNDSS CCDF Grant application Contact Name: FRAGUA, DELORES A.Program/Division: DIVISION OF SOCIAL SERVICESEmail: accountant@nncdf.org Phone Number: 928-871-6629☐ **Business Site Lease** Sufficient Insufficient

1. Division: _____	Date: _____	☐	☐
2. Office of the Controller: _____	Date: _____	☐	☐
(only if Procurement Clearance is not issued within 30 days of the initiation of the E.O. review)			
3. Office of the Attorney General: _____	Date: _____	☐	☐

☐ **Business and Industrial Development Financing, Veteran Loans, (i.e. Loan, Loan Guarantee and Investment) or Delegation of Approving and/or Management Authority of Leasing transactions**

1. Division: _____	Date: _____	☐	☐
2. Office of the Attorney General: _____	Date: _____	☐	☐

☐ **Fund Management Plan, Expenditure Plans, Carry Over Requests, Budget Modifications**

1. Office of Management and Budget: _____	Date: _____	☐	☐
2. Office of the Controller: _____	Date: _____	☐	☐
3. Office of the Attorney General: _____	Date: _____	☐	☐

☐ **Navajo Housing Authority Request for Release of Funds**

1. NNEPA: _____	Date: _____	☐	☐
2. Office of the Attorney General: _____	Date: _____	☐	☐

☐ **Lease Purchase Agreements**

1. Office of the Controller: _____	Date: _____	☐	☐
(recommendation only)			
2. Office of the Attorney General: _____	Date: _____	☐	☐

☒ **Grant Applications**

1. Office of Management and Budget: <u>[Signature]</u>	Date: <u>10/25/13</u>	☑	☐
2. Office of the Controller: <u>Valerie M. Hubbard</u>	Date: <u>11/4/13</u>	☑	☐
3. Office of the Attorney General: <u>[Signature]</u>	Date: <u>11/4/13</u>	☑	☐

☐ **Five Management Plan of the Local Governance Act, Delegation of an Approving Authority from a Standing Committee, Local Ordinances (Local Government Units), or Plans of Operation/Division Policies Requiring Committee Approval**

1. Division: _____	Date: _____	☐	☐
2. Office of the Attorney General: _____	Date: _____	☐	☐

☐ **Relinquishment of Navajo Membership**

1. Land Department: _____	Date: _____	☐	☐
2. Elections: _____	Date: _____	☐	☐
3. Office of the Attorney General: _____	Date: _____	☐	☐

☐ **Land Withdrawal or Relinquishment for Commercial Purposes**

Sufficient Insufficient

1. Division:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Office of the Attorney General:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>

☐ **Land Withdrawals for Non-Commercial Purposes, General Land Leases and Resource Leases**

1. NLD	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. F&W	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. HPD	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Minerals	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
5. NNEPA	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
6. DNR	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
7. DOJ	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>

☐ **Rights of Way**

1. NLD	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. F&W	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. HPD	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Minerals	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
5. NNEPA	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Office of the Attorney General:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
7. OPVP	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>

☐ **Oil and Gas Prospecting Permits, Drilling and Exploration Permits, Mining Permit, Mining Lease**

1. Minerals	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. OPVP	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. NLD	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>

☐ **Assignment of Mineral Lease**

1. Minerals	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. DNR	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. DOJ	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>

☐ **ROW (where there has been no delegation of authority to the Navajo Land Department to grant the Nation's consent to a ROW)**

1. NLD	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. F&W	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. HPD	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Minerals	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
5. NNEPA	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
6. DNR	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
7. DOJ	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
8. OPVP	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>

☐ **OTHER:**

1. _____	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>



NAVAJO NATION DEPARTMENT OF JUSTICE

2 of 2

DOCUMENT REVIEW REQUEST FORM



DOJ
11/4/13 @ 2:27p
DATE / TIME
<input type="checkbox"/> 7 Day Deadline
DOC #: 000793
SAS #:
UNIT: Hsqw

*** FOR NNDJ USE ONLY - DO NOT CHANGE OR REVISE FORM. VARIATIONS OF THIS FORM WILL NOT BE ACCEPTED. ***

CLIENT TO COMPLETE			
DATE OF REQUEST: Nov. 04, 2013		ENTITY/DIVISION: DSS	
CONTACT NAME: Delores Tragua		DEPARTMENT: CCDF	
PHONE NUMBER: 928-871-6629		E-MAIL:	
TITLE OF DOCUMENT: 164 # 793 for CCDF Program			
DOJ SECRETARY TO COMPLETE			
DATE/TIME IN UNIT: 11/4 @ 4:18		REVIEWING ATTORNEY/ADVOCATE: Kandis	
DATE/TIME OUT OF UNIT: 11/5 @ 900		LS	
DOJ ATTORNEY / ADVOCATE COMMENTS			
Okay			
REVIEWED BY: (PRINT)	DATE / TIME	SURNAMED BY: (PRINT)	DATE / TIME
		Kandis Martin	11/4/13 4:26 p.m.
DOJ Secretary Called: Sharon		for Document Pick Up on 11/5 at 900 By: Sharon	
PICKED UP BY: (PRINT)		DATE / TIME:	

NNDJ/DRRF-July 2013

RECEIVED

NOV - 6 2013

Division of Social Services
CCDF Program



NAVAJO NATION DEPARTMENT OF JUSTICE

REQUEST
FOR
SERVICES



DOJ
10/01/13 @ 9:19 AM
DATE/TIME
RFS # 13-1928
UNIT: Hsqw

☐ RESUBMITTAL

*** FOR NNDOJ USE ONLY - DO NOT CHANGE OR REVISE FORM. VARIATIONS OF THIS FORM WILL NOT BE ACCEPTED. ***

CLIENT TO COMPLETE	
DATE OF REQUEST: 9/19/2013	ENTITY/DIVISION: Social Services
CONTACT NAME: Grace M. Boyne, PMH	DEPARTMENT: Administration
PHONE NUMBER: (928) 871-6629	E-MAIL: gboyne@nnccdf.org
COMPLETE DESCRIPTION OF LEGAL NEED AND SERVICES REQUESTED (attach documents): Preview of approved CCDF Tribal Plan FFY 2014-2015. Requesting review before original document with roll process begins.	
DEADLINE: ASAP	REASON: New Tribal Plan
# 102 DOJ SECRETARY TO COMPLETE	
DATE/TIME IN UNIT: 10/01 @ 10:29	REVIEWING ATTORNEY/ADVOCATE: Kandis
DATE/TIME OUT OF UNIT: 10/01 @ 11:12	PREPARED BY (initial): LS
DOJ ATTORNEY/ADVOCATE COMMENTS: Okay	
REVIEWED BY: (PRINT) Kandis Martine	DATE/TIME 10/1/13 11:12 a.m.
DOJ Secretary Called: Sharon	for Document Pick Up on 10/01 at 2/3 By: Sharon
PICKED UP BY: (PRINT)	DATE / TIME: 10/01/13

Revised NNDOJ/RFS Form - July 2013

OCT - 1 2013

Division of Social Services
CCDF Program

Jan James

From: gboyne@nnccdf.org
Sent: Wednesday, September 18, 2013 2:22 PM
To: Jan James; accountant@nnccdf.org; begaysm@yahoo.com
Subject: [FWD: FW: Revised Navajo CCDF Plan]

Here is the approval on the plan.\

gmb

----- Original Message -----

Subject: FW: Revised Navajo CCDF Plan
From: "Relph, Kim (ACF)" <kim.relph@acf.hhs.gov>
Date: Wed, September 18, 2013 9:02 am
To: "gboyne@nnccdf.org" <gboyne@nnccdf.org>

Good Morning Grace;

I hope your travel home is safe and uneventful.

Your Plan, submitted with the revisions is approvable. Thank you for taking the time to re-review this and to respond to our questions. Take care.

Warm Regards;

Kim Relph, MSW
Children and Family Program Specialist
Office of Child Care Region IX
90 Seventh Street
Ninth Floor
San Francisco, CA 94103
Phone: 415.437.8485
FAX: 415.437.8436
kim.relph@acf.hhs.gov
[Office of Child Care](#)

From: Garcia, Robert (ACF)
Sent: Friday, August 09, 2013 3:08 PM
To: Relph, Kim (ACF)
Subject: Revised Navajo CCDF Plan

Kim—

We received the revised plan today via FedEx; I put it on your desk.

Thanks again...

Bob Garcia
Acting Regional Administrator/
Regional Program Manager, Office of Child Care
Administration for Children and Families

U.S. Department of Health and Human Services
90 7th Street, Ninth Floor
San Francisco, CA 94103
(415) 437-8439
(415) 437-8436 (FAX)
robert.garcia@acf.hhs.gov

DAY BILL	HOLD PERIOD
TIME / DATE	3:00 PM 12/11/13
SIGNATURE	[Signature]
END DATE	12/21/13

PROPOSED STANDING COMMITTEE RESOLUTION
22nd NAVAJO NATION COUNCIL - Third Year, 2013

INTRODUCED BY


(Prime Sponsor)

Tracking No. 0371-13

AN ACTION

RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES COMMITTEE;
APPROVING NAVAJO NATION PLAN FOR CHILD CARE DEVELOPMENT FUND
FOR PERIOD OCTOBER 1, 2013 TO SEPTEMBER 30, 2015

BE IT ENACTED:

The Navajo Nation hereby approves the Navajo Nation Plan for Child Care
Development Fund for the period October 1, 2013 to September 30, 2015. The Plan is
attached as Exhibit "A."

LEGISLATIVE SUMMARY SHEET

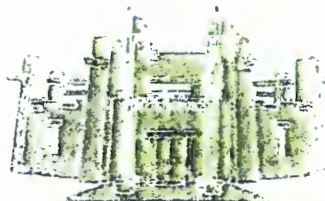
Tracking No. 0371-13

DATE: December 13, 2013

TITLE OF RESOLUTION: AN ACTION RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES COMMITTEE; APPROVING NAVAJO NATION PLAN FOR CHILD CARE DEVELOPMENT FUND FOR PERIOD OCTOBER 1, 2013 TO SEPTEMBER 30, 2015

PURPOSE: This resolution will approve the Navajo Nation's Plan for Child Care Development Fund for the period covering October 1, 2013 to September 30, 2015.


This written summary does not address recommended amendments as may be provided by the standing committees. The Office of Legislative Counsel requests each Council Delegate to review each proposed resolution in detail.



December 16, 2013

MEMORANDUM

TO : *Honorable Members*
Health, Education and Human Service Committee

FROM : 
Hon. Jonathan Naize, *Speaker*
22nd Navajo Nation Council

SUBJECT : **ASSIGNMENT OF LEGISLATION**

Pursuant to 2 N.N.C § 164 (A)(4), this memorandum serves to inform and advise you that I assign the following legislation to the Health, Education and Human Service Committee.

Legislation No. 0371-13

RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES; APPROVING NAVAJO NATION PLAN FOR CHILD CARE DEVELOPMENT FUND FOR PERIOD OCTOBER 1, 2013 TO SEPTEMBER 30, 2015.

As the Committee assigned to consider the legislation, Legislation No. 0371-13 must be placed on the Health, Education and Human Service Committee agenda at the next regular meeting for final consideration.

ATTACHMENT: Legislation No. 0371-13

xc: Hon. Ben Shelly, *President*
The Navajo Nation
Harrison Tsosie, *Attorney General*
Mark Grant, *Controller*
Dominic Beyal, *Executive Director, OMB*
Honorable Jonathan L. Hale, Council Delegate (*Prime Sponsor*)



MEMORANDUM

To : Jonathan Hale, Council Delegate
Navajo Nation Council

A handwritten signature in black ink, appearing to read "Ron Haven", written over a horizontal line.

From :
Ron Haven, Attorney
Office of Legislative Counsel

Date : December 13, 2013

Re : Proposed Bill and Legislative Summary - AN ACTION RELATING TO
HEALTH, EDUCATION AND HUMAN SERVICES COMMITTEE;
APPROVING NAVAJO NATION PLAN FOR CHILD CARE
DEVELOPMENT FUND FOR PERIOD OCTOBER 1, 2013 TO
SEPTEMBER 30, 2015

As requested, I have prepared the above-referenced proposed resolution and associated legislative summary sheet pursuant to your request for legislative drafting. Please let me know if the purpose of your request was to include approval of a budget. If so, the appropriate forms should be included. Your request was not clear on this point. In any event, you are encouraged to review the proposed resolution to ensure that it is drafted to your satisfaction. Although the resolution is presumably legally sufficient, it, as with all actions of government, is subject to review by the courts in event of challenge.

If you are satisfied with the proposed resolution, please sign the proposed resolution where it indicates "INTRODUCED BY" and submit it to the Office of Legislative Services where it will be given a tracking number and sent to the Office of the Speaker for assignment.

If the proposed resolution is unacceptable to you, please contact me at the Office of Legislative Counsel and advise me of the changes you would like made to the proposed resolution. Ahéhee'.

THE NAVAJO NATION
LEGISLATIVE BRANCH
INTERNET PUBLIC REVIEW PUBLICATION



LEGISLATION NO: _0371-13_____ SPONSOR: Jonathan Hale

**TITLE: An Action Relating to Health, Education and Human Services Committee:
Approving Navajo Nation Plan for Child Care Development Fund For Period
October 1, 2013 To September 30, 2015**

Date posted: December 16, 2013 at 3:28pm

Digital comments may be e-mailed to comments@navajo-nsn.gov

Written comments may be mailed to:

Executive Director
Office of Legislative Services
P.O. Box 3390
Window Rock, AZ 86515
(928) 871-7586

Comments may be made in the form of chapter resolutions, letters, position papers, etc. Please include your name, position title, address for written comments; a valid e-mail address is required. Anonymous comments will not be included in the Legislation packet.

Please note: This digital copy is being provided for the benefit of the Navajo Nation chapters and public use. Any political use is prohibited. All written comments received become the property of the Navajo Nation and will be forwarded to the assigned Navajo Nation Council standing committee(s) and/or the Navajo Nation Council for review. Any tampering with public records are punishable by Navajo Nation law pursuant to 17 N.N.C. §374 *et. seq.*

THE NAVAJO NATION
LEGISLATIVE BRANCH
INTERNET PUBLIC REVIEW SUMMARY

LEGISLATION NO.: 0371-13

SPONSOR: Honorable Jonathan L. Hale

TITLE: An Action Relating To Health, Education And Human Services
Committee: Approving Navajo Nation Plan For Child Care Development Fund For
Period October 1, 2013 To September 30, 2015.

Posted: December 16, 2013 at 3:28 p.m.

5 DAY Comment Period Ended: December 21, 2013

Digital Comments received: *none*

1,711

Executive Director
Office of Legislative Services

12/23/2013 - 9:15 am

Date



ADMINISTRATION FOR
CHILDREN & FAMILIES

901 D Street SW, Washington DC 20447 www.acf.hhs.gov

September 30, 2013

Ben Shelly, President
Navajo Nation
P.O. Box 4590
Window Rock, AZ 86515

FILE COPY

Dear President Shelly:

I am pleased to inform you that the Navajo Nation Child Care and Development Fund (CCDF) Plan for the period of October 1, 2013, through September 30, 2015 has been approved. The Office of Child Care (OCC) appreciates the time and energy that you put in developing your Plan to effectively administer the program.

In October 2013, you will receive a Notice of Grant Award from the Office of Administration, Administration for Children and Families (ACF). The notice will include the amount of your CCDF award. During the effective period of this Plan, any substantial changes to your program must be submitted as a Plan amendment to your Regional Office for approval in accordance with 45 CFR 98.18(b).

This letter does not provide approval to spend CCDF funds on construction or major renovation. Tribal grantees must apply for and receive approval from ACF before CCDF funds can be spent on construction and renovation. Requests to use CCDF funds for construction or major renovation must be made in accordance with uniform procedures developed by ACF (Program Instruction CCDF-ACF-PI-2013-01, dated April 1, 2013). In addition, we have issued frequently asked questions with responses regarding construction and renovation at ACFY-PIQ-99-01 dated February 24, 1999. We advise Tribal grantees to contact your ACF Regional Child Care Manager early in the process of developing a construction or major renovation application.

ENTERED
1/28/14

RECEIVED

JAN 28 2014

Division of Social Services
CCDF Program



THE NAVAJO NATION
DIVISION OF SOCIAL SERVICES
CHILD CARE & DEVELOPMENT FUND PROGRAM
P.O. BOX 2425 • HOGAN TSO OFFICE COMPLEX
WINDOW ROCK, AZ 86515
928.871.6629 FAX 928.871.7077



BEN SHELLY
PRESIDENT


REX LEE JIM
VICE-PRESIDENT

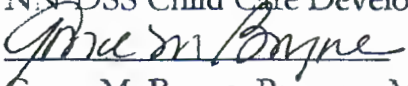
MEMORANDUM

OCT 23 2013

October 23, 2013

TO: 164 Reviewers

FROM: 
Delores Fragua, Senior Accountant
NN-DSS Child Care Development Fund Program

THRU: 
Grace M. Boyne, Program Manager
NN-DSS Child Care Development Fund Program

SUBJECT: DSS-CCDF Tribal Plan FY 14-15 acceptance of document

Program is requesting an Executive review on document no. 793 for an approval for a renewal of Division of Social Services- Child Care Development Fund Program Tribal Plan (Grant application) FY 2014 to FY 2015. Grant covers Administration and Direct Services in an estimated amount of \$9,565,178 for each grant year, and any subsequent allocation depending on funds availability for the period beginning 10/1/2013 to 9/30/2015.

Your approval will allow our program to continue to provide services to Navajo children throughout our Reservation with the availability, affordability and quality child care services to our clients.

Attachment

8/8/13
"New"

Attachment: A

CHILD CARE AND DEVELOPMENT FUND

for

Tribe:

NAVAJO NATION

FFY 2014-2015

COPY



This Plan describes the CCDF program to be administered by the Tribes for the period 10/1/2013 – 9/30/2015. 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.

Public reporting burden for this collection of information is estimated to average 120 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

(Form ACF 118-A; OMB Approval Number: 0970-0198, expires 05/31/2016)



PLAN FOR: NAVAJO NATION
CHILD CARE & DEVELOPMENT FUND
Plan Period 10/1/13 – 9/30/15

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PLAN FOR: NAVAJO NATION
CHILD CARE & DEVELOPMENT FUND
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- Appendix 1 CCDF Program Assurances and Certifications
- Appendix 2 Child Count Declarations
- Appendix 3 Amendments Log
- Appendix 4 List of Certifications

Required Attachments



PLAN FOR: NAVAJO NATION
CHILD CARE & DEVELOPMENT FUND
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Part 1 – Administration

This section provides information on how the CCDF program is administered, including the designated Tribal Lead Agency, funding information, the administrative structure, program integrity and accountability policies and strategies, coordination efforts, and procedures.

Section 1.1. Tribal Applicant and Designated Tribal Lead Agency

1.1.1. Applicant - Official Name of Tribe as listed in the Federal Register or Tribal Consortium

- a) Name of the Tribe:
Navajo Nation
- b) Name of Tribal Chair/President/Leader:
Ben Shelly
- c) Title: President
- d) Address: P.O. Box 9000
- e) City, State, Zip Code: Window Rock, Arizona 86515
- f) Telephone Number: (928) 871 - 6352 Ext: 6353
- g) Fax Number: (928) 871 - 4025
- h) Email Address: _____

1.1.2. What is the Lead Agency designated by the Tribe or Tribal consortium to administer the CCDF program?

The agency shown below has been designated by the Tribe or Tribal consortium to represent the Tribe or Tribal organization as the Tribal Lead Agency. The Tribal Lead Agency agrees to administer the program in accordance with applicable Federal laws, regulations and in accordance with provisions of this Plan, including assurances and certifications appended hereto. (658D, 658E) See CCDF Assurances and Certifications (Appendix 1)

- a) Name of Lead Agency:
Navajo Nation Division of Social Services
- b) Address of Lead Agency:
P.O. Box 2425
- c) City, State, Zip Code: Window Rock, Arizona 86515
- d) Phone Number: (928) 871 - 6629 Ext: _____
- e) Fax Number: (928) 871 - 7077
- f) Web Address for Lead Agency: nnccdf.org

1.1.3. Who is the CCDF administrator?

Identify the CCDF Administrator, the day-to-day contact with responsibility for administering the CCDF program. This person(s) will serve as the primary contact for ACF. ACF will send programmatic communications such as program announcements, program instructions, and data collection instructions to the designated contact identified here. If there is more than one



PLAN FOR: NAVAJO NATION
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designated contact with equal or shared responsibility for administering the CCDF program, please identify the co-administrator or entity with administrative responsibilities and include contact information. (98.16(a) and (c)(1))

a) Contact Information for CCDF Administrator:

- 1) Name of Tribal CCDF Administrator:
Grace M. Boyne
- 2) Title of Tribal CCDF Administrator:
Program Manager II
- 3) Mailing Address of Tribal CCDF Administrator: P.O. Box 2425, Window Rock, Arizona 86515
- 4) Physical Address (if different from mailing address): _____
- 5) Phone Number: (928) 810 - 8591 Ext: _____
- 6) Public Phone Number (if different than above): (928) 871 - 6629 Ext: _____
- 7) Fax Number: (928) 871 - 7077
- 8) Email Address: gmboyne@yahoo.com

b) Contact Information for CCDF Co-Administrator (if applicable):

- 1) Name of Tribal CCDF Co-Administrator: _____
- 2) Title of Tribal CCDF Co-Administrator: _____
- 3) Address of Tribal CCDF Co-Administrator: _____
- 4) Phone Number: (____) ____ - ____ Ext: _____
- 5) Fax Number: (____) ____ - ____
- 6) Email Address: _____
- 7) Description of the role of the CCDF Co-Administrator: _____

Section 1.2. Administration through Contracts or Agreements

The Tribal Lead Agency has broad authority to administer the program through other governmental, non-governmental, or other public or private local agencies. Under the statute, 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), 658E(c)(3)(C), 98.11, 98.16(c)(1))

Reminder: A consortium is considered an entity of the Tribe, not a non-governmental entity, for purposes of this section.

1.2.1. Will the Tribal Lead Agency directly administer and implement all programs funded under the Child Care and Development Fund? (98.16(c)(1))

- ☒ Yes, the Tribal Lead Agency will administer and implement all of the programs funded with CCDF funds. (If Yes, go to Section 1.3.1)



PLAN FOR: NAVAJO NATION
CHILD CARE & DEVELOPMENT FUND
Plan Period 10/1/13 – 9/30/15

- ☐ No, the Lead Agency will not directly administer and implement ALL programs funded under the CCDF allocations. List the names of those agencies below.

a) Agency(ies) Name and Contact Information for Provision of Child Care Services, including the payment to child care providers.

- 1) Name of Administrative Entity(ies): _____
- 2) Address of Administrative Entity(ies): _____
- 3) Name and Title of the Administrator: _____
- 4) Telephone: (_____) _____ - _____ Ext: _____
- 5) Fax Number: (_____) _____ - _____
- 6) Email Address: _____

b) Agency(ies) Name and Contact Information for Quality Child Care Activities described in Part 5 of this Plan, if applicable.

- 1) Name of Administrative Entity(ies): _____
- 2) Address of Administrative Entity(ies): _____
- 3) Name and Title of the Administrator: _____
- 4) Telephone: (_____) _____ - _____ Ext: _____
- 5) Fax Number: (_____) _____ - _____
- 6) Email Address: _____

1.2.2. How will the Tribal Lead Agency maintain overall control of the CCDF-funded program administered and implemented by the entities other than the Tribal Lead Agency?

Describe: _____

Reminder: Descriptions should be 1-2 paragraphs or less and should provide sufficient detail to enable a reader to understand how this process works or will work.

Section 1.3. Estimated Funding

These are preliminary ESTIMATES for information and planning purposes and may increase or decrease once the final grant awards are issued. **Note:** The current CCDF Tribal grantees should use their funding amount from the FY 2013 as an estimate pending the availability of the Final FY 2014 CCDF allocation. A new CCDF applicant should use the base amount plus approximately \$50 per child to estimate its allotment for Discretionary funding, and should use approximately \$90 per child to estimate its allotment for Tribal Mandatory funding. Put in the estimated amounts of the total FY 2014 CCDF allocations (mandatory and discretionary) for the **one-year period (10/1/2013 thru 9/30/2014)** that will be available on all child care and related services including funds for direct services, non-direct services, administration, and quality. Do not include any unobligated and/or unliquidated CCDF balances from previous years.



PLAN FOR: NAVAJO NATION
CHILD CARE & DEVELOPMENT FUND
Plan Period 10/1/13 – 9/30/15

1.3.1. Estimated FY 2014 CCDF Funding Allocation

What is your expected level of funding for the first year of the FY 2014 – FY 2015 plan period? The Lead Agency estimates that the following amounts will be available for child care services and related activities during the 1-year period from October 1, 2013 through September 30, 2014. (98.13(a))

\$9,565,178 Estimated Federal Child Care and Development Fund

\$_____ Other available funding

Reminder: Total administrative expenditures over the entire three-year liquidation period may not exceed 15% of total expenditures, not including the base amount.

1.3.2. Estimated Amount of Funds to be used for Construction or Renovation

This Application does not give approval to spend funds on construction or renovation. Funds for this purpose cannot be spent until a Tribe has applied for and received approval, through a separate application process, from the Administration for Children and Families.

As a part of the separate construction/renovation application process, a Tribe must show that adequate facilities are not otherwise available to carry out child care programs, and that the lack of facilities will inhibit future program operations. Furthermore, a Tribe cannot reduce the level of child care services, as compared to the preceding fiscal year, in order to spend funds on construction or renovation. Procedures regarding the separate construction/renovation application process are contained in CCDF-ACF-PI-2010-03, dated April 7, 2010 and regulations at 45 CFR 98.2 and 98.84.

Will the Tribal Lead Agency use 2014 funds for construction?

☐ Yes. The Tribal Lead Agency estimates that the following amount of CCDF funds awarded in FY 2013 will be used for construction or renovation purposes:

\$_____ (Insert the amount you will set aside for construction from FY 2014 allocation).

☒ No.

Section 1.4. Indian Child and Indian Reservation or Service Area

1.4.1. Indian Child

Identify which Indian child(ren) will be counted in your child count. (658O(c)(2)(B), 98.80(e), 98.81(b)(2)(i) and (ii), 98.81(b)(3)(ii), 98.81(b)(4))

Reminder: While Tribes have some flexibility in defining "Indian Child," the definition must be limited to children from federally recognized Indian Tribes, consistent with the Child Care and Development Block Grant Act's definition of Indian Tribe.



PLAN FOR: NAVAJO NATION
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The Tribal Lead Agency defines Indian child as: A child enrolled with Navajo Nation or a child of Navajo parents enrolled with Navajo Nation.

1.4.2. Indian Child Count

The Tribal Lead Agency determines the number of Indian children, under age 13, who reside on or near the reservation, or service area. **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.** (98.81(a)(4), 98.81 (b)(4))

Complete and attach the "Child Count Declaration" at **Appendix #2.**

1.4.3. 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. The service area must be within a reasonably close geographic proximity to the borders of a Tribe's reservation (with the exception of 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. ACF will not approve an entire state as a Tribe's service area. (658O(c)(2)(B), 98.80(e), 98.81(b)(2)(i) and (ii), 98.81(b)(3)(ii), 98.83(b))

Reminder: Tribes can limit services within the reservation boundaries or can go beyond the reservation boundaries (Example: "permanent residence is within the reservation boundaries, however the participant is attending school outside of the reservation area", or "resides within 20 miles of the reservation boundaries", etc.).

The Tribal Lead Agency defines the Reservation/Service Area as: "on and near reservation designated communities" as defined by the tribal legislative oversight committee: Navajo Nation Tribal Council Resolution No. HHSC-AU-40-89 (refer to Attachment B). In certain circumstances as defined in Section 1.4.2 child care services may be provided to children meeting the definition of Indian child through eligible providers in urban areas outside of the "on or near reservation designated communities".

Section 1.5. Consortium

A consortium representing more than one Indian Tribe may be eligible to receive CCDF funds on behalf of a particular Tribe. The Consortium Lead Agency must list all participating Tribes and include an attachment with separate demonstrations (e.g. resolutions) from each Tribal consortium member indicating that the consortium has the authority to seek funding on behalf of its constituent Tribes. **If there is any change in the consortium membership, the Tribal Lead Agency must notify ACF through an amendment to the Plan.**

1.5.1. Are you a Tribal Consortium?

- ☐ Yes. If Yes, provide a list of its participating member Tribes and include demonstrations; for example, Tribal Resolutions from the participating members indicating that the consortium has the authority to seek funding on their behalf. (98.80(c)(1), 98.81(b)(8)(i))



PLAN FOR: NAVAJO NATION
CHILD CARE & DEVELOPMENT FUND
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These demonstrations are provided as Attachment: _____ (Enter Attachment #s)

Reminder: For Alaska Native Regional Nonprofit Corporations, the list and demonstrations are for purposes of Discretionary Funds only.

☒ No. If No, skip to section 1.6.

- 1.5.2.** A Tribal consortium must describe how it coordinates services on behalf of its participating member Tribes. Include a brief summary of how the consortium is coordinating services (including direct services) on behalf of its participating members (or "constituent" members in the case of Alaskan entities). (98.81(b)(8)(ii), 98.83(c)(1))

Describe: _____

Section 1.6. Program Integrity and Accountability Δ

The Tribal Lead Agency, as the single point of contact for the administration of the program, is responsible for ensuring that policies and procedures are in place to monitor programs and services, ensure compliance with rules of the programs, and provide oversight in the expenditure of all funds, including misspent funds and fraud prevention and recovery. (98.11(b)) (98.60(i)).

- 1.6.1.** What policies and procedures does the Tribal Lead Agency have in place to ensure that CCDF is in compliance with all Federal and Tribal rules and regulations?

Check and summarize all that apply:

- ☐ Eligibility determination and redetermination - Summarize: The client will complete the application, submit an income statement and other required documents such as birth certificate, etc. If it is determined that the applicant supplied all the required documents, income eligibility is determined (using check stubs or employment verification). If an applicant is income eligible, a child care certificate will be issue, then applicant can obtain child care. Redetermination is determined when the applicant re-submits the required documentation before the child care certificate ends. If the applicant submits all required documentation, then another child care certificate is re-issued.
- ☐ Parent co-payments - Summarize: Copayments are determined by family unit size and net monthly income. Review the Navajo Nation Income and Sliding Fee Scale and based on income, choose the income level. Apply percentage based on level of category for family size. Multiply NMI X the percentage amount.
- ☐ Child care payments - Summarize: Each provider is provided a time sheet which lists the time-in and the time-out (this means the time that child comes and leaves the



PLAN FOR: NAVAJO NATION
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Plan Period 10/1/13 - 9/30/15

provider. At the end of the month, the time sheet is forwarded to the Case Work Unit which review its and forwards it to the CCDF Administrative Office. The CCDF Administrative office which further review it, approves it and forwards it for payment.

- ☒ Oversight of sub-grantees and contractors - Summarize: The lead agency does not have any subgrantees. As far as the contractors are concerned, the lead agency utilizes the Navajo Nation procurement procedures.
- ☒ Other, Describe: There are general requirements; however, they are being revised and updated.



PLAN FOR: NAVAJO NATION
CHILD CARE & DEVELOPMENT FUND
Plan Period 10/1/13 – 9/30/15

Part 2 – Developing the Child Care Program

Section 2.1. Consultation in the Development of the CCDF Plan

Tribal Lead Agencies are required to consult with representatives of general purpose local governments in the development of the CCDF Plan. (658D(b), 98.12(b), 98.14(b), 98.16(d))

Definition: For the purposes of developing this Plan, consultation involves meeting with, or obtaining input from appropriate representatives of the Tribal community.

2.1.1. Describe how the Tribal Lead Agency consulted with representatives of the Tribal community on the development of the Plan.

HEHS is CCDF oversight Describe: The Navajo Nation's legislative body, Nabik'iyati' Committee possesses the legislative oversight; they will review and approve the 2014-2015 Tribal Plan. The legislative body assumes the responsibilities and administration of the lead agency's child care services. Hearings were held in four different locations to obtain input from the community regarding issues such as basic eligibility, health and safety standards and resource coordination. *Just this sentence appears to answer the question + should be sufficient.*

They don't do this, they only approve what the program does.

Section 2.2. Coordinating the Delivery of CCDF Services

Tribal Lead Agencies are required to coordinate with other Tribal, Federal, State, and local child care and, early childhood development programs, including such programs for the benefit of Indian children. (658D(b)(1)(D), 658O(c)(2)(A), 98.14 (a)(1), 98.16(d), 98.82(b))

2.2.1. Describe how the Tribal Lead Agency coordinates the delivery of CCDF-funded child care services with other Tribal, Federal, State, and local child care, early childhood development programs, and before and after-school care services.

Describe: The lead agency conducts a Market Rate Survey with the local and surrounding state-operated and privately-operated child care centers and private independent providers. The surrounding states that participate in the survey are Arizona, Colorado, New Mexico and Utah. They also include communities that are nearby border towns to Navajo Nation. The purpose of the Market Rate Survey is to determine the current cost rate for child care. Additionally, quarterly meetings are held with the states of Arizona and New Mexico to coordinate common issues such as prevention of dual payments, share training resources, cross training on respective's basic eligibility issues, access state median income and market rate survey and, if necessary, address specific case issues regarding child care. The lead agency coordinates services with Headstart's Early Childhood by allowing space for them in the CCDF facility. We also work with Arizona's First Things First to provide training for the unregulated family private providers, provide nutritional training and dental screening.

2.2.2. Describe the results of the Tribal Lead Agency's required coordination activities with the following agencies, if applicable:

- a) Public Health (including the agency responsible for immunizations)



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Describe: The public health service communities of Fort Defiance, Chinle, Kayenta, Polacca, Tuba City and Winslow are located in the state of Arizona and Albuquerque. Crownpoint, Gallup and Shiprock are located in New Mexico. These organizations are responsible for immunization and promotion of children's emotional and mental health. Additionally, the lead agency also utilizes public health service professional to provide training on prevention of infectious diseases, immunizations and nutrition including food handling. The IHS Office of Environmental Health inspects the child care centers to ensure that they adhere and maintain the health and safety issues.

b) Employment services or workforce development

Describe: The Navajo Nation's Department of Workforce Development (NNDWD) through Workforce Investment Act (WIA) directs an adult and youth program and Native Employment Works programs. The program provide basic education (GED) and occupational skills training.

The lead agency and NNDWD Regional Programs continue to coordinate job training with lead agency providing child care while the recipient undergoes training. This is accomplished by a referral system and sharing resource information.

c) Public Education

Describe: The lead agency's regional offices coordinate with the local public and tribally-operated schools on transporting children to and from child care centers.

The lead agency coordinates with Northland Pioneer College, Holbrook, Arizona to access higher educational courses for direct child care workers. The intent is for the child care staff to obtain their CDA credentials.

The lead agency's Regional offices coordinates with the nearby universities including New Mexico's Gallup Branch and San Juan College to provide training to child providers on health and safety standards, child welfare, early childhood development and child development.

d) State Temporary Assistance for Needy Families (TANF) agency and/or Tribal TANF agency

Describe: _____

Section 2.3. Public Hearing Process

The Tribal Lead Agencies are required to conduct a public hearing no earlier than January 1, 2013. The purpose of the public hearing is to provide the public an opportunity to comment on the provision of the child care services of the plan. Before holding the hearing, Tribal Lead Agency must provide a 20-day notice of the hearing throughout the Tribal Lead Agency's Service Area.



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Reminder: Tribal Lead Agencies must make the contents of the plan available to the public in advance of the hearing. (98.14(a)(c)(3))

2.3.1. Describe the Tribe's public hearing process to provide the general public an opportunity to comment on the provision of child care services under this plan. (658D(b)(1)(C), 98.14(c)(1-3), 98.16(e))

- a) Date of Public Hearing Notice: List date of notice(s): The lead agency held four public hearings; the dates are March 20 and 21 and March 27 and 28, 2013.
(Must be a least 20-days prior to the date of the public hearing)
- b) Date(s) of Public Hearing: List date of hearing(s): The dates for the public hearing is March 20 and 21 and March 27 and 28, 2013.
(Must be no earlier than January 1, 2013)
- c) Location(s) of the Public Hearing(s): The location for March 20, 2013 is Nenanezad which is located near Shiprock and Farmington, New Mexico. The March 21 hearing is Red Rock chapter which is located south of Gallup, New Mexico. The March 27 hearing is being held in Chinle, Arizona and the March 28th hearing is being held in Leupp, east of Flagstaff, Arizona.
- d) How was the public notified of the public hearing? Check all that apply:
- ☐ Parent Newsletter
 - ☒ Tribal/local Media
 - ☒ Posting on community bulletin board, etc.
 - ☐ Other (Specify): _____
- e) How was the content of the Plan made available throughout the service area prior to the public hearing?
- ☐ CCDF Program Sites
 - ☐ Tribal Office
 - ☐ Tribal Website
 - ☐ Tribal Email
 - ☒ Other (Specify): Copies of the plan were printed and provided to the regions for their comments. Additionally, copies of the plan for audience was made available during the hearing for their comments.
- f) Describe how the input from the Public Hearing(s) was taken into consideration in the provision of child care services under this Plan? A recorder was assigned to document the comments and recommendations. The comments were collected and reviewed thoroughly, and, if applicable, the comments were added to the tribal plan. A review of the lead agency's policies and procedures was made so that the comments were incorporated.

Section 2.4. Public-Private Partnerships



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- 2.4.1. Does the Tribal Lead Agency conduct or plan to conduct activities to encourage public-private partnerships that promote business involvement in meeting child care needs? (98.16(d))

Reminder: Provide examples of partnerships or planned activities with the business community or other private organizations such as foundations. If there are no businesses, foundations, and/or charitable organizations within the Tribal Lead Agencies service area, please indicate.

- ☒ Yes. If Yes, describe these activities or planned activities, including the results expected from the public-private partnership.

Describe: The lead agency is providing support services to improve early childhood services with the family and in-home child care providers. This initiative is referred to as the "Family, Friend, Neighbor Care" service. The lead agency hired two Education Specialists who provide technical assistance and directly coach Family Home and In-Home child care providers on early childhood education educational techniques and how to maintain a healthy and safe child care environment. The "Family, Friend, Neighbor Care" is funded by the state of Arizona's Initiative, First Things First's through the Navajo National Regional Partnership Council.

Personal Security Consultants, an Albuquerque business, provides technical assistance to the lead agency on conducting clearance on federal background check results. They also provide information on policies relevant to fingerprint processes, documenting results of criminal background checks and policy development and implementation are clarified.

Lit World provided 5,000 books to the CCDF; the books were distributed to the children.

- ☐ No. If No, state reason below.

Describe: _____



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Part 3 – Child Care Services Offered

This section focuses on the child care assistance program. Tribal Lead Agencies need to describe their efforts to inform parents about the subsidy program and application policies and procedures, eligibility criteria, how Tribal Lead Agencies ensure continuity of care and parental choice of high quality settings for families, and sliding fee scale and payment rate policies and procedures.

Section 3.1. Non-Exempt or Exempt Rule

Non-Exempt Tribes (CCDF allocations equal to or greater than \$500,000) are required to operate a certificate program. Certificates must permit parents to choose from a variety of child care categories including center-based care, group home care, family child care and in-home care. (98.30(e))

Exempt Tribes (CCDF allocations less than \$500,000) are not required to operate a certificate program unless the Tribe chooses to include such services and the associated requirements in its program (98.81(b)(5)).

3.1.1 Based on the Tribe's anticipated CCDF allocation check which rule applies to the Tribal Lead Agency (Check only one):

☒ Non-Exempt (CCDF allocations equal to or greater than \$500,000 for a fiscal year)

☐ Exempt (CCDF allocations less than \$500,000 for a fiscal year)

Section 3.2. Description of Direct Child Care Services

3.2.1. Check all appropriate boxes below to describe the direct child care services offered by the Tribal Lead Agency: (658A(b)(1), 658E(c)(3)(A)&(B), 658P(5)&(6), 98.16(g)(1), 98.30, 98.50)

a) A Certificate Program

☒ Yes, as a Non-exempt Tribe, we operate a Certificate Program as required (**skip to 3.2.1c**).

☐ Yes, as an Exempt Tribe we are not required but have chosen to operate a Certificate Program. Exempt Tribes may choose to select "Yes" if you provide the full categories of child care.

Reminder: The terms "certificate" and "voucher" are often used interchangeably but for the purposes of the Tribal Plan Preprint, we have chosen to make a distinction between the two terms. The term "certificate" is used to designate the program that allows parents a provider choice from all four categories of care (i.e., center-based care, group home care, family child care and in-home care). The term "voucher" is used for Exempt Tribes who operate like a certificate program, but offer parents fewer choices than the full four categories of care.



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b) A Voucher Program (for Exempt Tribes Only)

The Lead Agency has the option to limit the categories of care offered to parents. The Lead Agency has chosen to offer the following categories of care:

- ☐ Center-based ☐ Group-home
☐ Family-home ☐ In-home

c) Grants or Contracts for Child Care Slots

☐ Yes. Describe and identify any limitations: _____

d) Tribally-operated Center(s)

☒ Yes, we operate tribal centers. If Yes, complete the table below.

☐ No, the Tribal Lead Agency does not operate tribal centers.

Table 3.2.1.d. Tribal-Operated Center

Identify Tribal Centers Center Name, City & State	Types of Services (Check all that apply)				Age Groups Served (Check all that apply)		
	Full-Time	Part-Time	Before/After School	Other Services (Briefly Describe)	Infant and Toddler	Preschool	School Age
<u>Chinle Region</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Crownpoint Region</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Tuba City Region</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Shiprock Region</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Fort Defiance</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: If the Tribal Lead Agency operates more than 8 tribal centers, please identify additional tribal centers as an attachment. Attachment "F".



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3.2.2. Are all of the child care services identified in 3.2.1 available throughout the entire service area? (658E(a), 98.16(g)(3))

☐ Yes.

☒ No. If No, describe: The Tuba City community lacks a child care center so a majority of the children are serviced by family, home or in-home child care services. Navajo Nation Child Care centers are located within five regions. Tuba City is one of the five regions and it has two child care centers.

The lead agency is responsible for 23 child care centers; five modulars are not equipped to provide infant care. Recently, one modular was converted to infant care only; this was in Fort Defiance, Arizona. Ten child care centers provide "before and after" school services in conjunction to serving infants to five year old children. Refer to Attachment F

Section 3.3. Payment System

3.3.1. Describe the child care certificate or voucher payment process using the questions below. (658E(c)(2)(A)(iii)), 658P(2), 98.2, 98.16(k) 98.30, 98.30(e)(1)(2))

a) A description of the child care certificate or voucher process, including form(s) for the Child Care certificate or voucher. Enter Attachment #: B)

Describe: Eligibility for child care assistance is determined by the lead's agency's Regional Case Work Offices. The Child Care Certificate (CCC) has the name and address of the parent(s) and the registered providers. Child's identification, selection of range of child care providers, purpose for child care assistance and authorization for service days and time is documented. Also included is the approval for the maximum daily full-time and part-time payment rates, co-payments as well as CCC validation dates. The child care certificate is viewed as a financial form and it is essential that the Regional Casework Supervisor, Senior Case Worker, parents and registered provider all concur and sign the document. Reissurance of CCC is determined by the Case Work Unit; most CCC is updated every six months or on a needed basis. It can be less if the family situation warrants change. A copy of the CCC is provided to Navajo Nation's Division of Finance to encumber the funds to pay the providers and identify the subsidy cost rates.

b) When is the child care certificate or voucher issued to parents?

- ☐ Before parent has selected a provider
☒ After parent has selected a provider
☐ Other. Describe: _____

Non-Exempt Tribes must also answer the following questions:

c) How does the Tribal Lead Agency inform parents that the child care certificate permits them to choose from a variety of child care categories, including child care centers, child care group homes, family child care homes, and in-home providers? (98.30(e)(2))



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Check all options that the Tribe has chosen to implement.

- ☒ Certificate form provides information about choice of providers.
- ☒ Consumer education is provided at the time of application.
- ☐ Parent Handbook provides information on parental choice.
- ☐ Agency Web site: _____
- ☒ Other. Describe: Brochure which lists the type of providers as well as health and safety requirements is provided to the applicant, parent and/or child care provider.

- d) If the Tribal Lead Agency is also providing child care services through grants and contracts, explain how it ensures that parents offered child care services are given the option of receiving a child care certificate.

Describe:

Section 3.4. Limitations of In-Home Care (i.e., Care in Child's Home)

3.4.1. Does the Tribal Lead Agency allow for In-home care? (98.16(g)(2), 98.30(e)(1)(iv))

Reminder: Non-Exempt Tribal Lead Agencies must allow for in-home care (i.e., care provided in the child's own home) but may limit its use.

- ☐ No. (Use this response only if an Exempt Tribe.)
- ☒ Yes. If Yes, check what limits, if any, the Tribal Lead Agency will choose to establish.
 - ☐ Restricted based on minimum number of children in the care of the provider to meet minimum wage law or Fair Labor Standards Act.
 - ☐ Restricted based on provider meeting a minimum age requirement.
 - ☐ Restricted based on hours of care (certain number of hours, nontraditional work hours.)
 - ☒ Restricted to care by relatives.
 - ☐ Restricted to care for children with special needs or medical condition.
 - ☒ Other. Describe: An in-home care provider, whether it is a relative caregiver or a non-relative provider, can be restricted to serve a maximum of five children at any given time; this is due to health and safety standards.

Section 3.5. Eligibility Criteria for Child Care

To be eligible for services, children must: (1) be under the age of 13, or under the age of 19 if the child is physically or mentally disabled or under court supervision; (2) reside with a family whose income does not exceed 85 percent of the Tribe's or State's median income for a family of the same size; and (3) reside with a parent(s) or someone acting in loco parentis who is working or attending job training or an educational program or receiving or needs to receive protective services. (658E(c)(3)(B), 658P(3), 98.20(a)(b), 98.80(f), 98.81(b)(1))

3.5.1. How does the Tribal Lead Agency define the following eligibility terms?



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- a) Residing with: The child must reside within the same household with the parent(s) or reside with a Loco Parentis during the period that child care services are necessary. Addresses are determined by the parent's submission of residency verification (which is a hand-drawn map – the reservation is completely rural).
- b) In loco parentis (refers to an individual who assumes parental status and responsibilities for another child): A person who is "standing in place" of an absent parent(s) who has the care and control of a child and is responsible to maintain the child's basic needs such as food, clothing and shelter. The following documents will be accepted to prove guardianship: court order, kinship affidavit agreement, consent for placement, formal adoption agreement, caregiver affidavit, hand-written notes by parents, power of attorney or military special power of attorney. Custody of the child is determined by court appointment and actual presence of the child in the home. In a joint custody application for child care, both parents would apply separately. Determination would be based on custodial parent's income.

3.5.2. Eligibility Criteria Based Upon Age

- a) The Tribal Lead Agency serves children from from birth to 13 years of age by an independent provider(s) (indicate weeks/months/years) to 13 years (maximum age is through age 12).
- b) Does the Tribal Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 who are physically and/or mentally incapable of self-care? (658E(c)(3)(B), 658P(3), 98.20(a)(1)(ii))
- ☐ Yes. The upper age is:
Provide a definition of physical and mental incapacity:
- ☒ No.
- c) Does the Tribal Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 who are under court supervision? (658P(3), 658E(c)(3)(B), 98.20(a)(1)(ii))
- ☐ Yes. The upper age is:
- ☒ No.

3.5.3. Eligibility Criteria Based Upon Work, Job Training, or Educational Program (98.16(f)(3)(4) and (6))

- a) Does the Tribal Lead Agency provide CCDF child care assistance to parents who are "working"?

Reminder: Lead Agencies have the flexibility to include any work-related activities in the definition of working, including periods of job search.

- ☒ Yes. If Yes, how does the Tribal Lead Agency define "working" for the purposes of eligibility?



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Definition of Working: The parent(s) must be on a paid salary or receiving wage compensation. Working is defined as a person who earns income from one's business, trade or professions. If a individual resigns, is laid off, terminate, child care assistance can include job search but this should not exceed 60 days.

☐ No.

- b) Does the Tribal Lead Agency provide CCDF child care assistance to parents who are attending job training?

Reminder: Lead Agencies have the flexibility to include any training related activities in the definition of job training.

- ☒ Yes. If Yes, how does the Tribal Lead Agency define "attending job training" for the purposes of eligibility?

Definition of attending job training (include attendance requirements if applicable):

The student must attend a job training or educational program with a recognized or credentialed organization. Training topics, courses or classes must lead to a diploma, degree, license or certification. The outcome for the participant is to gain a skilled trade or skills which will allow the individual to be employed and obtain an income. Participants can include Navajo Nation Program for Self Reliance (TANF funded recipient) or Navajo Nation Department of Workforce Development Program.

Attendance includes both classroom and field instruction, on-line educational time, study time and internship placement.

☐ No.

- c) Does the Tribal Lead Agency provide CCDF child care assistance to parents who are attending an educational program?

Reminder: Lead Agencies have the flexibility to include any education-related activities in the definition of education, including study time.

- ☒ Yes. If Yes, how does the Tribal Lead Agency define attending "educational program" for the purposes of eligibility?

Definition of attending educational program, to include attendance requirements if applicable: A student is defined as an individual who attend a vocational or educational courses, online-classes, internship or volunteer placement.

The student must attend a job training or educational program with a recognized or credentialed organization. Training topics, courses, or classes must lead to an



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diploma, degree, license or certification. The outcome is to gain a skilled trade or employable skills. Participants includes Navajo Nation Program for Self Reliance (TANF funded) or Navajo Nation Department of Workforce Development Program.

Attendance includes classroom instruction, field instruction, on-line educational time, study time and internship placement. Study can be authorized for non-classroom days and hours as determined by the student and the Caseworker.

☐ No.

3.5.4. Eligibility Criteria Based Upon Receiving or Needing to Receive Protective Services

- a) Does the Lead Agency provide child care to children who receive or need to receive protective services? (98.20(a)(3)(ii))

Reminder: Lead Agencies have the flexibility to define protective services beyond formal child welfare or foster care cases, including but not limited to, homeless children. If the Lead Agency provides CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education /training activities for CCDF purposes, these children are considered to be in protective services and must be included in this definition.

☒ Yes. If Yes, how does the Lead Agency define "protective services" for the purposes of eligibility?

Definition of protective services: Protective services is defined as:

A child's removal from a parent or guardian by a Child Protective Service agency. The child is in foster care or in a court-ordered, out-of-home placement. The child will be considered a family unit of one.

A child who is in care due to voluntary relinquishment and is going to be adopted.

A child who is at risk and needs protective care as a result of abuse or neglect. The risk may be relevant to the health or family circumstances. The risk is identified and documented by a social service or by a lead agency staff. Child care assistance is time limited and authorized on a case-by-case basis.

A child who is at risk and needs protective care as a result of parent's medical treatment or medical disability. The risk is identified and documented by a social service agency or by a lead agency staff. Child care assistance is time limited and authorized on a case-by-case basis.

Respite care is for a child who is removed by court order and needs temporary relief of care from a relative or foster care. Respite care is limited to 24 hours a month.



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Hours will be determined by the Caseworker, child care provider and the child's Protective Service Agency.

☐ No.

- b) Does the Tribal Lead Agency waive, on a case-by-case basis, the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services? (658E(c)(3)(B), 658P(3)(C)(ii), 98.20(a)(3)(ii)(A)(B))

☒ Yes.

☐ No.

- c) Does the Tribal Lead Agency provide CCDF-funded child care to children in foster care whose foster care parent(s) are not working, or who is not in education/training activities? (98.20(a)(3)(ii), 98.16(f)(7))

☐ Yes. (This means that for CCDF purposes, the Tribal Lead Agency considers these children to be served under the protective services eligibility category.)

☒ No.

- d) Does the Tribal Lead Agency provide respite child care to children in protective services? (98.16(f)(7))

Reminder: If Yes, you must include respite care under your definition of protective services in 3.5.4a.

☒ Yes, and respite care is included under the Tribe's definition of protective services.

☐ No.

3.5.5. Income Eligibility

All eligible children must be under the age of 13 and reside with a family whose income does not exceed 85% of the Grantee Median Income (GMI) for a family of the same size. The Tribal Lead Agency may use the State Median Income (SMI) or income established by the Tribe as the grantee's median income. (658E(c)(3)(B), 658P(4), 98.20, 98.80(f), 98.81(b)(1))

- a) How does the Lead Agency define "income" for purposes of eligibility determination? (98.16(g)(5), 98.20(b))

Reminder: The Tribe has flexibility in developing its definition of income. This flexibility allows for the excluding or deducting of certain types of income, as defined by the Tribe, from calculations of total family incomes for purposes of eligibility determination.



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Definition of Income: Income is defined as the family unit's net income as applied to access child care assistance based on the lead agency's countable income. The family unit's net income is derived by deduction of federal income withholding tax (FWT), federal income insurance contribution act (FICA) withholding and federal medicare withholding from the family's monthly gross income.

Income Disregard means certain types of income are disregarded by circumstances and are not applied to make eligibility determination.

Countable income utilized for eligibility purposes is:

1. Alimony: An allowance made by one spouse to the other for support during a pending or after-legal separation or divorce.
2. Net employment income (gross earned income including overtime minus Federal Income Tax, Federal Insurance Contribution Act [FICA] withholding and Federal Medicare withheld).
3. Net self-employment income (gross income minus operating and reinvestment expenses).
4. Unemployment Insurance
5. Military Pay
6. Work Study wages
7. Child support income
8. Net gambling, casino or lottery winnings, per capita revenue from tribal casino.
9. One-time earned taxable income
10. Pensions, including retirement and annuity.

Income disregarded or excluded as a Family Unit Income are:

1. Foster care child payments
2. Training stipends
3. Department of Workforce Development's financial assistance for rent, transport or food
4. Educational grants
5. Public assistance payments
6. Strike benefits
7. Union funds
8. Worker's compensation
9. Disability insurance
10. Other income may be disregarded; this will be determined on a case-by-case bases.

- b) The law states that Tribes may establish income eligibility for child care under CCDF not to exceed 85% of the Grantees Median Income (GMI). The Tribal Lead Agency has selected to use the following as the GMI (Check the appropriate box below):

☒ State Median Income (SMI) for a family of the same size.

State: Arizona Effective date of SMI: March 15, 2012



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- ☐ Tribal Median Income (TMI) for a family of the same size residing in the area served by the Tribal Lead Agency.

Effective date of TMI: _____

- c) Provide the CCDF income eligibility limits.

Income limits must be provided in terms of Grantee Median Income, even if Federal poverty level is used in implementing the program. (98.20(a)(2))

Complete column (a) and (b) of the matrix below based on the definition of GMI in 3.5.5ab. Indicate Income Eligibility not to exceed 85% of the Grantee Median Income (GMI) in column (b) for a family of the same size. Complete column (c) **ONLY IF the Tribal Lead Agency is using income eligibility limits lower than 85% of the GMI** – identify percentage used in calculation.

3.5.5.c Grantee Median Income (GMI)			
Family Size	(a) 100% of GMI (For calculation purpose only) (\$/month)	(b) 85% of GMI (\$/month)	(c) If, less than 85% GMI, identify percentage _____ and: (\$/month)
1	<u>2875</u>	<u>2443</u>	
2	<u>3760</u>	<u>3195</u>	
3	<u>4645</u>	<u>3947</u>	_____
4	<u>5529</u>	<u>4699</u>	_____
5	<u>6414</u>	<u>5451</u>	_____
6	<u>7299</u>	<u>6203</u>	_____
7	<u>7464</u>	<u>6344</u>	_____
8	<u>7630</u>	<u>6485</u>	_____

3.5.6. Additional CCDF Eligibility Criteria or Definition

Does the Tribal Lead Agency establish additional eligibility criteria, for example, higher income limits in one part of the tribal service area? (658E(a), 98.16(g)(5), 98.20(b))

☐ Yes. If Yes, describe the additional eligibility criteria _____

☒ No.

Section 3.6. Priority Rules for Children

At a minimum, CCDF requires Lead Agencies to give priority for child care services to children with special needs. Prioritization of CCDF-services is not limited to eligibility determination (i.e., establishment of a waiting list or ranking of eligible families in priority order to be served). Lead Agencies may fulfill priority requirements in other ways, such as higher payment rates for providers caring for children with special needs. (658E(c)(3)(B), 98.44(b))



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3.6.1. Priority Rules for Children with Special Needs

Tribal Lead Agencies have the flexibility in how they define "special needs". Tribal Lead Agencies are not limited in defining children with special needs to only those children with physical or mental disabilities (e.g., with formal Individual Education Plan (IEP) required under the Individuals with Disabilities Education Act (IDEA). Lead Agencies could consider children in the child welfare system, children of teen parents, or homeless children in their definition of children with special needs.

- a) How does the Tribal Lead Agency define "children with special needs?"

Definition of "children with special needs": Children with special needs are:

Children left homeless as a result of natural disaster, burn-outs, living in vehicles or homeless shelters.

Children receiving or in need of protective services.

Children of active military families.

Children of teenage parents.

Children who are physically or mentally disabled.

Children who are recipients of Navajo Nation Program for Self Reliance and Navajo Nation Workforce Development Program.

Children who live in remote or isolated areas or if there is a lack of child care providers within a radius of fifteen (15) miles.

- b) Describe how the Tribal Lead Agency will give priority for child care services to children with special needs (658E(c)(3)(B), 98.44(b))

Describe: The lead agency Casework unit works in tandem with child care providers for placement of children. Placement is made by following the priority child care services and they are:

1. Children with special needs
2. Vocational training
3. Basic skills education in high school or GED (General Equivalency Diploma)
4. College Education
5. Employable parents following sequential income levels.

3.6.2. Additional Priority Rules

- a) Does the Tribal Lead Agency have additional priority rules or categories? (658E(c)(3)(B), 98.16(g)(5), 98.20(b))

☒ Yes If Yes, include the additional priority rules or categories to include a description and definition:

Definition and Description: A CCDF-eligible child will have priority for child care services and other children who are subsidized for other resources is considered secondary for child care services. It is the parent's choice to place their child on



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a waiting list, should the tribally-operated child care center be filled to capacity. A parent may also choose an alternative child care services.

☐ No.

Section 3.7. Payment Rates for Child Care Services

Lead Agencies are required to establish payment rates for child care services that ensure eligible families equal access to child care services comparable to those services provided to families not eligible to receive CCDF services. (658E(c)(4), 98.16(l), 98.43(a), 98.43(b), 98.43 (b)(1) and 98.43(b)(2)).

3.7.1. Attach a copy of your payment rates as Attachment. (Enter Attachment #: C)

Note: For Tribal Lead Agencies that only offer direct services through a tribal-operated center and/or grants and contract, skip to 3.7.2.

Reminder: The attached payment rates should reflect all the rates that cover the variety of care offered in your program. Tribal Lead Agencies are reminded that payment rates cannot be based on a family's eligibility or circumstances. This means that the Lead Agency may not establish payments for TANF families that differ from the payments for child care for the working poor, or for families in education or training.

Will the attached payment rates be used in all parts of the Tribal service area?

☒ Yes. Effective Date: October 1, 2014

☐ No. Attach other payment rates as Attachment (Enter Attachment #: _____). Indicate their effective dates and describe or list the geographic areas where they are used:

3.7.2. Does the Tribal Lead Agency provide child care services only through a tribally-operated center(s) or grants and contracts?

Reminder for Tribally Operated Centers: For Lead Agencies that only offer direct services through a tribally-operated center and/or grants and contracts, the Tribe could provide information about its CCDF budget, including the average cost of providing care per child, or information about what the center would charge a non-subsidized child for care in lieu of a payment rate schedule.

☐ Yes, if Yes attach information on cost of care per child, budget information or other documentation regarding the cost of child care services. (Enter Attachment #: _____)

☒ No.

3.7.3. Market Rate Survey Requirements

Tribal Lead Agencies are required to establish payment rates for child care services that ensure eligible families equal access to child care services comparable to those services



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provided to families not eligible to receive CCDF services. At a minimum, Tribal Lead Agencies are required to show how payment rates are adequate based on a local Market Rate Survey conducted no earlier than two years (10/1/2011) prior to the effective date of the currently approved Plan.

ACF recognizes that market rate surveys might not be feasible for some Tribal Lead Agencies and provides Lead Agencies with three options for fulfilling the local Market Rate Survey requirements: 1) conducting its own local Market Rate Survey, 2) using the State's local Market Rate Survey, or 3) providing alternative documentation in lieu of a local Market Rate Survey if selected criteria are met.

Which option does the Tribal Lead Agency use in fulfilling the local Market Rate Survey requirements? Please select only ONE option. (98.16(l), 98.43)

☒ **Option 1** – the Tribal Lead Agency conducts its own MRS.

- a) Provide the date the MRS was conducted: March/11/2013
- b) Describe how the payment rates are adequate to ensure equal access based on the results of the market rate survey. At a minimum, indicate the relationship between the attached payment rates and the market rate observed in the survey. (i.e., the relationship between the attached payment rates and the market rates observed in the survey). What additional facts (if any) were considered, in addition to the market rate survey, to set the attached payment rates?

Describe: Payment rate is set at 50 percentile level in four categories: center-based, group homes, family home and in-home. The survey was distributed to about 150 providers and 97 child care providers responded with information about their payment rates. The information that was returned resulted in the establishment of payment rates for child care centers and private providers. Payment rate is referenced in Attachment.

☐ **Option 2** – the Tribal Lead Agency uses the State's MRS

- a) Name of State(s): _____
- b) Provide the date the MRS was conducted: _____ / _____ / _____
- c) Describe how the payment rates are adequate to ensure equal access based on the results of the market rate survey. At a minimum, indicate the relationship between the attached payment rates and the market rate observed in the survey. (i.e., the relationship between the attached payment rates and the market rates observed in the survey). What additional facts (if any) were considered, in addition to the market rate survey, to set the attached payment rates?

Describe: _____

☐ **Option 3** – the Tribal Lead Agency provides alternative documentation in lieu of a local MRS. The Tribal Lead Agency must identify and meet at least one of the following two criteria listed below and provide a description to support its choice.

Please select only one criteria.



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☐ **Criteria 1** – check if the Tribal Lead Agency:

- a) Provides CCDF direct services solely in Tribally operated facility(ies) and does not provide services through certificates/vouchers, grants, or contracts; **and/or**
- b) Funds CCDF direct services solely in unregulated home-based settings such as in-home care (i.e., care in the child's own home) or unregulated family child care homes, and does not fund any CCDF services in centers, regulated family child care homes or regulated group homes.

Describe how the Tribal Lead Agency funds CCDF services solely in Tribally operated facility(ies) and does not provide services through certificates, vouchers, grants, or contracts; or provides direct services solely in unregulated home-based settings and does not provide any services through centers or regulated homes.

Describe: _____

☐ **Criteria 2** – check if the Tribal Lead Agency:

- a) Documents that all child care providers in the service area that would potentially be included in a market rate survey (a) serve only children receiving CCDF subsidies, and (b) serve no private-pay children.

Describe how the Tribal Lead Agency determined that all providers serve only children receiving CCDF subsidies and serve no private-pay children, including a description of all relevant providers' types (i.e., centers, family child care, etc.) that were examined.

Describe: _____

3.7.4. For Non-Exempt Tribes Only – If the payment rates do not reflect for the full range of providers – center-based, group home, family child care home, and in-home care—explain how the choice of the full range of providers is made available to parents.

Describe: _____

3.7.5. Tiered Reimbursement - Will the Tribal Lead Agency provide any type of tiered reimbursement or differential rates on top of its base reimbursement rates for providing care for subsidized children?

☐ No.

☒ Yes. Check all types of tiered reimbursement or differential rates the Tribal Lead Agency has chosen to provide.

☐ Nontraditional hours. Describe: _____

☐ Children with special needs as defined by the Tribe: Describe: _____

☐ Infants and toddlers. Describe: _____

☐ School-age programs. Describe: _____

☐ Higher quality as defined by the Tribe. Describe: _____

☒ Other Rate. Describe: Special care rate is designated for children under the age of 19 and is physically and/or mentally incapable for caring for him or herself.



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Child(ren) who are clinically diagnosed or developmentally delayed, or children who being assessed for physical or mental incapacities, as verified by a competent medical/health agency, is also considered.

Section 3.8. Sliding Fee Scale(s)

CCDF requires families to share in the cost of subsidized child care (658(E)(5), 98.42). The Tribal Lead Agency must establish a sliding fee scale that details each family's contribution(s) (i.e., "co-payment"). The sliding fee scale must vary based on **income and the size of the family**.

3.8.1. Attach a copy of the sliding fee scale (Enter Attachment # D)

Will the attached sliding fee scale be used in all parts of the service area?

☒ Yes. Effective date: October 1, 2013

☐ No. If No, attach other sliding fee scales and their effective date(s).
Enter Attachment # _____

3.8.2. Does the Tribal Lead Agency use other factors in addition to income and family size to determine each family's contribution to the cost of child care? (658E(c)(3)(B), 98.42(b))

☐ Yes. Describe those additional factors: _____

☒ No.

3.8.3. The Tribal Lead Agency may waive co-payments for families whose incomes are at or below the poverty level for a family of the same size. (98.42(c). The poverty level used by a Tribal Lead Agency for a family of 3 is \$3256. Check which option the Tribal Lead Agency has chosen to use: Arizona SMI for FFY 2013 as stated in the 2013 Poverty Guidelines, Federal Register, Vol. 78, No. 16 (January 13, 2013)

Reminder: Tribal Lead Agencies are reminded that the co-payments may be waived for only two circumstances – for families at or below the poverty level or on a case-by-case basis for children falling under the definition of "protective services" (as defined in 3.5.4).

☐ ALL families, including those with incomes at or below the poverty level ARE required to pay a fee.

☒ NO families with income at or below the poverty level for a family of the same size are required to pay a fee.

☐ SOME families with income at or below the poverty ARE NOT required to pay a fee. The Lead Agency waives the fee for the following families: _____

3.8.4. The following is a description of how the co-payments required by the Tribal Lead Agency's sliding fee scale(s) are affordable. (98.43(b)(3))

Describe: Families with a net income of less than or equal to 100% Federal Poverty Level is not required to pay a fee. Family with an income in level 2 is required to pay 4%; level 3 is



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required to pay 6% and level 4 is required to pay 8%. The levels of income are referenced in Attachment

The lead agency did not apply 10% bench mark as copayment fee since many families reside in rural areas and have to travel great distance to their employment sites. Additionally, the increased cost of food, gasoline and other costs contributed to setting the copayment amount. The incremental percentage of copayment fee for each level is to assist the families in become more self reliant and non-dependent on public assistance.

Part 4 – Procedures for Parents

In this section, the Tribal Lead Agency should provide a complete description of the application process for families, the procedures for providing parents with unlimited access to their children while they are in the care of a CCDF provider. Including how the Tribal Lead Agency maintains substantiated parental complaints and how such information is made available to the public upon request. (658E(c)(2)(D), 658D(b)(1)(A), 658E (c)(2)(C), 658E(c)(3)(B), 98.16(h), 98.30, 98.32).

Section 4.1. How Families Apply for CCDF

4.1.1. How are parents informed of the availability of child care assistance services under CCDF? (658E(c)(2)(A), 98.30(a))

- ☒ Tribal Lead Agency
- ☐ Public schools
- ☐ Early Head Start/Head Start
- ☐ Health Clinics
- ☒ TANF offices
- ☒ Other tribal offices
- ☒ Other governmental offices
- ☒ Community outreach meetings workshops or other in-person meetings
- ☒ Radio and/or television
- ☒ Internet (provide website): www.nnccdf.org
- ☐ Other: Describe: _____

4.1.2 How can parents apply for CCDF services? Check all application methods used by the Tribal Lead Agency.

- ☒ In Person interview or orientation
- ☒ By Mail
- ☐ By Phone/Fax
- ☐ Through the Internet, (provide website): _____
- ☐ By Email
- ☐ Other: Describe: _____



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4.1.3. Describe how the Tribal Lead Agency documents and verifies the applicant information.
(658K(a)(1), 98.70(a), 98.71(a))

Describe: The lead agency documents and verifies the applicant's information by obtaining copies of information on child's age, tribal enrollment, immunization and residency. Income is verified by employer's statement. Student enrollment is verified by course schedule and, if applicable, a formal statement on child's protective services situation.

4.1.4. TANF Agency's Criteria/Definitions Regarding Inability to Obtain Care

The regulations at 98.33(b) require the Tribal Lead Agency to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age. Lead Agencies must coordinate with TANF programs to ensure, that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth in the TANF statute and Plan.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency—which include both the Tribal TANF agency and the State TANF agency—to determine whether the parent has a demonstrated inability to obtain needed child care:

Reminder: The TANF agency, not the Child Care Tribal Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record. This question is for informational purposes.

a) Identify the TANF agency(ies) that established these criteria or definitions:

State(s) TANF Agency: State of Arizona's Department of Economic Security (AZDES); State of New Mexico's Children, Youth and Families Department (NMCYFD); and State of Utah Department of Workforce Services (UTDWS).

Tribal TANF Agency: The lead agency's casework staff provides information to the TANF clientele about the exception to the individual's penalties associated with the TANF's work requirement. A single custodial parent will not penalized for his/her inability to obtain child care for his/her child under six years of age. The lead agency will make every effort to assist the single custodial parent by sharing a list of potential child care provider available near their home area. The Navajo Program for Self Reliance (Tribal TANF) and the lead agency will coordinate on the parent's plan to become self reliant.

b) Provide the following definitions established by the TANF agency.

- "Appropriate child care": The provider is licensed, certified or registered by the a state or tribal child care agency for the tribal various types of child care, i.e. in home care, relative provider, etc. The provider will provided an environment that is clean, safe and provide adequate nutrition and protection for any and all kinds of harm and is acceptable to the parent(s) or caretaker(s) of the child.



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- "Reasonable distance": The time it take for a PSR client to travel to the child care provider must be an hour or less.
 - "Unsuitability of informal child care": Child care is deemed unsuitable or unacceptable by the customer and is expressed in writing, due to the health and safety concerns of the child or situations that places the child at risk.
 - "Affordable child care arrangements": Child care that is available at a cost that is equal to or less than the amount the Navajo Nation child Care and Development Fund (CCDF) will pay or an informal child care at a cost which is acceptable to papers without causing undue financial hardship upon the client.
- c) How are parents who receive TANF benefits informed about the exception to individual penalties associated with the TANF work requirements?
- ☐ In writing
- ☒ Verbally
- ☒ Other: If the client is unable to meet TANF requirements such as Personal Responsibility Plan, the customer may be informed that they may be exempted from such penalties. Exemption from penalties may be obtained as long as the client is able to document why they are unable to meet such requirements. For example, if child care is a barrier, the participant must provide verification as to their inability to obtained child care and should be able to provide answers to the following questions.

4.1.5. Is the application process for child care under CCDF different for families receiving TANF?
98.16(g)(4)

- ☐ Yes. If Yes, describe: _____
- ☒ No.

Section 4.2. Description of Procedures for Unlimited Parental Access

The Lead Agency shall have procedures to ensure that providers receiving CCDF funds afford parents unlimited access to their children, and access to the providers caring for their children, during normal hours of provider operation and whenever the children are in the care of the provider. (658E(c)(2)(B), 98.31, 98.16(n))

Describe how the Lead Agency ensures that parents have unlimited access: Parents are informed of their rights and responsibilities when they complete an Application for Child Care Assistance. The application states "you have the right to unlimited access to your child(ren) while under the provider's care. This is referenced in Attachment E. However, in the event of a court order, contact with a parent will be limited. The legal document may be a restraining order because of domestic violence or child protection order or child custody orders. Court documents are maintained in the family case file record and a copy is shared with the child care provider.



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The family home and in-home child care providers acknowledge on the Child Care Service Agreement in Section III, No. 4, which states, CCDF eligible parent(s)/legal guardian(s) have unlimited access to their child during the time of performing child care service". Child Care Service Agreement is referenced in Attachment B.

CCDF Tribally-Operated Child Care Supervisors are required to inform CCDF staff that the parents have unlimited access to their child(ren) while under their care. According to the Navajo CCDF Internal/Administrative Policy and Procedures for Child Care Center Services, Section IV.C (Description of Services) states "Parent(s)/guardian(s) are offered unlimited access to their child(ren) and the provider(s) during the time the child care center is in operation. In the event of a court order, contact with parent(s)/guardian(s) may be disallowed and/or limited. Courts documents may include restraining/domestic violence protection orders.

Additionally, parents are informed of the unlimited parental/provider access during the orientation. Signs are posted within the child care facility which states parents have unlimited parental/provider access. Parent(s)/guardian(s) will sign in/out on all visits." (page 4).

The unlimited parental access requirement that currently guides the independent child care providers is recorded in the Navajo Nation CCDBG Program/Division of Social Services' program policies and procedures. In this, every independent providers are required to acknowledge the Child Care Provider's Registration Agreement form and consent to Section E. Professional Responsibilities which include No. 4, i.e. Parents/legal guardians shall be provided unlimited access to their children and the provider, during the normal hours of operation and whenever such children are in the care of such providers.

Section 4.3. Record of Substantiated Parental Complaints

- a) Describe in detail how the Tribe maintains a record of substantiated parental complaints. (658E(c)(2)(C), 98.32, 98.16(m))

Describe: CCDBG Program's Policies and Procedures No. 11 states, provider eligibility is required to "Not engage in or have an ongoing history of behaviors which are harmful or may endanger the health, safety and morals of children. Where there is a conviction for, or admission of, or substantial evidence of crimes against children, crimes involving intentional body harm, crimes involving the illegal use of controlled substances or crimes involving moral turpitude by the caregiver or any other household members, the CCDBG program will not approve or allow any approval to remain in effect, if such information becomes known to the CCDBF program." (Pg. K-2)

When the lead agency receives a complaint, the complainant is required to put their concerns in writing. Depending on information received, the lead agency may choose to conduct an investigation. If there is suspected child abuse or neglect, the complaints are forwarded to the appropriate agencies for investigation. The lead agency reports all cases of suspected child abuse and neglect to both the child protective services or local law enforcement agency.

Each complaint is reviewed and prioritized for investigation. Complaints regarding the health and safety of the child is regarded as the highest priority and local authorities are notified immediately to begin their investigation. Other complaints which constitute less severe complaints such as payment issues are investigated within ten working days.



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The investigation outcome includes a written response that details the results of the investigation. The letter is forwarded to the subject of the complaint and complainant. If the outcome is unsubstantiated, CCDF will not take further action. If the outcome is determined substantiated, the lead agency will require the child care provider to provide a written corrective action plan. If the child provider does not comply, the lead agency can impose sanctions by suspending, revoking or place limitation on the provider's services. The involved agencies can impose additional sanctions such as imposing criminal charges and pursuing other legal remedies.

All substantiated records are maintained in the Program Manager's Office at CCDF Central Administrative Office. Records are filed in the provider's individual case file for security and confidentially purposes and to abide with the privacy act regulation. Substantiated records are incidents or complaints which have been investigated and corrective action are determined by professional staff.

- b) Describe in detail how the substantiated parental complaints are available to the public on request, including who should be contacted to receive them. (658E(c)(2)(C), 98.32, 98.16(m))

Describe: Records maintained by the lead agency for child care providers are available to the public for review and copying. Personal information related to the child and parent is kept confidential. Disclosure of information about the child and parent will only be released by court order or by a parent's consent. It can be released to a law enforcement agency as required for official purposes.



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Part 5 – Activities and Services to Improve the Quality of Child Care

In this section, Tribal Lead Agencies are asked to describe their needs, goals and activities for the implementation of child care quality improvement activities. Core elements of CCDF include quality investments and support systems for programs and staff. Tribes are encouraged, regardless of size, to take an intentional approach to quality improvement – assessing the current quality of care available and the training and technical assistance needs of providers; investing their quality funds and efforts in accordance with the needs; and reviewing the success of their activities to improve quality and making adjustments as necessary.

The Tribal Lead Agency should consider its goals for a child care quality improvement system for all families, not just those receiving assistance under CCDF. (658G, 658E(c)(3)(B), 98.16(h), 98.51, 98.83(f))

Reminder: CCDF regulations require non-exempt Lead Agencies (those receiving \$500,000 or more) to spend at least 4 percent on quality activities. These activities may include, but are not limited to; activities designed to provide comprehensive consumer education, increased parental choice, and to improve the availability and quality of child care services.

Exempt Lead Agencies (those receiving less than \$500,000) are strongly encouraged to spend CCDF funds on quality activities but are not required to meet the 4 percent provision.

Section 5.1. Quality Improvement Needs

5.1.1. How does the Tribal Lead Agency learn about the quality of care currently offered and the training needs of providers?

Note: Tribes make their own decisions about how to determine their needs and make investments. For technical assistance purposes, ACF would like to learn how Tribes perform these functions – from the use of formal tools to determine the quality of programs to more informal methods to learn about the needs of caregivers.

Describe: The lead agency reviews, update and implement its strategic plans on an annual basis. The review is done on a quarterly basis. All the administrative components of the lead agency's goal and objectives are reviewed and recommendations are made. Once these are finalized, they are implemented.

A professional development assessment was conducted with the lead agency's direct child care workers and independent providers. The assessment was instrumental in producing more qualified child care professional. This was accomplished through the recruitment of qualified trainers who provided training to develop more "qualified" child care workers. Any array on early child development, culture-based teaching, curriculum development, nutrition, how to provide a more nurturing environment, supervision, development of lesson plan, develop a safe child care environment, language develop and literacy and other trainings is done on a quarterly basis.



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A strategic planning work session was conducted to develop plan for their respective unit, i.e. eligibility issues for Casework unit, building preventive maintenance services, fiscal/property management, monitoring services and human resources. Professional trainers were recruited to improve each unit's functions (the intent is continue to operate a stronger program based on integrity and accountability). Other units include accountability in subsidy payments, child focused services, and customer services improvements. As a result, types of training was identified and implemented. The topics include tribal, state, and federal policies and procedures, program/organizational development, procurement and contracts, teamwork, decision making, casework services, fiscal and property management, policy development, health and safety standards, program evaluation and others. The training was intended to strengthen the staff and provider's skills. The training schedule was implemented and the training was conducted on a monthly basis.

Assessment is ongoing on the independent provider's child care setting (family, in-home and relative providers). When the assessment was completed, health and safety training was developed and implemented. Minimum assistance with equipment and supplies such as fire extinguishers, fingerprinting/background checks, nutrition (food/snacks) and other supplies are provided to the independent providers; this is done to enhance the child care setting.

Technical assistance to independent providers was provided through training and provisions. The training focused on brain development, social competency and a nurturing learning environment. Part of the support is to provide basic learning supplies. This was to promote children's physical, cognitive, social and emotional development.

The Indian Health Services' Office of Environmental Health provides evaluation reports on every child care centers. The reports includes findings or recommendations to improve health and safety concerns which may include heating and ventilation.

The lead agency may also contract with specialized or professional services to improve quality issues, i.e. landscaping, fencing, appropriate age-related playground, sewage and waste disposal and others to comply with health standards. The maintenance unit conducts preventive services as a result of OEH's evaluation reports. Additionally, assessment on the maintenance unit is conducted periodically to ensure that the personnel is knowledgeable on how maintain the building and the surrounding physical premises.

Section 5.2. Quality Improvement Goals

In the upcoming Biennium, describe the Tribal Lead Agency's goals for improving the quality of care in your program. (Responses will be used to guide future training and technical assistance provided by OCC.)

Describe: _____

Section 5.3. Quality Improvement Activities

Identify the quality improvement activities the Tribal Lead Agency intends to implement during this plan period. As this list is not exclusive, Tribal Lead Agencies can use the "Other" box for additional activities. Tribal Lead Agencies can also choose to include a description of each activity checked using the Other box.



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a) Quality Training Activities

Training Topics Δ

- ☒ Child development
- ☒ Infant and toddler child care
- ☒ Physical activity and nutrition
- ☒ Language and literacy
- ☐ Inclusive child care for special needs children
- ☒ Health and safety
- ☒ Social-emotional development
- ☐ Fiscal management
- ☒ Administration and program management
- ☐ Curriculum development and instruction
- ☒ Child Care as a business
- ☒ Other topic(s): Educational computer games provided to the Before and After school children to use technology to improve in th subjects of literacy, social studies, science, vocabulary and mathematics.

Optional: Describe any of the activities checked above: _____

Strategies for Making Training Accessible Δ

- ☒ Grants or stipends for attending training events
- ☒ Time off to attend training
- ☐ Make substitute providers available
- ☐ Other: Describe: Provide individual training on site such as the Caseworker Provider training, provided quarterly.

Optional: Describe any of the activities checked above: _____

Training Outcomes

- ☒ Certificate
- ☐ Credential
- ☒ Degree
- ☐ Credit towards required training hours
- ☒ Other: Describe: Sign-in Sheets.

Optional: Describe any of the activities checked above: _____

b) Assisting Providers in meeting Licensing and Health and Safety Standards Δ

- ☒ Provide health and safety materials/equipment
- ☒ Grants/mini-grants for health and safety equipment/materials
- ☒ Classroom materials and resources



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- ☒ Financial assistance in meeting licensing requirements
☐ Other: Describe: _____

Optional: Describe any of the activities checked above: _____

c) Consumer Education

- ☒ Resource and referral services
☒ Resource library for parents and providers
☐ Newsletters for providers and parents
☒ Parent handbooks
☐ Toy lending library
☒ Internet-based consumer education on quality child care
☒ Other: Describe: Policy and procedures training.

Optional: Describe any of the activities checked above: _____

d) Staff Compensation & Financial Incentives for Programs

- ☒ Supplement wages of staff
☒ Bonuses to recruit providers caring for infants/toddlers or other areas of provider shortages
☐ Increase staff compensation in blended Child Care/Head Start programs
☐ Bonuses to higher quality programs
☐ Implement cash and non-cash career-ladder incentives
☐ Other: Describe: _____

Optional: Describe any of the activities checked above: _____

e) School-Age Child Care Activities Δ

- ☒ Cultural activities with elders (e.g., regalia making)
☐ Culturally-based summer youth programs
☐ Mentoring program
☐ Drug prevention program
☐ Teen pregnancy prevention programs
☒ Other: Describe: Cultural activities in general.

Optional: Describe any of the activities checked above: _____

f) Culturally Relevant Activities Δ

- ☐ Tribal language immersion programs
☒ Integration of storytellers in child care programs



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- ☐ Cultural training opportunities for parents and providers
- ☐ Cultural training to non-Native providers
- ☐ Other: Describe: _____

Optional: Describe any of the activities checked above: _____

g) Quality Support for Programs Δ

- ☐ Grants to programs to expand quality activities
- ☒ Health Consultation or other related activities
- ☒ Assessment of classroom practice
- ☐ Integrating children with special needs (creating inclusive child care settings)
- ☐ Higher rates for programs caring for infants and toddlers
- ☐ Other: Describe: _____

Optional: Describe any of the activities checked above: _____

5.4. Quality Improvement Initiatives for Relative Caregivers or other Small Home-based Providers

Does Tribal Lead Agency have quality improvement initiatives specifically for relative caregivers or other small home-based providers that are not described in your answers above?

☒ Yes. If Yes, describe: The relative provide are provided consumer educational brochures and can participate in trainings on health and safety awareness and learn about early childhood development.

The lead agency collaborated with the state of Arizona to initiate a "Family, Friend, Neighbor" care. The collaboration will allow CCDF to hire two educational specialist; their job is to provide technical assistance to relative providers and small, home-based child care providers. The technical assistance will provide consumer educational materials, develop a child care schedule which will describe an array of activities. The intent is to coach providers to they can provide a higher level of child care.

☐ No.

5.5. School-Age Care and Resource and Referral Activities

Tribal Lead Agencies are required to spend a specific amount on developing and improving School-Age Care activities and/or Resource and Referral services.

How does the Tribal Lead Agency intend to use these funds?

Describe: The lead agency provides "after school" program in several child care centers which tutoring and home work periods are provided. Additionally, computers are made available to after school children.



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5.6. Child and Adult Care Food Program (CACFP)

The US Department of Agriculture's Child and Adult Care Food Program (CACFP) plays a vital role in improving the quality of care for children by providing financial support for meals served in child care settings.

a) Does the Tribal Lead Agency participate in the Child and Adult Care Food Program (CACFP)?

☐ Yes. Identify which programs participate, for example Centers, Family Child Care, etc. _____

☒ No

b) If the answer to 5.6.(a) is no, please indicate reasons why the Tribal Lead Agency does not participate in CACFP.

☐ No CACFP sponsoring agency locally

☒ Difficult to complete initial CACFP application

☐ Difficult to maintain required CACFP documentation

☐ Not eligible to participate for the following reason(s): _____

☒ Do not have enough information about CACFP

☐ Not Interested

☒ Other, describe: Headstart is the lead agency.



Part 6 – Health and Safety Requirements for Providers

Activities to Ensure the Health and Safety of Children in Child Care

This section is intended to collect information on how Tribal Lead Agencies meet the statutory and regulatory provisions related to health and safety and how these requirements are effectively enforced. In the following pages, provide the appropriate responses for each category of care offered addressing the CCDF health and safety requirements.

The CCDF health and safety requirements at 98.41 require Lead Agencies to have health and safety requirements in the following areas:

- Prevention and Control of Infectious Disease (including immunizations)
- Building and Physical Premises Safety; and
- Health and Safety training.

CCDF identifies and defines four categories of care: child care centers, family child care homes, group child care homes and in-home child care providers (§98.2). The CCDF definition for each category is listed below.

Center-Based Child Care: Center-based child care providers are defined as a provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless care in excess of 24 hours is due to the nature of the parent(s)' work.

Group Home Child Care: Group home child care provider is defined as two or more individuals who provide child care services for fewer than 24 hours per day per child, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work.

Family Child Care: Family child care provider is defined as one individual who provides child care services for fewer than 24 hours per day per child, as the sole caregiver, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)'s work.

In-Home Care: In-home child care provider is defined as an individual who provides child care services in the child's own home.

6.1. Health and Safety Requirements - Centers

Prevention and Control of Infectious Disease - Centers

Check the health and safety requirements for prevention and control of infectious disease. (658E(c)(2)(F)(i), 98.41(a)(1)).

Table 6.1.1 Prevention and Control of Infectious Disease - Centers		
Topics	Check if required for providers	Check if required for children
<input checked="" type="checkbox"/> Physical exam or health statement	<input checked="" type="checkbox"/> For providers	<input type="checkbox"/> For children
<input checked="" type="checkbox"/> Tuberculosis check	<input checked="" type="checkbox"/> For providers	<input type="checkbox"/> For children



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Table 6.1.1 Prevention and Control of Infectious Disease - Centers

Topics	Check if required for providers	Check if required for children
<input checked="" type="checkbox"/> Immunizations	<input type="checkbox"/> For providers	<input checked="" type="checkbox"/> For children
<input checked="" type="checkbox"/> Hand-washing policy	<input checked="" type="checkbox"/> For providers	<input type="checkbox"/> For children
<input checked="" type="checkbox"/> Diapering policy and procedures		
<input type="checkbox"/> Providers required to submit a self-certification or complete health and safety checklist		
<input checked="" type="checkbox"/> Other. Describe <u>Navajo Nation CCDF Child Care Center employees/providers to obtain prevention and control of infectious diseases requirements within 90 days of hire.</u>		
<u>Navajo Nation CCDF will accept state licensing standards as verified by the state operating license.</u>		

6.1.2 Building and Physical Premises - Centers

Check the health and safety requirements for building and physical premises safety.
(658E(c)(2)(F)(ii), 98.41(a)(2))

- ☐ Building inspection
- ☐ Fire inspection, safety and evacuation policy
- ☐ Accessibility for people with disabilities
- ☐ Health inspection
- ☐ Toxic substances policy
- ☐ Lead paint policy
- ☐ Transportation policy
- ☐ Safety policy for bodies of water, including swimming pools
- ☐ Safe sleep policy, including SIDS prevention
- ☐ Providers to submit a self-certification or complete health and safety checklist
- ☐ Tobacco exposure reduction
- ☐ Group size limits based on age of children
- ☐ Staff child ratio based on ages of children
- ☒ Other: Describe Navajo Nation CCDF utilizes the Tribal Head Start Model Health and Safety Code

6.1.3 Health and Safety Training – Centers

Check the health and safety requirements for **health and safety training**. Tribal Lead Agencies have the flexibility to define these terms, for this question, "pre-service" refers to any training that happens prior to a person starting or shortly thereafter (e.g., first week, etc). "On-going" would be some type of routine occurrence.

(658E(c)(2)(F)(iii), 98.41(a)(3))

Table 6.1.3. Health and Safety Training - Centers

Topics	Pre-Service	On-Going
<input checked="" type="checkbox"/> Cardiopulmonary resuscitation (CPR)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> First Aid	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Training on Infectious Diseases	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> SIDS Prevention (i.e., Safe Sleep)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Medication Administration	<input type="checkbox"/>	<input type="checkbox"/>



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Table 6.1.3. Health and Safety Training - Centers

<input checked="" type="checkbox"/> Mandatory Reporting of Suspected Abuse or Neglect	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Child Development	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Supervision of Children	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Behavior Management	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Nutrition	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tobacco Exposure Reduction	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Working with Children with Special Needs or Disabilities	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Emergency Preparedness and Response	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Other. Describe <u>Navajo Nation CCDF Child Care Center employees/providers to obtain health and safety training requirements within 90 days of hire.</u>		
<u>Navajo Nation CCDF will accept state licensing standards as verified by the state operating license.</u>	<input type="checkbox"/>	<input type="checkbox"/>

6.1.3.a Training Hours - Centers

Does the Tribal Lead Agency require child care center directors and providers to complete a specific number of training hours per year?

☐ Yes. If "Yes", indicate the requirements for directors and providers below.
Indicate requirements for directors:

- ☐ At least 30 training hours required in first year
- ☐ At least 24 training hours per year after first year
- ☐ Other: _____

Indicate requirements for providers:

- ☐ At least 30 training hours required in first year
- ☐ At least 24 training hours per year after first year
- ☐ Other: _____

☒ No.

6.2. Health and Safety Requirements - Group Home Child Care

Check the health and safety requirements for **prevention and control of infectious disease.**
(658E(c)(2)(F)(i), 98.41(a)(1)).

Table 6.2.1 Prevention and Control of Infectious Disease - Group Home Child Care

Topics	Check if required for providers	Check if required for children
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Table 6.2.1 Prevention and Control of Infectious Disease – Group Home Child Care

Topics	Check if required for providers	Check if required for children
<input checked="" type="checkbox"/> Physical exam or health statement	<input checked="" type="checkbox"/> For providers	<input type="checkbox"/> For children
<input checked="" type="checkbox"/> Tuberculosis check	<input checked="" type="checkbox"/> For providers	<input type="checkbox"/> For children
<input checked="" type="checkbox"/> Immunizations	<input type="checkbox"/> For providers	<input checked="" type="checkbox"/> For children
<input checked="" type="checkbox"/> Hand-washing policy	<input checked="" type="checkbox"/> For providers	<input type="checkbox"/> For children
<input checked="" type="checkbox"/> Diapering policy and procedures		
<input type="checkbox"/> Providers required to submit a self-certification or complete health and safety checklist		
<input type="checkbox"/> Other. Describe _____		

6.2.2 Building and Premises Safety – Group Home Child Care

Check the health and safety requirements for **building and physical premises safety**.
(658E(c)(2)(F)(ii), 98.41(a)(2))

- ☒ Building inspection
- ☒ Fire inspection, safety and evacuation policy
- ☒ Accessibility for people with disabilities
- ☒ Health inspection
- ☐ Toxic substances policy
- ☐ Lead paint policy
- ☐ Transportation policy
- ☐ Safety policy for bodies of water, including swimming pools
- ☒ Safe sleep policy, including SIDS prevention
- ☐ Providers to submit a self-certification or complete health and safety checklist
- ☐ Tobacco exposure reduction
- ☐ Group size limits based on age of children
- ☒ Staff child ratio based on ages of children
- ☐ Other: Describe _____

6.2.3 Health and Safety Training – Group Home Child Care

Check the health and safety requirements for **health and safety training**. Tribal Lead Agencies have the flexibility to define these terms, for this question, “pre-service” refers to any training that happens prior to a person starting or shortly thereafter (e.g., first week, etc). “On-going” would be some type of routine occurrence.

(658E(c)(2)(F)(iii), 98.41(a)(3))

Table 6.2.3 Health and Safety Training – Group Home Child Care

Topics	Pre-Service	On-Going
<input checked="" type="checkbox"/> Cardiopulmonary resuscitation (CPR)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> First Aid	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Training on Infectious Diseases	<input type="checkbox"/>	<input checked="" type="checkbox"/>



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Table 6.2.3 Health and Safety Training – Group Home Child Care

<input checked="" type="checkbox"/> SIDS Prevention (i.e., Safe Sleep)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Medication Administration	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Mandatory Reporting of Suspected Abuse or Neglect	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Child Development	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Supervision of Children	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Behavior Management	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Nutrition	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tobacco Exposure Reduction	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Physical Activity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Working with Children with Special Needs or Disabilities	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Emergency Preparedness and Response	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Other. Describe <u>Navajo Nation CCDF will accept state's licensing standards.</u>	<input type="checkbox"/>	<input type="checkbox"/>

6.2.3.a Training Hours – Group Home Child Care

Does the Tribal Lead Agency require group home child care providers to complete a specific number of training hours per year

☐ Yes. If "Yes", indicate the requirements for group child care home providers below.

Indicate requirements for directors:

- ☐ At least 30 training hours required in first year
- ☐ At least 24 training hours per year after first year
- ☐ Other: _____

Indicate requirements for providers:

- ☐ At least 30 training hours required in first year
- ☐ At least 24 training hours per year after first year
- ☐ Other: _____

☒ No.

6.3 Health and Safety Requirements – Family Child Care Homes (Care in the provider's home)

Check the health and safety requirements for **prevention and control of infectious disease.** (658E(c)(2)(F)(i), 98.41(a)(1)).

Table 6.3.1 Prevention and Control of Infectious Disease – Family Child Care Homes

Topics	Check if required for providers	Check if required for children
<input checked="" type="checkbox"/> Physical exam or health statement	<input checked="" type="checkbox"/> For providers	<input type="checkbox"/> For children
<input checked="" type="checkbox"/> Tuberculosis check	<input checked="" type="checkbox"/> For providers	<input type="checkbox"/> For children



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Table 6.3.1 Prevention and Control of Infectious Disease – Family Child Care Homes		
Topics	Check if required for providers	Check if required for children
<input type="checkbox"/> Immunizations	<input type="checkbox"/> For providers	<input type="checkbox"/> For children
<input checked="" type="checkbox"/> Hand-washing policy	<input checked="" type="checkbox"/> For providers	<input type="checkbox"/> For children
<input checked="" type="checkbox"/> Diapering policy and procedures		
<input type="checkbox"/> Providers required to submit a self-certification or complete health and safety checklist		
<input checked="" type="checkbox"/> Other. Describe <u>Relative providers will be required to submit self certification.</u>		

6.3.2 Building and Premises Safety – Family Child Care Homes

Check the health and safety requirements for **building and physical premises safety**.
(658E(c)(2)(F)(ii), 98.41(a)(2))

- ☐ Building inspection
- ☐ Fire inspection, safety and evacuation policy
- ☐ Accessibility for people with disabilities
- ☐ Health inspection
- ☐ Toxic substances policy
- ☐ Lead paint policy
- ☐ Transportation policy
- ☐ Safety policy for bodies of water, including swimming pools
- ☐ Safe sleep policy, including SIDS prevention
- ☐ Providers to submit a self-certification or complete health and safety checklist
- ☐ Tobacco exposure reduction
- ☐ Group size limits based on age of children
- ☐ Staff child ratio based on ages of children
- ☒ Other: Describe Navajo Nation CCDF utilizes the Annual Health and Safety Inspection for family home and in-home regulated child care provider.

6.3.3 Health and Safety Training – Family Child Care Homes

Check the health and safety requirements for **health and safety training**. Tribal Lead Agencies have the flexibility to define these terms, for this question, “pre-service” refers to any training that happens prior to a person starting or shortly thereafter (e.g., first week, etc). “On-going” would be some type of routine occurrence.
(658E(c)(2)(F)(iii), 98.41(a)(3))

Table 6.3.3. Health and Safety Training – Family Child Care Homes		
Health and safety training requirements	Pre-Service	On-Going
<input checked="" type="checkbox"/> Cardiopulmonary resuscitation (CPR)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> First Aid	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Training on Infectious Diseases	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> SIDS Prevention (i.e., Safe Sleep)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Medication Administration	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Mandatory Reporting of Suspected Abuse or Neglect	<input type="checkbox"/>	<input checked="" type="checkbox"/>



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Table 6.3.3. Health and Safety Training – Family Child Care Homes

Health and safety training requirements	Pre-Service	On-Going
<input checked="" type="checkbox"/> Child Development	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Supervision of Children	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Behavior Management	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Nutrition	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tobacco Exposure Reduction	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Physical Activity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Working with Children with Special Needs or Disabilities	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Emergency Preparedness and Response	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Other: Describe <u>Unregulated relative care provider's certification would be waived.</u>	<input type="checkbox"/>	<input type="checkbox"/>

6.3.3.a Training Hours – Family Child Care Homes

Does the Tribal Lead Agency require family child care home providers to complete a specific number of training hours per year?

☐ Yes. If "Yes", indicate the requirements for family child care home providers below.

Indicate requirements for providers:

- ☐ At least 30 training hours required in first year
- ☐ At least 24 training hours per year after first year
- ☐ Other: _____

☒ No.

6.4. Health and Safety Requirements – In-Home Child Care (Care in the child's home)

Check the health and safety requirements for **prevention and control of infectious disease.** (658E(c)(2)(F)(i), 98.41(a)(1)).

Table 6.4.1 Prevention and Control of Infectious Disease

Topics	Check if required for providers	Check if required for children
<input checked="" type="checkbox"/> Physical exam or health statement	<input checked="" type="checkbox"/> For providers	<input type="checkbox"/> For children
<input type="checkbox"/> Tuberculosis check	<input type="checkbox"/> For providers	<input type="checkbox"/> For children
<input checked="" type="checkbox"/> Immunizations	<input checked="" type="checkbox"/> For providers	<input checked="" type="checkbox"/> For children
<input checked="" type="checkbox"/> Hand-washing policy	<input checked="" type="checkbox"/> For providers	<input type="checkbox"/> For children
<input checked="" type="checkbox"/> Diapering policy and procedures		
<input type="checkbox"/> Providers required to submit a self-certification or complete health and safety checklist		
<input checked="" type="checkbox"/> Other. Describe <u>Relative providers will be required to submit self certification.</u>		

6.4.2 Building and Premises Safety – In-Home Child Care



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Check the health and safety requirements for **building and physical premises safety**.
(658E(c)(2)(F)(ii), 98.41(a)(2))

- ☐ Building inspection
- ☐ Fire inspection, safety and evacuation policy
- ☐ Accessibility for people with disabilities
- ☐ Health inspection
- ☐ Toxic substances policy
- ☐ Lead paint policy
- ☐ Transportation policy
- ☐ Safety policy for bodies of water, including swimming pools
- ☐ Safe sleep policy, including SIDS prevention
- ☐ Providers to submit a self-certification or complete health and safety checklist
- ☐ Tobacco exposure reduction
- ☐ Group size limits based on age of children
- ☐ Staff child ratio based on ages of children
- ☒ Other: Describe Navajo Nation CCDF utilizes the Annual Health and Safety Inspection for family home and in-home regulated child care provider.

6.4.3 Health and Safety Training – In-Home Child Care

Check the health and safety requirements for **health and safety training**. Tribal Lead Agencies have the flexibility to define these terms, for this question, “pre-service” refers to any training that happens prior to a person starting or shortly thereafter (e.g., first week, etc). “On-going” would be some type of routine occurrence.
(658E(c)(2)(F)(iii), 98.41(a)(3))

Table 6.4.3 Health and Safety Requirements – In-Home Child Care		
Health and safety training requirements	Pre-Service	On-Going
<input checked="" type="checkbox"/> Cardiopulmonary resuscitation (CPR)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> First Aid	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Training on Infectious Diseases	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> SIDS Prevention (i.e., Safe Sleep)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Medication Administration	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mandatory Reporting of Suspected Abuse or Neglect	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Child Development	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Supervision of Children	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Behavior Management	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Nutrition	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tobacco Exposure Reduction	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Working with Children with Special Needs or Disabilities	<input type="checkbox"/>	<input type="checkbox"/>



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Table 6.4.3 Health and Safety Requirements – In-Home Child Care		
<input type="checkbox"/> Emergency Preparedness and Response	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other. Describe <u>Relative providers will be required to submit self certification.</u>	<input type="checkbox"/>	<input type="checkbox"/>

6.4.3.a Training Hours – In-Home Child Care

Does the Tribal Lead Agency require in-home child care providers to complete a specific number of training hours per year?

- ☐ Yes. If "Yes", indicate the requirements for In-Home child care home providers below.

Indicate requirements for providers:

- ☐ At least 30 training hours required in first year
☐ At least 24 training hours per year after first year
☐ Other: _____

☒ No.

6.5. Exemptions for Relative Providers

A Tribal Lead Agency has the option to exempt the following relatives from some or all of its health and safety requirements: grandparents, great-grandparents, siblings (if living in a separate residence), aunts, and uncles.

Does the Tribal Lead Agency exempt relative providers from the health and safety requirements described in 6.1- 6.4 (658)(4)(B), 98.41(e)).

- ☐ Yes, all relative providers are exempt from all health and safety requirements
- ☒ Some or all relative providers are subject to different health and safety requirements from those described in Section 6.1 - 6.4 and the following describes those different requirement and which relatives they apply to;

Describe: All relative providers are required to complete a FBI criminal background check and are exempt from all other health and safety requirements.

- ☐ No, all relative providers are subject to the same requirements as described in Section 6.1 - 6.4 as appropriate; there are no exemptions for relatives or different requirements for them.

Section 6.6. Monitoring and Enforcement of Health and Safety Requirements

The Tribal Lead Agency is required to certify that procedures are in effect to ensure that child care providers caring for children receiving CCDF services comply with the applicable health and safety requirements. (658E(c)(2)(E), 658E(c)(2)(G), 98.40(a)(2), 98.41(d))

In this section, use the series of questions below to describe how the Tribal Lead Agency effectively enforces the applicable health and safety requirements. Check the appropriate box below that best describes monitoring visits (announced and unannounced), background checks and any other enforcement policies and practices that govern Tribal child care programs.



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6.6.1. Monitoring Visits – Announced and Unannounced

Does the Tribal Lead Agency include **announced** and/or **unannounced** monitoring visits in its policies as a way to effectively enforce the applicable child care requirements?

☒ Yes. If "Yes" please refer to the chart 6.6.1 below and check all that apply.

☐ No.

Table 6.6.1 Information on Monitoring and Inspections		
Provider Categories	Frequency of Routine Announced Visits	Frequency of Routine Unannounced Visits
<input checked="" type="checkbox"/> Center-Based	<input checked="" type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input checked="" type="checkbox"/> Other: Describe: <u>Navajo Nation CCDF will accept state licensing standards as verified by the state operating license.</u>	<input checked="" type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input checked="" type="checkbox"/> Other: Describe: <u>Navajo Nation CCDF will accept state licensing standards as verified by the state operating license.</u>
<input checked="" type="checkbox"/> Family Child Care Home	<input checked="" type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input checked="" type="checkbox"/> Other: Describe: <u>Navajo Nation CCDF will accept state licensing standards as verified by the state operating license.</u>	<input checked="" type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input checked="" type="checkbox"/> Other: Describe: <u>Navajo Nation CCDF will accept state licensing standards as verified by the state operating license.</u>
<input checked="" type="checkbox"/> Group Home	<input checked="" type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input checked="" type="checkbox"/> Other: Describe: <u>Navajo Nation CCDF will accept state licensing standards as verified by the state operating license.</u>	<input checked="" type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input checked="" type="checkbox"/> Other: Describe: <u>Navajo Nation CCDF will accept state licensing standards as verified by the state operating license.</u>
<input checked="" type="checkbox"/> In-Home Care	<input checked="" type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input checked="" type="checkbox"/> Other: Describe: <u>Navajo Nation CCDF will accept state licensing standards as verified by the state operating license.</u>	<input checked="" type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input checked="" type="checkbox"/> Other: Describe: <u>Navajo Nation CCDF will accept state licensing standards as verified by the state operating license.</u>



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6.6.2 Background Checks

Tribal Lead Agencies may have agreements with Federal, State, or Tribal entities that conduct background checks of providers and employees. Some Tribal Lead Agencies have entered into agreements with Tribal law enforcement to conduct background checks.

Does the Tribal Lead Agency use background checks as a way to effectively enforce health and safety requirements?

☒ Yes. If Yes, please refer to the chart below and check all that apply.

☐ No.

Table 6.6.2 Background Checks (Check all that apply) Δ

Check all requirements that the Lead Agency has chosen to implement:	For each requirement checked, identify which providers must meet the requirement.			
	Center-based	Group Family Child Care home	Family Child Care home	In-home
Child Abuse Registry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tribal Criminal Background <input type="checkbox"/> Check if the Tribal background checks include fingerprints.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Criminal Background <input type="checkbox"/> Check if the State background checks include fingerprints.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FBI Criminal Background	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sex Offender Registry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: Describe: <u>Navajo Nation CCDF will accept state licensing standards as verified by the state operating license.</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

6.6.3 Enforcement of Health and Safety Standards

What methods does the Tribal Lead Agency use to effectively enforce CCDF health and safety requirements?

- ☒ Conduct regular training on the Health and Safety requirements
- ☒ Develop corrective action plan to address issues
- ☐ Conduct follow up to monitor corrective action progress
- ☐ Fines
- ☐ Injunctions through court
- ☐ Emergency or immediate closure not through court action
- ☒ License or certificate revocation, probation, or non-renewal
- ☒ Other: Describe: In the event of improper payment, corrective action will be implemented which may include payment adjustments or non-payment.



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Plan Period 10/1/13 - 9/30/15

6.6.4 Does the Tribal Lead Agency disseminate information to parents and the public, about child care program compliance records?

☐ Yes. If Yes, describe: _____

☒ No.

6.7 Tribal Licensing Requirements Δ

Many Tribes have adopted policies and licensing standards from a variety of sources. In some cases, these policies may serve as the Tribe's licensing standards. In other cases, the Tribe may use only portions of the policies. Indicate below whether the Tribe uses policies or licensing standards from the sources listed below and whether the policies serve as the tribal licensing standards or have been adapted by the Tribe in some way.

Table 6.7 Tribal Licensing Requirements		
Source	Serves as Tribal Licensing Standards	Tribe Adapted Portions from the Source
Minimum Tribal Child Care Standards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Caring for Our Children or Stepping Stones	<input type="checkbox"/>	<input checked="" type="checkbox"/>
State licensing standards. If so, list state(s): <u>Arizona, New Mexico, Utah</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other. Describe _____	<input type="checkbox"/>	<input type="checkbox"/>

NAVAJO NATION INCOME MATRIX & SLIDING FEE SCALE

ACF - 700 Data Field; applied 2013 Federal Poverty Level (FPL)

ACF-700 Data Field	7a: At or below poverty threshold*	7b: Above threshold but below 150% of threshold	7c: Above 150% of threshold and below 200% of threshold	7d: Above 200% of threshold and below 85% AZ SMI
Calculation	Less than or equal to the number in the table	Multiply Threshold under 7a x 1.5	Range between 7b & 7d	Multiply Threshold under 7a x 2
Family Size	Level 1	Level 2	Level 3	Level 4
1	1 - 11,490	11,491 - 17,232	17,233 - 22,991	22,992 - 29,326
2	1 - 15,510	15,511 - 23,268	23,269 - 31,031	31,032 - 38,350
3	1 - 19,530	19,531 - 29,292	29,293 - 39,071	39,072 - 47,373
4	1 - 23,550	23,551 - 35,328	35,329 - 47,111	47,112 - 56,397
5	1 - 27,570	27,571 - 41,352	41,353 - 55,151	55,152 - 65,421
6	1 - 31,590	31,591 - 47,388	47,389 - 63,191	63,192 - 74,444
7	1 - 35,610	35,611 - 53,412	53,413 - 71,231	71,232 - 76,136
8	1 - 39,630	39,631 - 59,448	59,449 - 77,828	Not Eligible
9	1 - 43,650	43,651 - 65,472	65,473 - 79,520	Not Eligible
10	1 - 47,670	47,671 - 71,508	71,509 - 81,212	Not Eligible

Monthly Net Income Matrix for Eligibility Determination

	Level 1	Level 2	Level 3	Level 4
Family Size	Less than or equal to 100% FPL*	Above 100% FPL to 150% FPL	Above 150% FPL to 200% FPL	Above 200% FPL and below 85% of **AZ SMI for FFY2013
1	1 - 958	959 - 1,436	1,437 - 1,915	1,916 - 2,443
2	1 - 1,293	1,294 - 1,939	1,940 - 2,585	2,586 - 3,195
3	1 - 1,628	1,629 - 2,441	2,442 - 3,255	3,256 - 3,947
4	1 - 1,963	1,964 - 2,944	2,945 - 3,925	3,926 - 4,699
5	1 - 2,298	2,299 - 3,446	3,447 - 4,595	4,596 - 5,451
6	1 - 2,633	2,634 - 3,949	3,950 - 5,265	5,266 - 6,203
7	1 - 2,968	2,969 - 4,451	4,452 - 5,935	5,936 - 6,344
8	1 - 3,638	3,639 - 4,954	4,955 - 6,485	Not Eligible
9	1 - 3,973	3,974 - 5,456	5,457 - 6,626	Not Eligible
10	1 - 4,308	4,309 - 5,959	5,960 - 6,767	Not Eligible

Sliding Fee Scale for Co-Pay Fee

	Level 1	Level 2	Level 3	Level 4
	Less than or equal to 100% FPL*	Above 100% FPL to 150% FPL	Above 150% FPL to 200% FPL	Above 200% FPL and below 85% of AZ SMI
	No Copayment required for Level 1 Category.	6% of Family Unit Net Income is required as Co-payment.	8% of Family Unit Net Income is required as Co-payment.	10% of Family Unit Net Income is required as Co-payment.

Sample of calculation base on percentage for Co-Payment is below:

(Note: be careful to enter the correct percentage amount for Level of Eligibility)

References:

* 2013 Poverty Guidelines,
Federal Register
Vol. 78, No. 16,
Thursday, January 24, 2013
Notices

**Estimated State Median Income
for FFY 2013

Federal Register

Vol. 77, No. 51,

Thursday, March 15, 2012

A. Family Unit Size

Example: 5

B. Total Family Unit - Net Monthly Income (NMI)

Example: \$2,452.00

Family qualifies for Income Level, chose from the table above. Example: Level 2

C. Apply Percentage base on Level of Category for Family Unit

Required CoPay, Multiply NMI X 4% = Example: \$2,452.00 * .06 = \$147.12

D. Monthly CoPay Rate for each eligible child

Required CoPay Rate from "C" divide by number of children with subsidy.

Example: \$147.12/3 children = \$49.04 (Monthly CoPay Rate per child)

E. Daily CoPay Rate for each eligible child

Each child's CoPay Rate from "D" is divided by 22 monthly average days = Per Child Daily CoPayment Rate. Example: \$49.04/22 days = \$2.23 (Daily CoPay Rate)

F. Payment to the Child Care Provider:

Daily CoPayment Rate per child x No. of days of child care service = Payment to Provider
Example: \$2.23 * 20 days = \$44.60



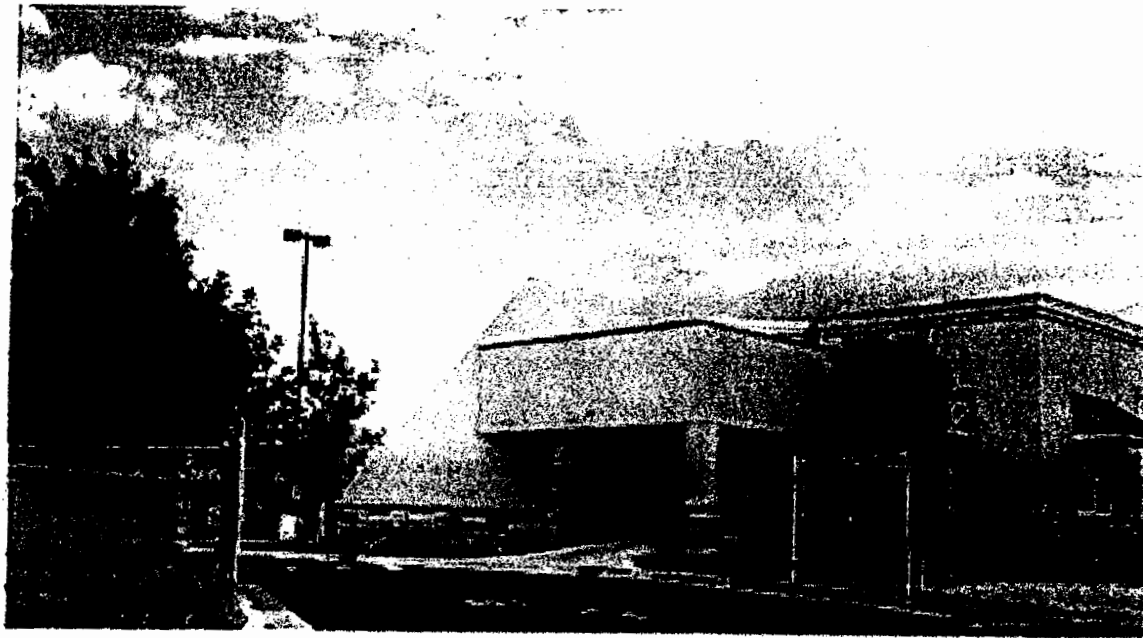
THE NAVAJO NATION

Child Care & Development Fund Program



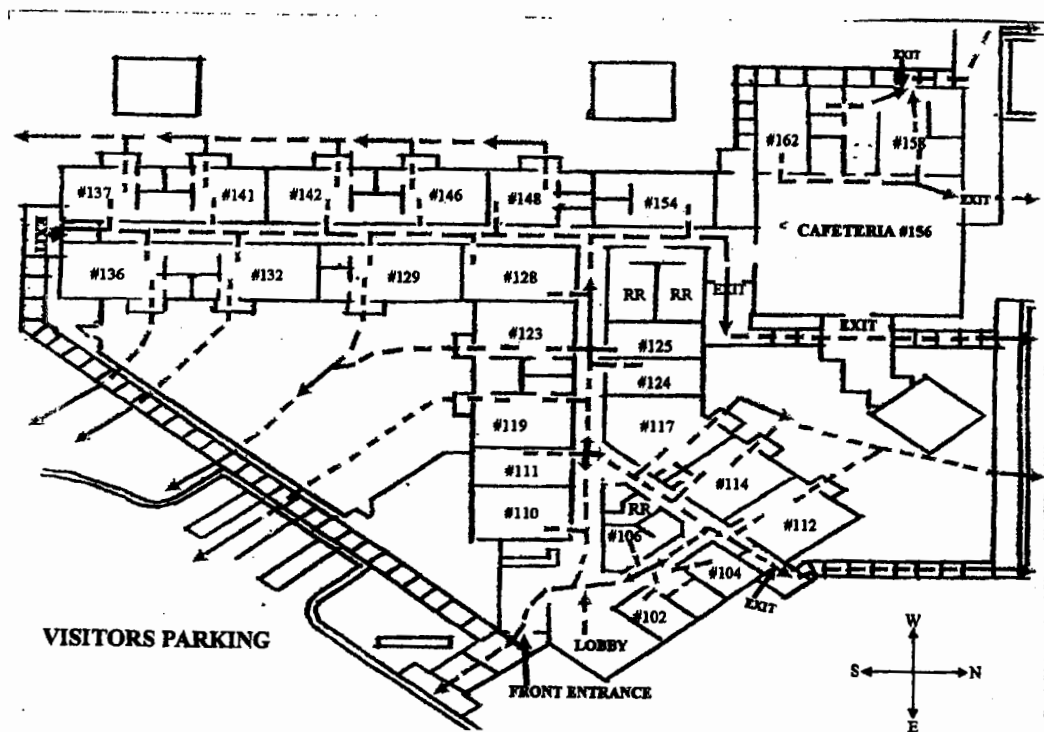
Facility Listing FY 2013

P.O. Box 2425 Window Rock, AZ 86515
(928) 871-6629 - Fax 871-7077



**KARIGAN CHILD CARE CENTER
CONVENTIONAL BLG**

16,000 sq ft Located on Chapter Land Track
 Building # 5166
 10-Class Rooms 119 Kids
 Playground 1-13 yrs
 Natural Gas
 Administration 23
 Beverly Begay 928-810-5050





Fort Defiance Child Care Center
(MODULAR UNIT)

2,952 sq ft Located on Chapter Land Track

Building # 4006

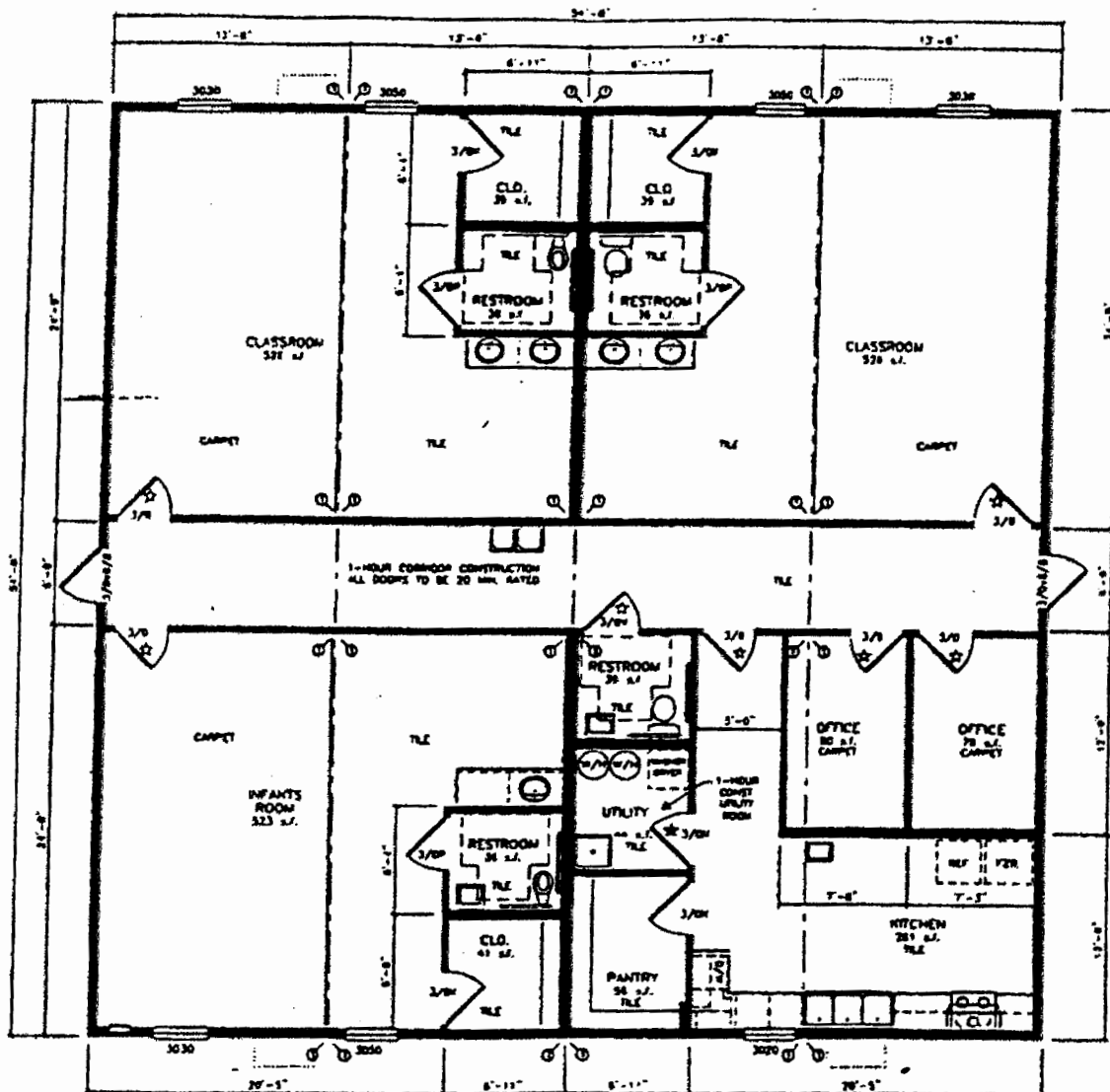
2 Class Room 7 Infants

Playground 0-1 yrs

Propane Gas

Administration 3

Beverly Begay 928-810-5050





Little Miss Muffet Child Care Center

(Previously relocated from Houck &
Oak Springs to LMM CCC)

(MODULAR UNIT)

6,449 sq ft located on Chapter Land Track

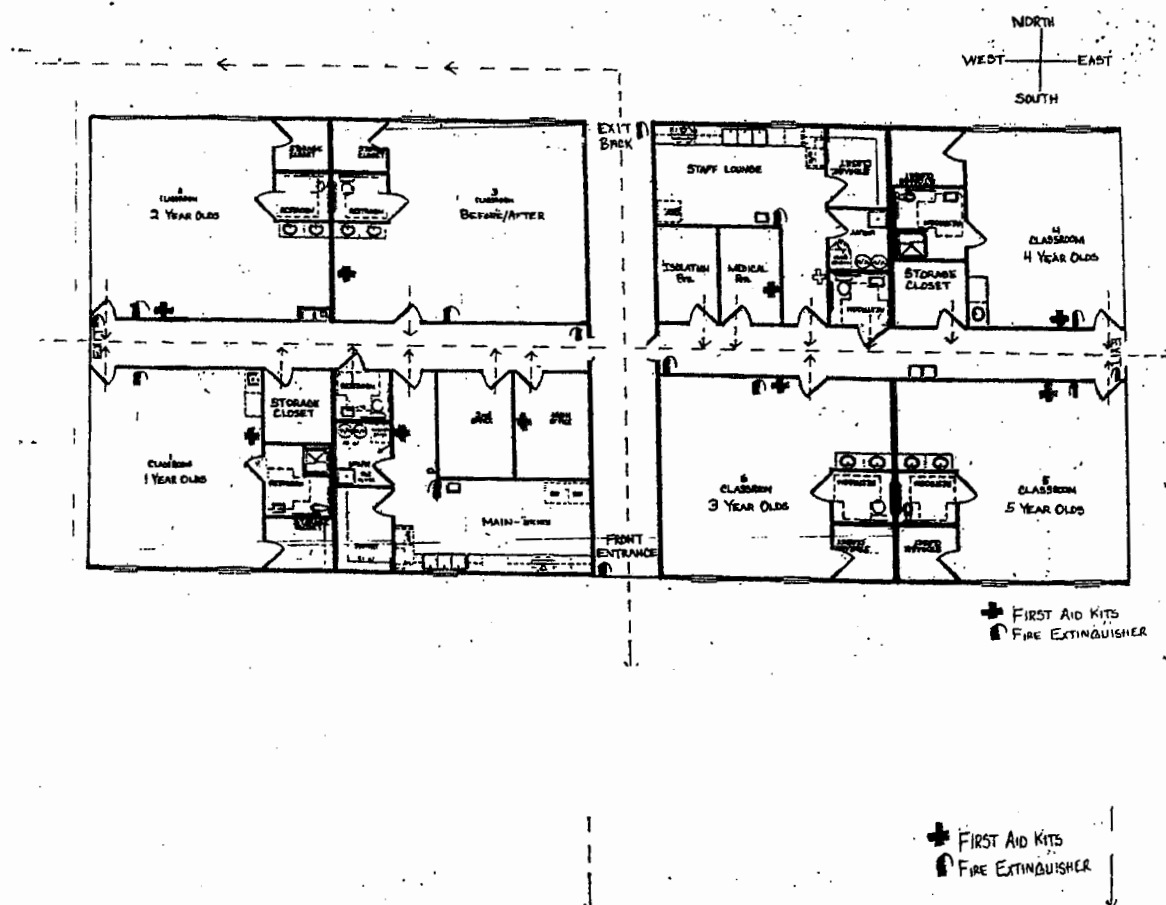
Building # 4008 & 4009

6 Class Rooms 40 Kids

Playground 0-13 yrs

100% electric

Administration 9





KII DOO BAA I CHILD CARE CENTER CONVENTIONAL BLG

100,000 sq ft located on School Campus Land Track

Building # 5587

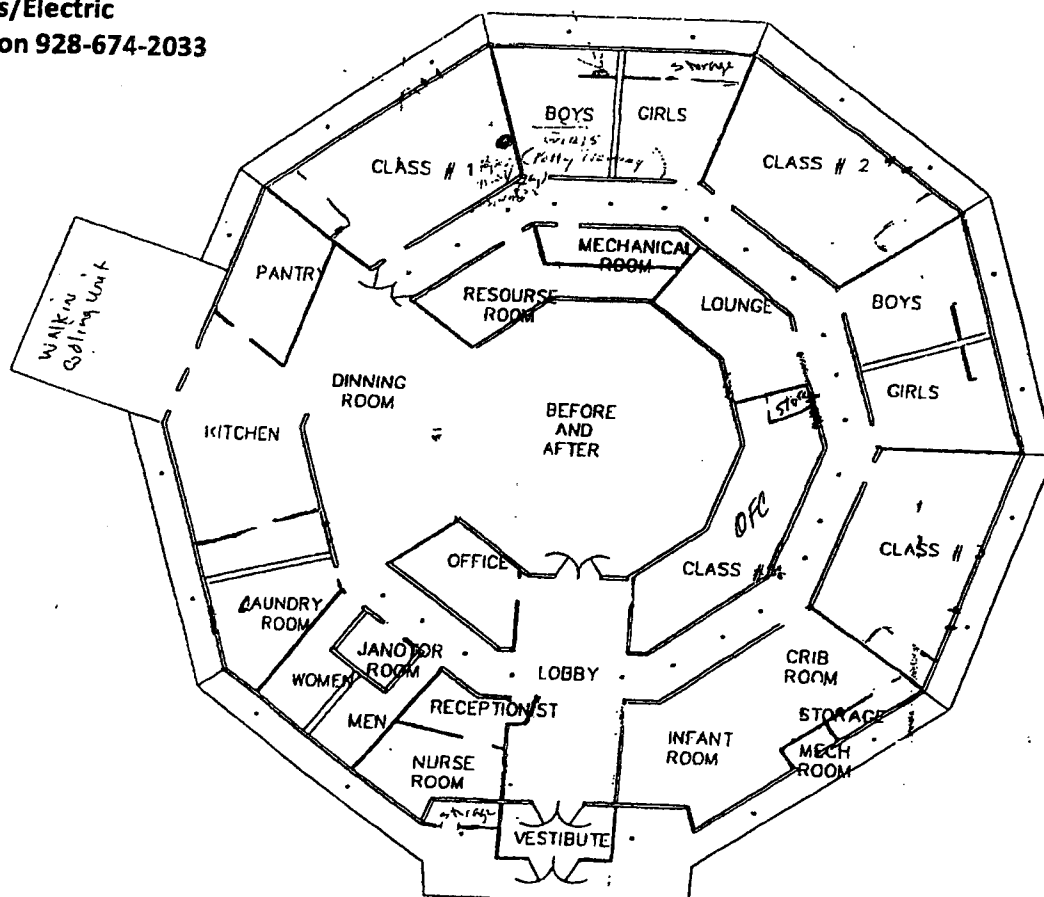
4-Class Rooms 36 Kids

Playground 6 months - 13 yrs

Administration 12

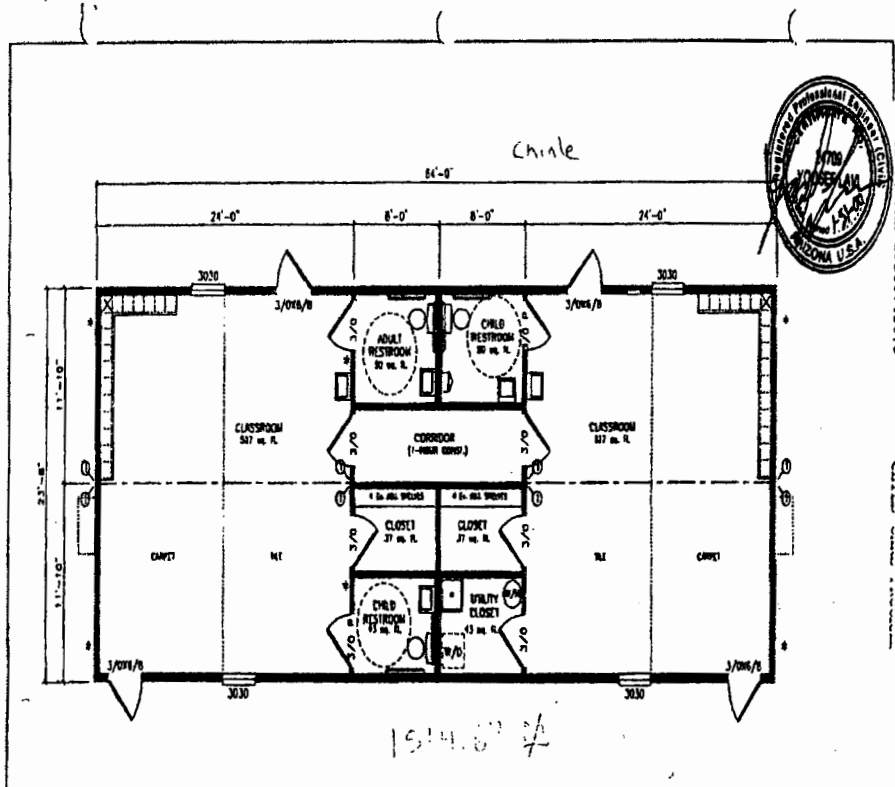
Propane Gas/Electric

Lenora Wilson 928-674-2033

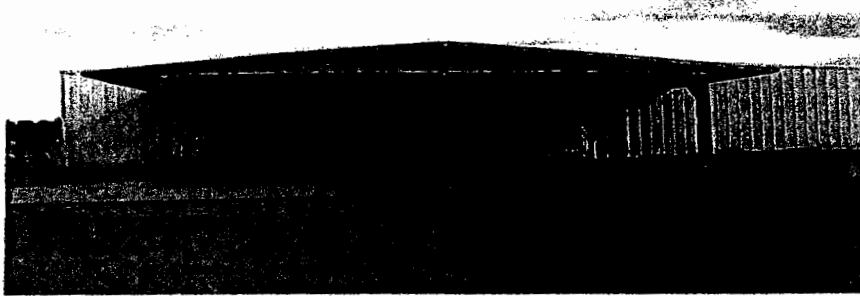




Kii Doo Baa II Child Care Center
 1,514 sq. ft Located on school land track
 Building # 4011
 Playground 0-13 yrs
 2- Class rooms 32 kids
 Administration 3
 Electric
 Lenora Wilson 928-674-2033



CHILD CARE DEVELOPMENT FUND PROGRAM



TSAILE CHILD CARE CENTER MODULAR UNIT # 1

2,952 sq ft located on NCC Campus Land Track

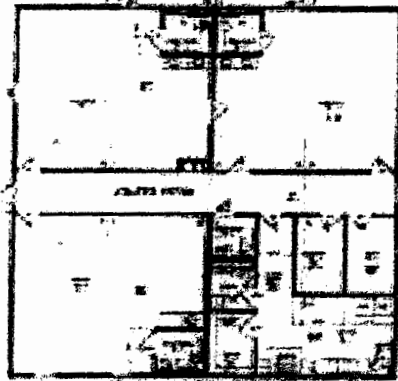
Building # 4013 Operational

100% Electric Playground 0-13 yrs

3-Class Rooms - 40 Kids

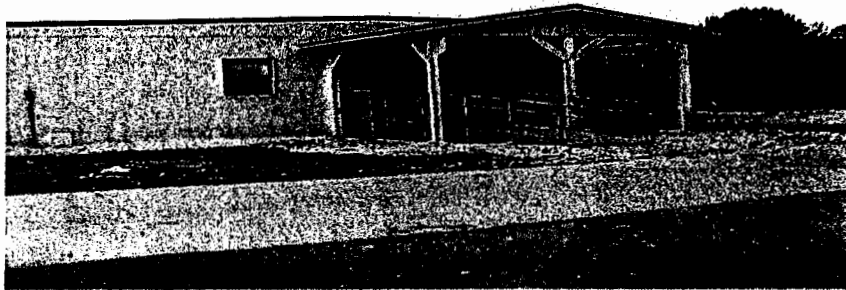
Administration 13

Lenora Wilson - 928-724-2217



1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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CHILD CARE DEVELOPMENT FUND PROGRAM



TSAILE CHILD CARE CENTER MODULAR UNIT # 2

2,952 sq ft located on NCC Campus Land Track

Building Privately Operated - Operational

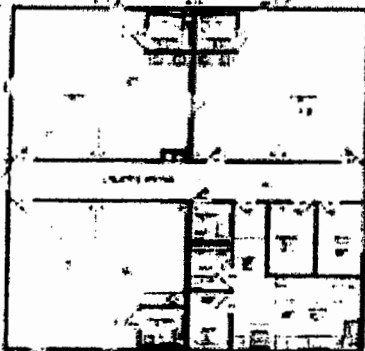
Playground 0-13 yrs

100% Electric

3-Class Rooms - 40 Kids

Administration 13

Lenora Wilson - 928-724-2217



UNIT #2

DATE: 10/10/00

BY: [Signature]

REVISIONS:

NO.	DESCRIPTION	DATE
1	AS BUILT	10/10/00



**ROUGH ROCK CHILD CARE CENTER
CONVENTIONAL BLG**

13,492 sq ft located on Chapter Land Track

Building # 3951

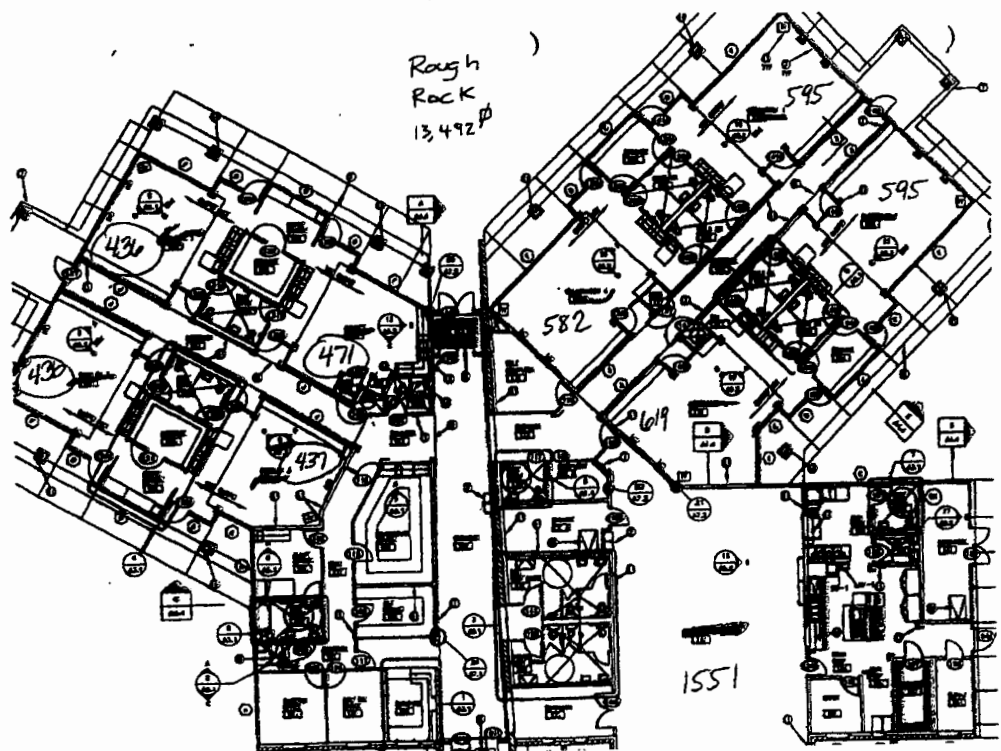
8- Class Rooms 70 Kids

Playground 0-13 yrs

Propane

Administration 12

Lenora Wilson 928-728-3214



CHILD CARE DEVELOPMENT FUND PROGRAM



ROCK POINT CHILD CARE CENTER CONVENTIONAL BLDG

13,000 sq ft located on School Land Track

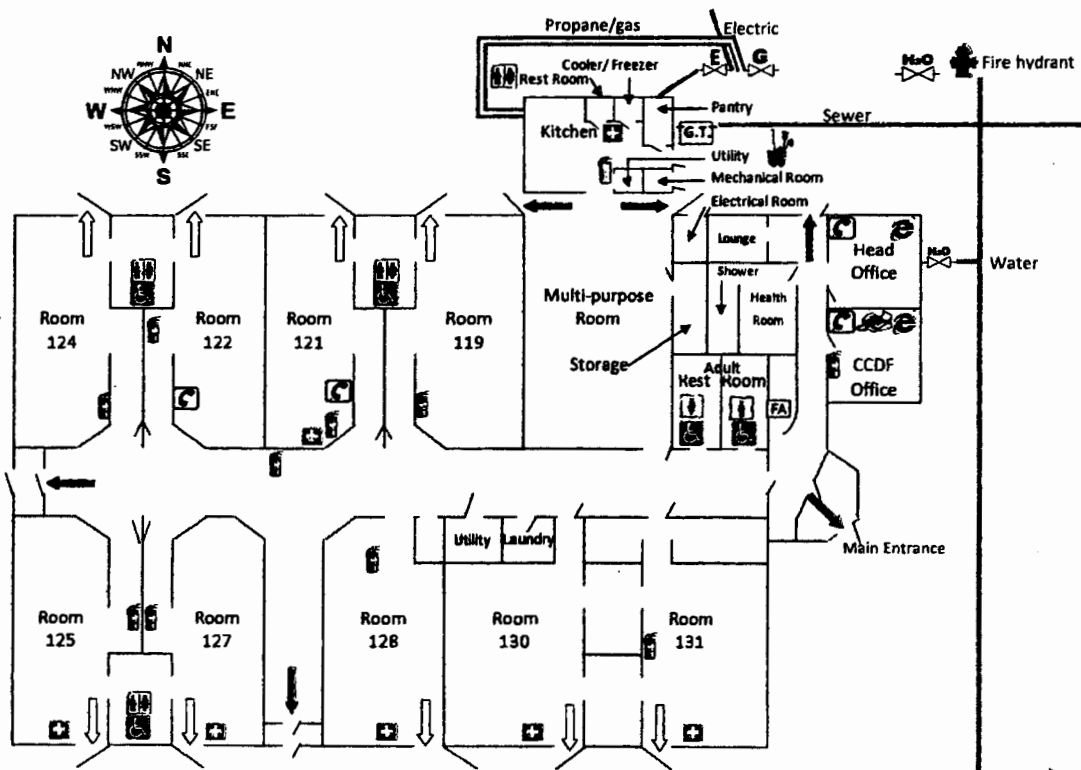
Building # 5567 Operational

9 – Class Rooms 128 Kids Playground 0-13 yrs

Propane Gas

Administration 12

Lenora Wilson 928-649-4221



CHILD CARE DEVELOPMENT FUND PROGRAM



MANY FARMS CHILD CARE CENTER (MODULAR)

4,365 sq ft located on Chapter Land Track

Building # 4021 Operational

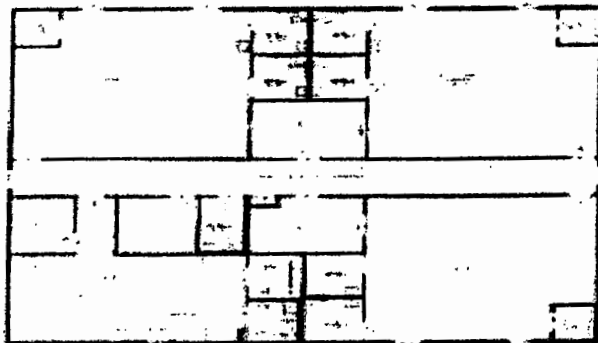
Playground 0-13 yrs

100% Electric

3 - Class Rooms - 26 Kids

Administration 8

Lenora Wilson 928-781-3618

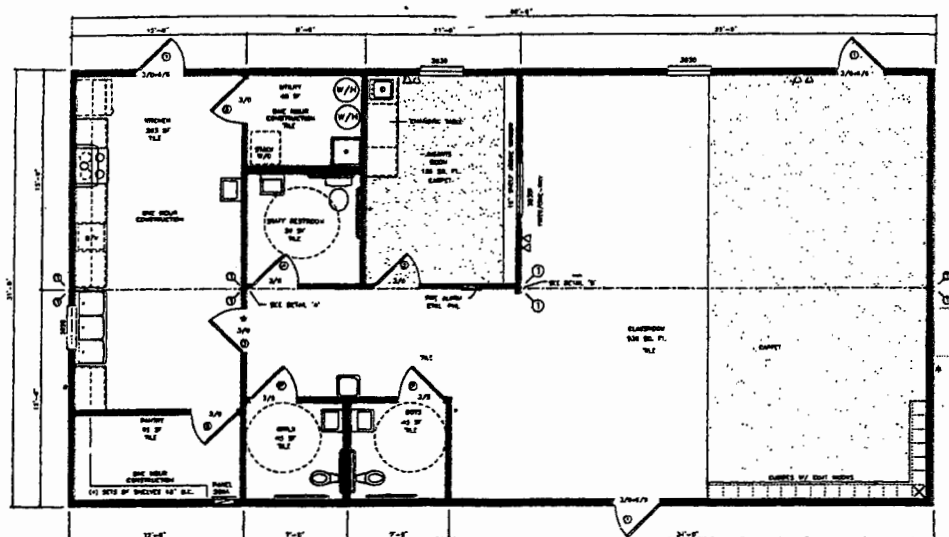


CHILD CARE DEVELOPMENT FUND
BUILDING # 4021
MANY FARMS CHILD CARE CENTER
CHAPTER LAND TRACK
COMPTON BUILDING SYSTEM



**PINON CHILD CARE CENTER
(MODULAR UNIT)**

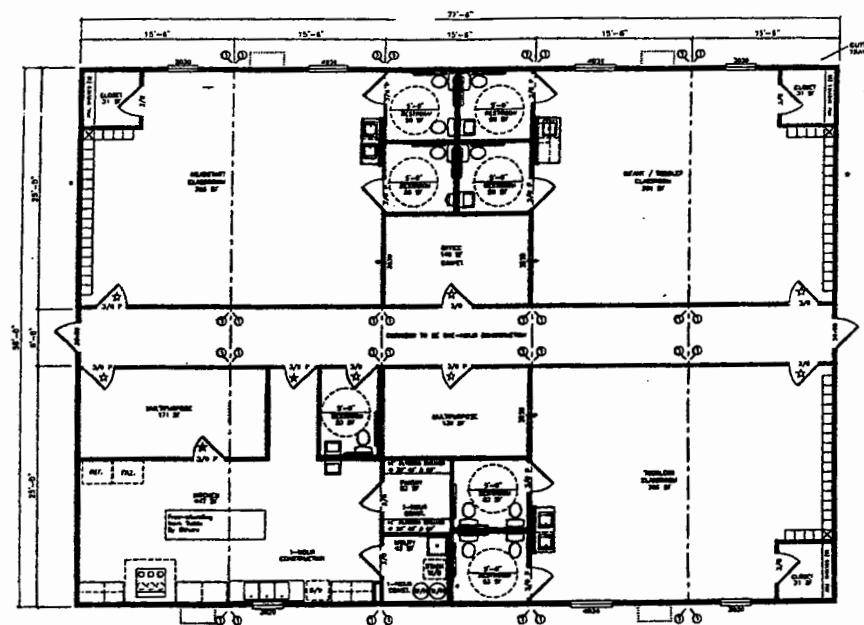
13,000 sq ft Located on School Campus Land Track
Building # 4018
3 Class Room 20 kids
Playground 6-months-13 yrs
100% Electric
Administration 8
Lenora Wilson 928-725-3760





**COTTONWOOD / TSELANI CHILD CARE CENTER
(MODULAR)**

**4,365 sq ft Located on Chapter Land Track
Building # 4246
3 Class Room 26 Kids
Playground 1-13 yrs
Administration 6
Lenora Wilson 928-674-2033**





**SHIPROCK CHILD CARE & DEVELOPMENT FUND PROGRAM
ADMINISTRATION / BIA SCHOOL (CONVENTIONAL)**

4,000 sq ft Location on Chapter Land Track

Building # 2867

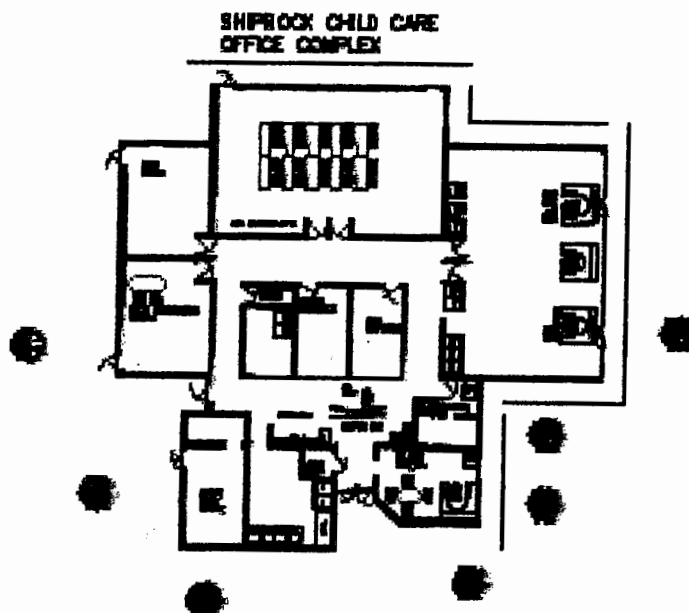
1-Class Room 10 Kids

Playground 6-13 yrs old

Natural Gas

Administration 9

Malinda Notah 505-368-1580



2,865 sq ft located on Chapter Land Track

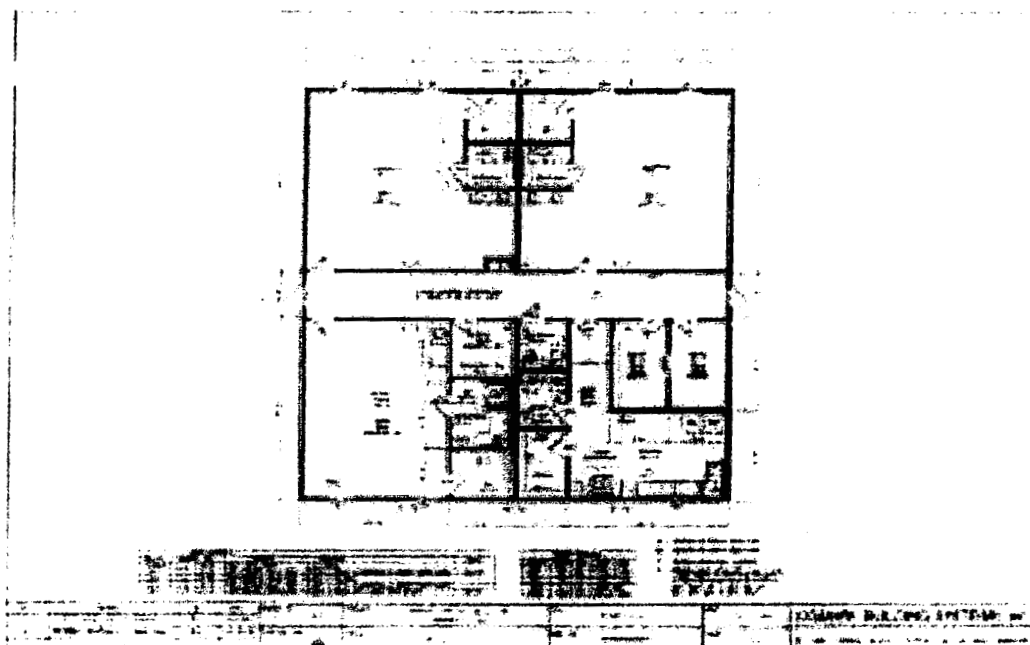
3-Class Room 20 Kids

Playground 0-13 yrs

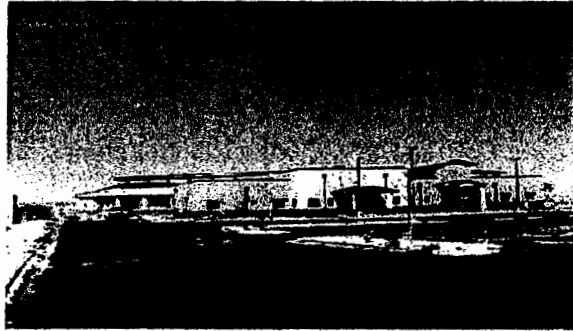
100% Electric

Administration 6

Malinda Notah 505.368.1532



CHILD CARE DEVELOPMENT FUND PROGRAM



TOADLENA CHILD CARE CENTER (CONVENTIONAL)

16,492 sq ft located on Chapter Land Track

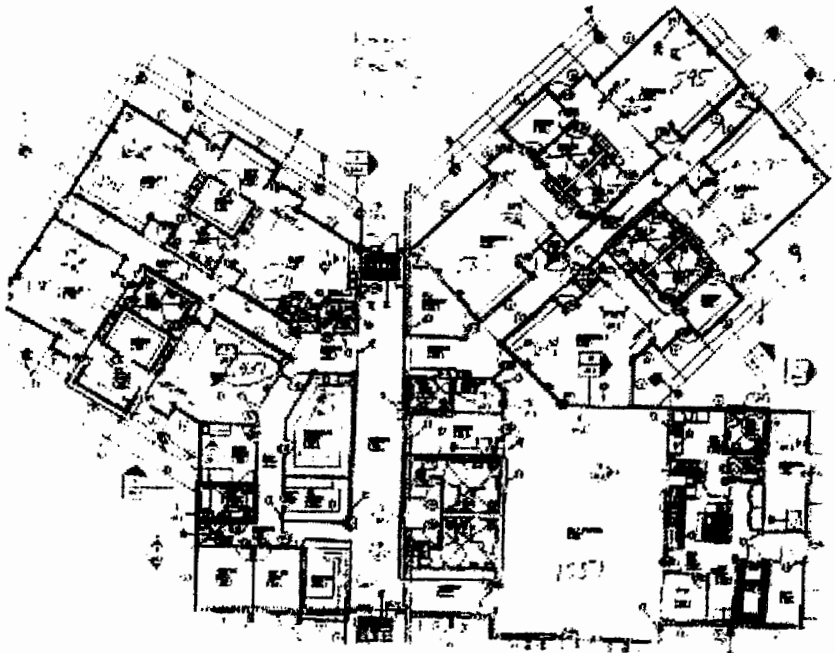
Building # T073152 OPEN

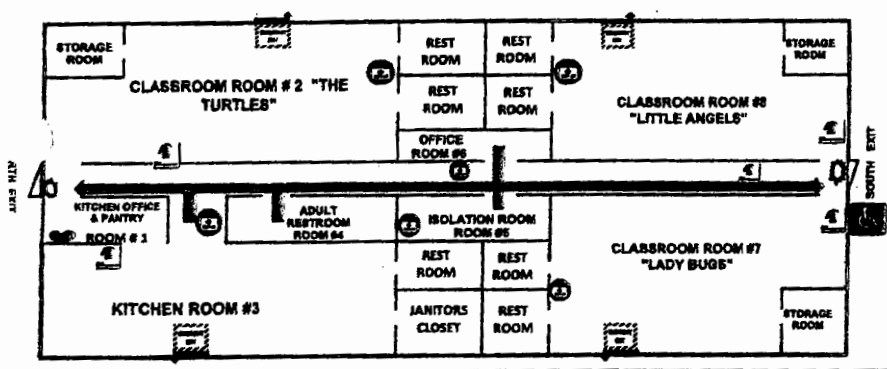
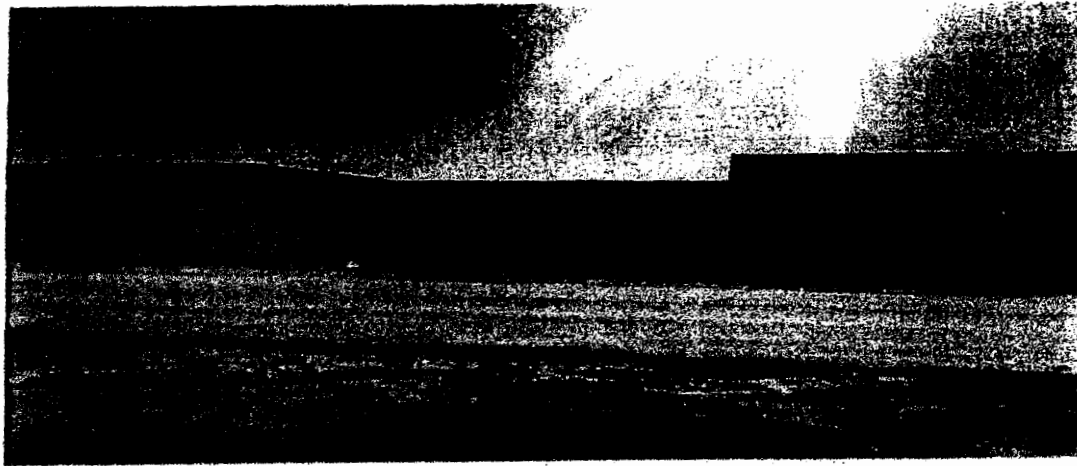
PROPANE GAS

Capacity 160 Kids

Administration 33

Contact: Malinda Notah 505.368.1532



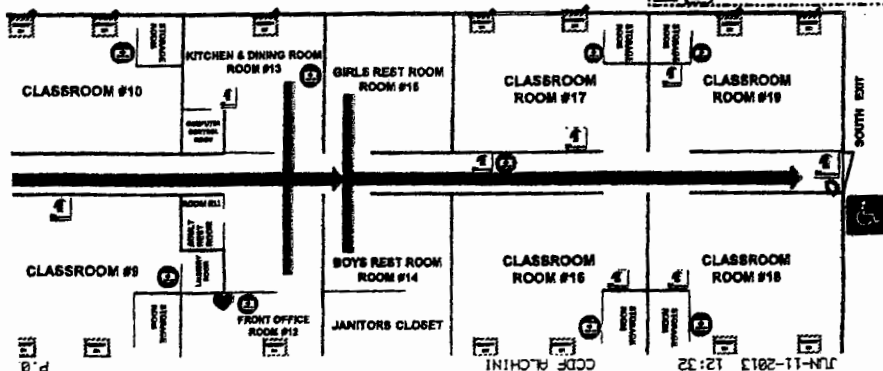


Alchini Nizhoni Child Care Center
 11,088 sq ft Located on Dine College Campus
 Building # 4245 & 4244
 9 Class Rooms 10 Kids
 100% Electric
 Administration 10
 Malinda Notah 505-368-1189

Alchini Nizhoni Child Care Center I
 Building Layout
FIRE EVACUATION PLAN



- FIRST AID KITS
- FIRE ALARM CONTROL
- FIRE EXTINGUISHER
- FIRE PULL ALARM
- SECONDARY EMERGENCY EXITS



JUN-11-2013 12:32
 CCDF ALCHINI



**CROWNPOINT CHILD CARE CENTER
CONVENTIONAL BLDG**

15,000 sq ft Located on CIT College Campus Land Track

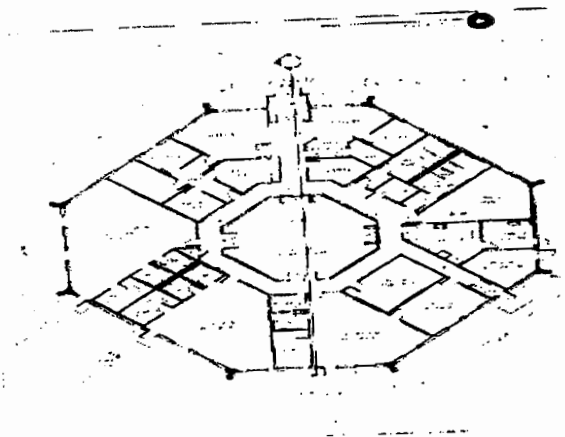
Building # 4049 Operational

Playground 0-13 yrs

4-Class Room 42 Kids

Administration 15

Laura Daniels 505-786-2435



CHILD CARE DEVELOPMENT FUND PROGRAM



ALAMO CHILD CARE CENTER (CONVENTIONAL)

13,000 sq ft located on Sch. Campus Land Track

Building # 4332 Operational

6-Class Room 60 Kids

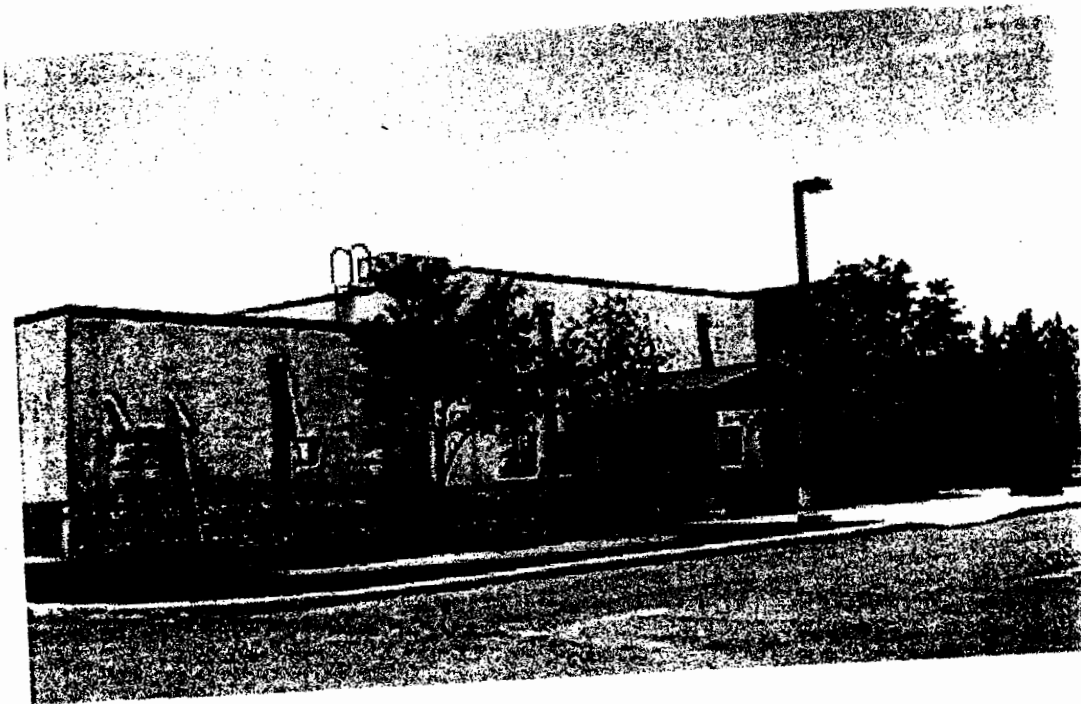
Playground 0-13 yrs

Propane Gas

Administration 24

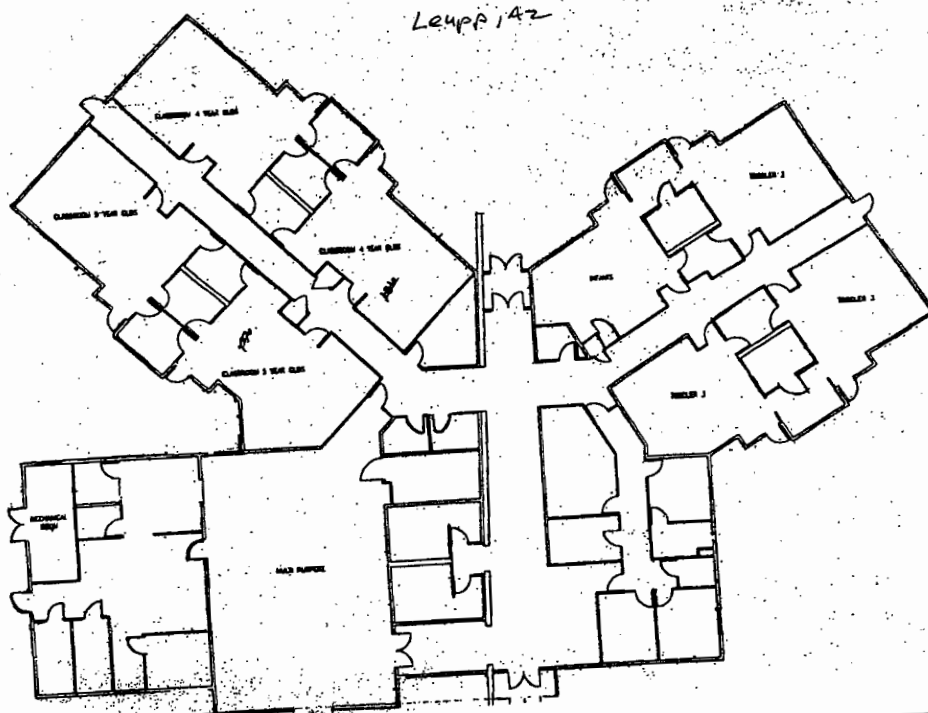
Laura Middleton 505-854-2543

- NO FLOOR PLANS
- STILL IN PROGRESS

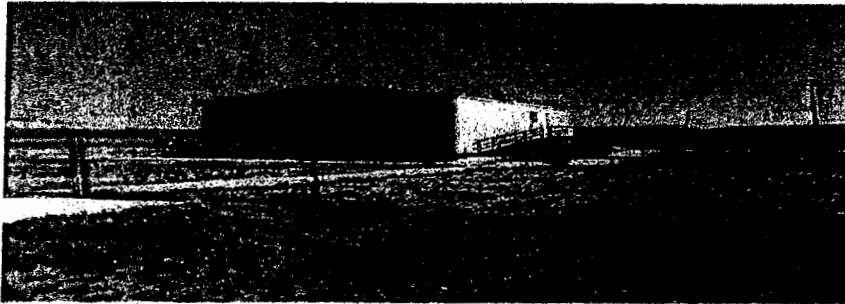


**LEUPP CHILD CARE CENTER
(CONVERTIONAL)**

13,500 sq ft Located on Chapter Land Track
 Building # 1003-3150
 8-Class Rooms 10 kids
 Playground 0-13 yrs old
 Natural Gas
 Administration 7
 Carrie Paddock 928-686-3298



CHILD CARE DEVELOPMENT FUND PROGRAM



LOWER GREASE WOOD CHILD CARE (MODULAR UNIT)

1,456 sq ft located on Chapter Land Track

Building #4007 Operational

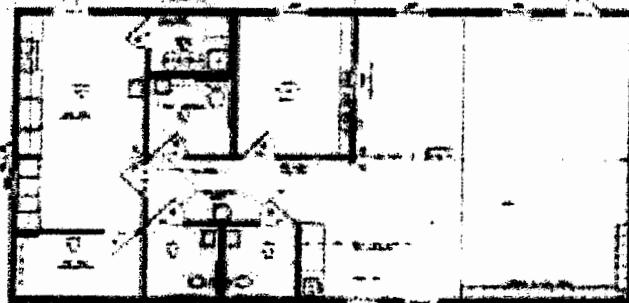
1-Class Room 20 Kids

Playground 0-13 yrs

100% Electric

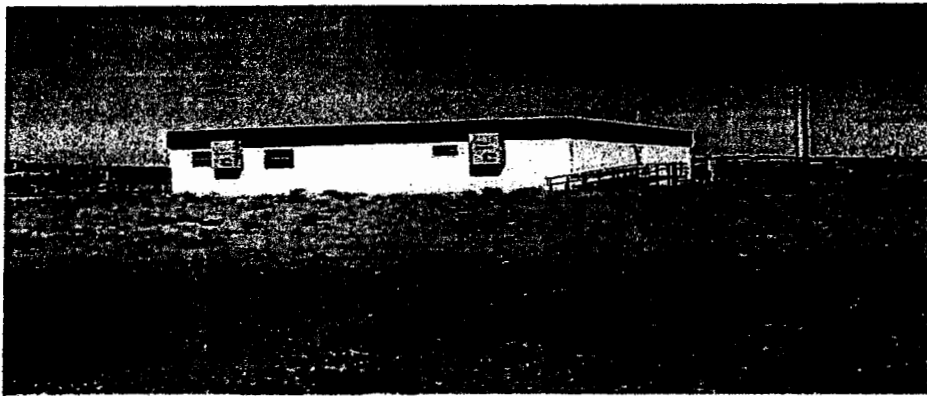
Administration 6

Lorena Jim 928.654.3906



LOWER GREASE WOOD CHILD CARE		CHAPTER LAND TRACK	
BUILDING #4007		OPERATIONAL	
1,456 sq ft		100% Electric	
1-Class Room 20 Kids		Playground 0-13 yrs	
Administration 6		Lorena Jim 928.654.3906	

CHILD CARE DEVELOPMENT FUND PROGRAM



SHONTO CHILD CARE CENTER (MODULAR UNIT)

2,652 sq ft located on Chapter Land Track

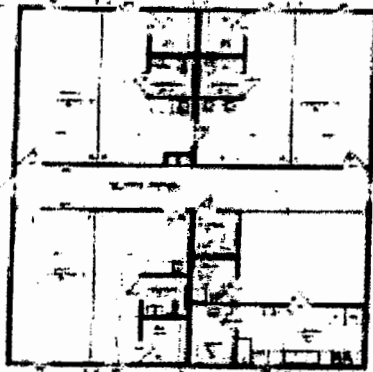
Building # 4016 100% Electric Operational

Playground 0-13 yrs

3-Class Room - 26 Kids

Administration 6

Elsie Thompson - 928-672-32906



CHILD CARE DEVELOPMENT FUND PROGRAM



NAVAJO CHILD CARE CENTER LITTLE FORKS (MODULAR UNIT)

3,596 sq ft located on Chapter Land Track

Building # 4014 Open

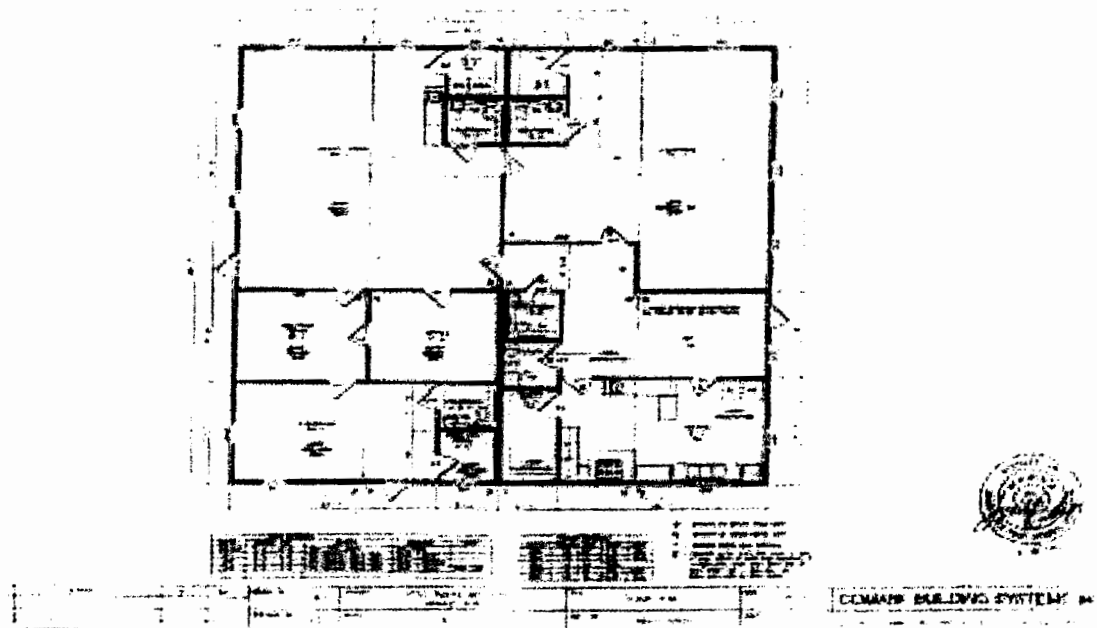
3-Class Rooms 40 Kids

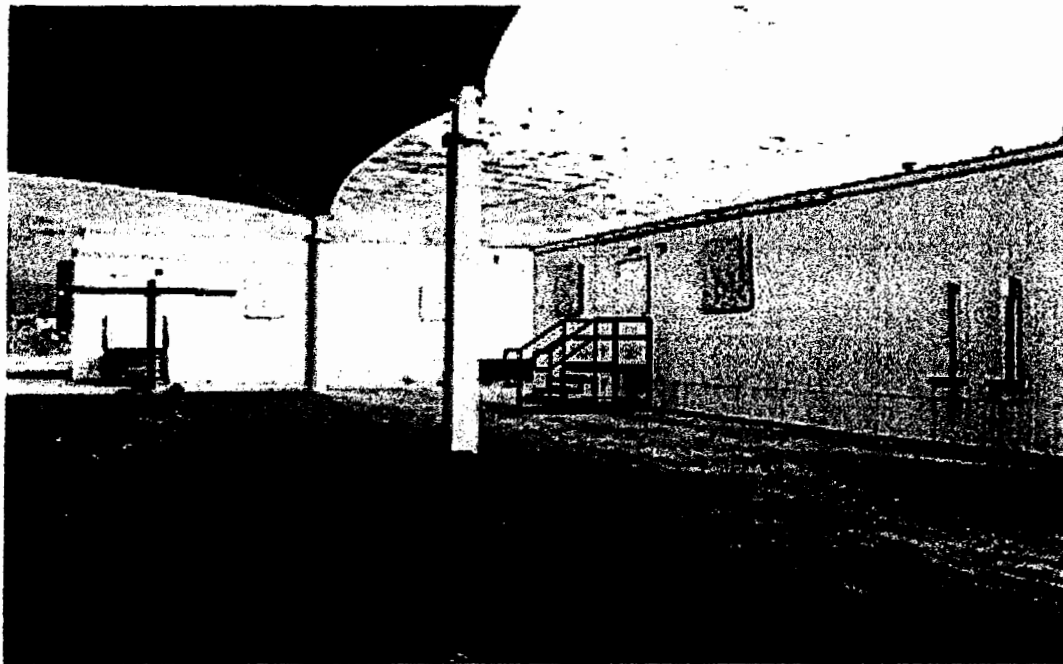
Playground 2-13 yrs

100% Electric

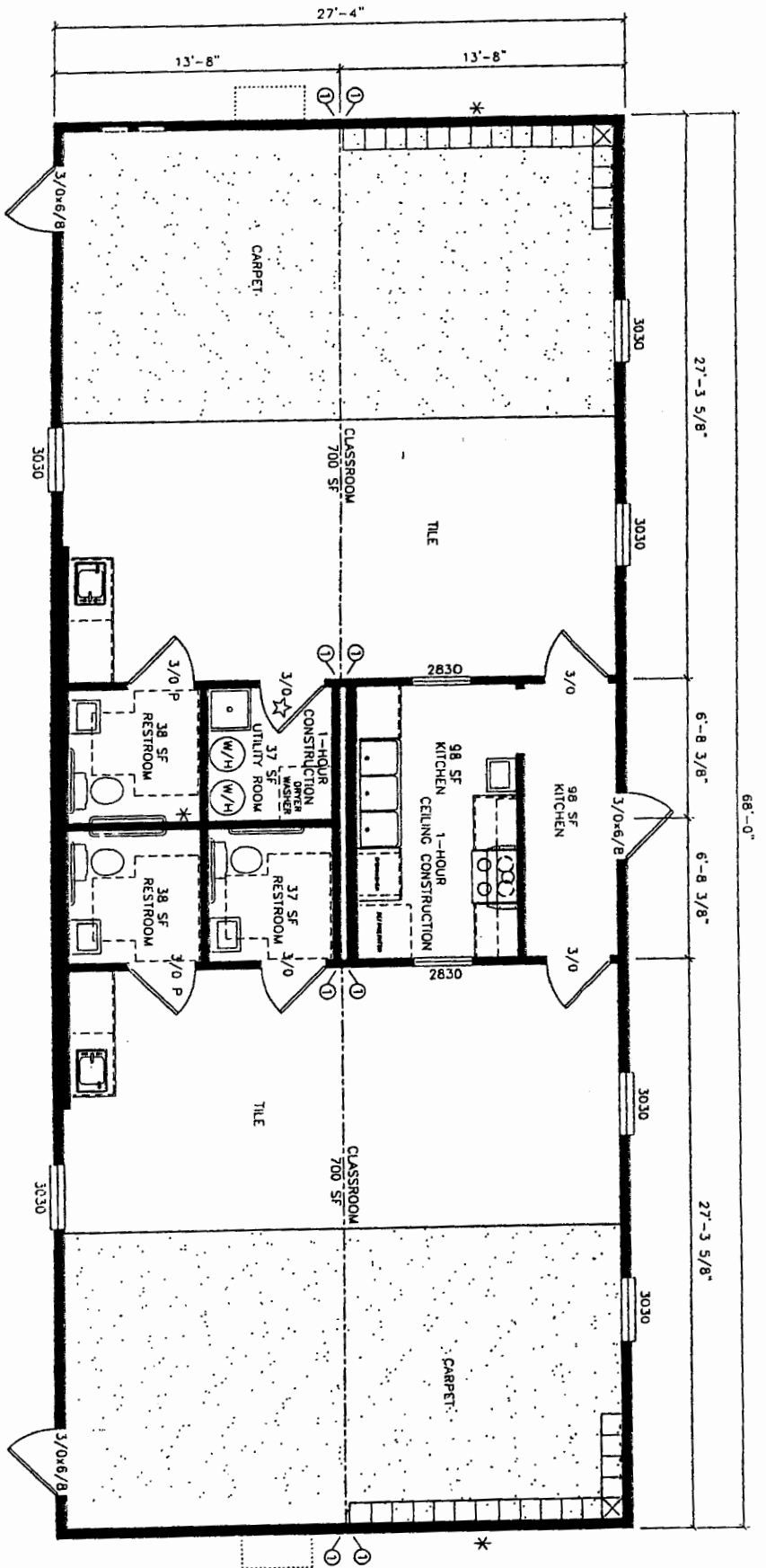
Administration 4

Marsha Smith 505-777-2752





Tuba City Child Care Center



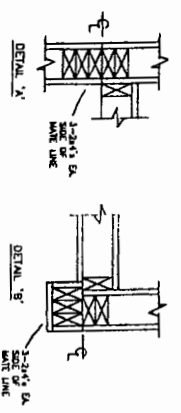
DOOR LEGEND				
CALLOUT	NOMINAL SIZE	MATERIAL	HARDWARE	NOTES
3/0-6/8	3'-0" x 6'-8"	18ga. STEEL DOOR	PULL / PANIC	NONE
3/0	3'-0" x 6'-8"	PRE-FINISHED SOLID CORE	LEVER, KEYS	NONE
3/0 P	3'-0" x 6'-8"	PRE-FINISHED SOLID CORE	LEVER, PASSAGE	NONE

WINDOW LEGEND				
CALLOUT	NOMINAL SIZE	LIGHT	VENT	
3030	36" x 36"	7.67	3.64	
2830	32" x 36"	2830 WINDOW IS A		

- * - DENOTES SHEAR WALL LOCATION
- ① - DENOTES 3-EA. 2x4's AND 1-EA. 3" WIDE x 26ga. STRAP AT MATE-LINE FASTENED W/ 14 DUO-FAST #138 NAILS EACH END OF EACH STRAP, OR 11 DUO-FAST #25 NAILS EACH END OF EACH STRAP.
- ☆ - DENOTES 45 MINUTE RATED DOOR

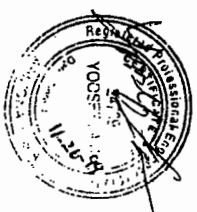
REVISION	BY	DATE	DRAWN BY	PROJECT	TITLE	DATE	SHEET
			R.H.	DAY CARE CENTER WINDOW ROCK, AZ.	CLASSROOM FLOOR PLAN	10/29/99	A-2
CHECKED BY:			SCALE: 3/16" = 1'-0"		DWG. NO. 2865NVAJO-WR	© 1995, COMARK BUILDING SYSTEMS, INC. All Rights Reserved	

COMARK BUILDING SYSTEMS, INC.



- | ARCW LEGEND | | | |
|-------------|--------------|-------|------|
| CAUSE | NOMINAL SIZE | LIGHT | VENT |
| 3030 | 36" | 67 | 3.84 |
| 3220F | 44" | 36" | 5.65 |
| | | | |
| | | | |

KEYING SCHEDULE	
① KE-52 RIM CYLINDER	⑤ KE-ED LEVER LOCKSET
② KE-7C LEVER LOCKSET	⑥ KE-ED LEVER LOCKSET
③ KE-ED LEVER LOCKSET	⑦ PASSENGER LEVER HANDLE & SELF CLOSING HINGES
④ KE-7C LEVER LOCKSET	⑧ KE-7C LEVER LOCKSET w/ INSIDE THUMB BUTTON & SELF CLOSING HINGES



DATE	REVISION	BY	DATE	DRAWN BY	PROJECT	TITLE	DATE	COMARK BUILDING SYSTEMS, INC
				E.S.	THE NAVAJO NATION CANABO, AZ.	CLASSROOM FLOOR PLAN	11/2/99	
			CHECKED BY:	SCALE:		DWG. NO.	SHEET	© 1999, COMARK BUILDING SYSTEMS, INC. All Rights Reserved
			4	3/16" = 1'-0"		28-80CANABO	A-2	

PARENT(S)

Name: _____
 Name: _____
 Mailing Address: _____
 Phone Number: _____

CHILD CARE PROVIDER

Name of Provider: _____
 Physical Location: _____
 Mailing Address: _____
 Phone Number: _____

CHILD INFORMATION

Child's Name	Date of Birth	Age	<input type="checkbox"/> Non-School Age	<input type="checkbox"/> School Age
--------------	---------------	-----	---	-------------------------------------

PARENT(S) CHOICE OF SELECTED CHILD CARE PROVIDER

☐ Center ☐ Group Home ☐ Family Home ☐ Child Home or In-Home ☐ Relative Caregiver

REASON FOR APPROVED CHILD CARE ASSISTANCE

☐ Employment ☐ Training or Education Program ☐ Child Protective Services

SERVICE AUTHORIZATION

Days	Time (a.m. or p.m.)	Time (a.m. or p.m.)	Approval Full Time	Approval Part Time
Sunday	to	to	<input type="checkbox"/>	<input type="checkbox"/>
Monday	to	to	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	to	to	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	to	to	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	to	to	<input type="checkbox"/>	<input type="checkbox"/>
Friday	to	to	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	to	to	<input type="checkbox"/>	<input type="checkbox"/>

☐ Varying Hours – Work Schedule is required, to be acknowledged by employer or instructor and submit Timesheet.

APPROVED MAXIMUM DAILY RATES		PARENT SHARE	PAYMENT AUTHORIZATION	
Full Time	Part Time	Co-payment Rate	Beginning Date	Ending Date
			to	

Approved by CCDF Casework Supervisor _____ Date _____

Approved by CCDF Senior Case Worker _____ Date _____

By our signature below, we are in agreement with the above approved days, hours, and co-payment rate. As eligible parent(s) or appointed as a *Loco Parentis*, we are responsible to pay co-payment to our child care provider. As an eligible parent(s), I understand and will report any changes on my family unit income status. We understand and acknowledge to that the days, hours, and copayment rate may change upon eligibility redetermination.

Eligible Parent Signature _____ Date _____

Child Care Provider Signature _____ Date _____

☐ Original – CCDF Family Record ☐ Parent's Copy ☐ Child Care Provider's File

NAVAJO NATION DIVISION OF SOCIAL SERVICES
Child Care & Development Fund Program

NAVAJO NATION PAYMENT RATES
For Tribal Plan 2014-2015

FULL DAY RATE	AGE OF CHILD	CENTER	GROUP HOME	FAMILY & IN-HOME	RELATIVE CAREGIVER <small>Self-certification</small>
	1-12 Months Old	27.00	23.00	20.00	13.00
	12-36 Months Old	26.00	23.00	20.00	13.00
	3-5 Years Old	25.00	20.00	16.00	13.00
	5-13 Years Old	18.00	17.00	16.00	13.00

PART DAY RATE	AGE OF CHILD	CENTER	GROUP HOME	FAMILY & IN-HOME	RELATIVE CAREGIVER <small>Self-certification</small>
	1-12 Months Old	21.00	18.00	16.00	8.00
	12-36 Months Old	20.00	18.00	16.00	8.00
	3-5 Years Old	19.00	15.00	11.00	8.00
	5-13 Years Old	13.00	12.00	11.00	8.00

The maximum weekly benefits is authorized for payment up to five (5) full-time or part-time days.

Full-Day Rate: Six (6) or more hours of child care per day.

Part-Day Rate: One (1) or more hours and less than six (6) hours of child care per day.

Regulated/Licensed centers, group, family, and In-home on Navajo Nation and near Navajo Nation (pursuant to HHSC-AU-40-89) are subject to use this subsidy payment rate.

If the provider's rate is less than the CCDF Rate, the provider's rate will be approved.

If the provider's rate is higher than the CCDF rate, the CCDF Rate will be approved.

Parent(s)/Legal Guardian(s) will be responsible for paying the cost difference between what the provider's rate are and what the CCDF program's approved rates are.

Children who require nontraditional hours of care, i.e. care provided to children at times outside of the traditional work day, between 6:00 pm and 7:00 am, and between 7:00 am and 6:00 pm on Saturday and Sunday are paid at a full time or part time rate.

NAVAJO NATION INCOME MATRIX & SLIDING FEE SCALE

ACF - 700 Data Field; applied 2013 Federal Poverty Level (FPL)

ACF-700 Data Field	7a: At or below poverty threshold*	7b: Above threshold but below 150% of threshold	7c: Above 150% of threshold and below 200% of threshold	7d: Above 200% of threshold and below 85% AZ SMI
Calculation	Less than or equal to the number in the table	Multiply Threshold under 7a x 1.5	Range between 7b & 7d	Multiply Threshold under 7a x 2
Family Size	Level 1	Level 2	Level 3	Level 4
1	1 - 11,490	11,491 - 17,232	17,233 - 22,991	22,992 - 29,326
2	1 - 15,510	15,511 - 23,268	23,269 - 31,031	31,032 - 38,350
3	1 - 19,530	19,531 - 29,292	29,293 - 39,071	39,072 - 47,373
4	1 - 23,550	23,551 - 35,328	35,329 - 47,111	47,112 - 56,397
5	1 - 27,570	27,571 - 41,352	41,353 - 55,151	55,152 - 65,421
6	1 - 31,590	31,591 - 47,388	47,389 - 63,191	63,192 - 74,444
7	1 - 35,610	35,611 - 53,412	53,413 - 71,231	71,232 - 76,136
8	1 - 39,630	39,631 - 59,448	59,449 - 77,828	Not Eligible
9	1 - 43,650	43,651 - 65,472	65,473 - 79,520	Not Eligible
10	1 - 47,670	47,671 - 71,508	71,509 - 81,212	Not Eligible

Monthly Net Income Matrix for Eligibility Determination

Family Size	Level 1 Less than or equal to 100% FPL*	Level 2 Above 100% FPL to 150% FPL	Level 3 Above 150% FPL to 200% FPL	Level 4 Above 200% FPL and below 85% of **AZ SMI for FFY2013
1	1 - 958	959 - 1,436	1,437 - 1,915	1,916 - 2,443
2	1 - 1,293	1,294 - 1,939	1,940 - 2,585	2,586 - 3,195
3	1 - 1,628	1,629 - 2,441	2,442 - 3,255	3,256 - 3,947
4	1 - 1,963	1,964 - 2,944	2,945 - 3,925	3,926 - 4,699
5	1 - 2,298	2,299 - 3,446	3,447 - 4,595	4,596 - 5,451
6	1 - 2,633	2,634 - 3,949	3,950 - 5,265	5,266 - 6,203
7	1 - 2,968	2,969 - 4,451	4,452 - 5,935	5,936 - 6,344
8	1 - 3,638	3,639 - 4,954	4,955 - 6,485	Not Eligible
9	1 - 3,973	3,974 - 5,456	5,457 - 6,626	Not Eligible
10	1 - 4,308	4,309 - 5,959	5,960 - 6,767	Not Eligible

Sliding Fee Scale for Co-Pay Fee

Level 1 Less than or equal to 100% FPL*	Level 2 Above 100% FPL to 150% FPL	Level 3 Above 150% FPL to 200% FPL	Level 4 Above 200% FPL and below 85% of AZ SMI
No Copayment required for Level 1 Category.	6% of Family Unit Net Income is required as Co-payment.	8% of Family Unit Net Income is required as Co-payment.	10% of Family Unit Net Income is required as Co-payment.

Sample of calculation base on percentage for Co-Payment is below:
(Note: be careful to enter the correct percentage amount for Level of Eligibility)

References:

2013 Poverty Guidelines,
Federal Register
Vol. 78, No. 16,
Thursday, January 24, 2013
Notices

*Estimated State Median Income
for FFY 2013
Federal Register
Vol. 77, No. 51,
Thursday, March 15, 2012

- Family Unit Size Example: 5
- Total Family Unit - Net Monthly Income (NMI) Example: \$2,452.00
Family qualifies for Income Level, chose from the table above. Example: Level 2
- Apply Percentage base on Level of Category for Family Unit
Required CoPay, Multiply NMI X 4% = Example: \$2,452.00*.06=\$147.12
- Monthly CoPay Rate for each eligible child
Required CoPay Rate from "C" divide by number of children with subsidy.
Example: \$147.12/3 children=\$49.04 (Monthly CoPay Rate per child)
- Daily CoPay Rate for each eligible child
Each child's CoPay Rate from "D" is divided by 22 monthly average days = Per Child Daily CoPayment Rate.
Example: \$49.04/22 days=\$2.23 (Daily CoPay Rate)
- Payment to the Child Care Provider:
Daily CoPayment Rate per child x No. of days of child care service = Payment to Provider
Example: \$2.23*20 days=\$44.60

Navajo Nation Child Care and Development Fund (CCDF) Program
APPLICATION FOR CHILD CARE ASSISTANCE

ATTACHMENT E

PARENT(S)/GUARDIANS RIGHTS: (Applicant is to read and initial on left side of each row)

1. To privacy of records and ensure appropriate confidentiality is practiced about my family information.
2. To request and apply for child care assistance.
3. To have a decision on child care assistance within thirty (30) days from date CCDF received my Application.
4. To access child care service within the CCDF service area as any other parent applying for child care assistance.
5. To choose and select private, or relative, or sectarian provider who meets the CCDF eligibility requirements.
6. To have unlimited access to my child(ren) while in provider's care.
7. To be informed of any discovery, substantiation of fraud, or misrepresentation of CCDF funds.
8. To request and have a hearing on the inaction on my case if there is no formal response on my Application.
9. To request and have an appeal hearing. If ineligible, or services stopped, or I disagree with the decision; I have the right to appeal in writing, within twenty (20) working days from the date the decision letter is mailed.
10. To request and have an appeal hearing. If child care services are being stopped due to non-payment of the required co-payments, and I wish to appeal, I must file an appeal letter in writing, within ten (10) working days from the CCDF notification date. During this appeal period, child care services will continue.
11. To terminate services at any time.

PARENT(S)/GUARDIANS RESPONSIBILITIES: (Applicant is to read and initial on left side of each row)

1. To carefully read, complete and sign the CCDF Application.
2. To provide required official documents to initiate and maintain eligibility.
3. To access child care assistance during my employment, attending education or vocational job training.
4. To pay the designated co-payment rate and any additional and/or unauthorized costs that exceeds the approved maximum daily rate allowable to the child care provider. Child care services will be stopped immediately, if payments are not made.
5. To contact CCDF Casework Office on any questions about my case status or child care arrangements.
6. To immediately notify the CCDF Casework Office when or if:
 - a. Any of my household members or I experiences a change in employment, school or job training status. I will report change in work hours, work days, jobs, class schedule, increase or decrease in wages or income, second or added employment, long term medical/health leaves, work contract, furlough, etc.
 - b. A need to change a child care provider. A written request is required from me to change a provider and I know the selected provider must meet CCDF program requirements.
 - c. Change in household income as a result of financial contributions received by others or by any source.
 - d. Change in household composition as a result of marriage, divorce, common law, co-habitation, separation, birth, adoption, guardianship, deaths.
 - e. Stop using child care services for any reason and for any length of time.
 - f. Change in physical address, moving, or change in telephone/cellular number.
7. To update the Child Care Certificates before the expiration date. Failure to do so, will result in non-payment to the child care provider. The CCDF Program is not obligated to back pay child care services.
8. To pay the child care provider for child care fee/charges after closure of CCDF services.
9. To repay any overpayments incurred to the CCDF Program.
10. Failure to cooperate with the CCDF Program will result in termination of child care assistance.

APPLICANT INFORMATION

Applicant:

First Name

Middle Initial

Last Name

Telephone Number

Marital Status:

☐ Married☐ Separated☐ Divorced☐ Widowed☐ Single, Never Married

Mailing Address:

Physical Location of

Home:

Emergency Contact

Person:

Telephone No.:

Reason for applying: ☐ Employment/Working ☐ Training/Education ☐ Working & Training/Education ☐ Protective Services

FAMILY MEMBER INFORMATION

	Names of Family Members (First, MI, Last name)	Relationship to Applicant	Date of Birth	Tribal Census Number	Name of School or Head Start	Grade
1.		Applicant				
2.		Spouse				
3.						
4.						
5.						
6.						
7.						

FAMILY FINANCIAL INFORMATION

Type of Income Source	Monthly Amount	Type of Income Source	Monthly Amount	Type of Income Source	Monthly Amount
Employment Income		Educational Grant		Unemployment Insurance	
Alimony		Work Study Wages		Workman's Compensation	
Self-employment Income		Foster care payment		Housing Assistance	
Lottery/casino winnings		Training stipends		Food Stamps	
Tribal Per Capita Income		Child Support		Veteran GI Bill	
Private Pension		Union funds		Social Security Income	
Government Pension		Strike Benefits		Medicaid	
TANF / NPSR		Retirement Pension		Unearned Income	
Military Pay		Investments		Disability Insurance	
Work Force Dev. Assistance		Annuity Payment		Other:	

CHILD INFORMATION FOR CHILD CARE ASSISTANCE

Name of Child	AGE	SEX	Immunization Record		Type of Special Needs Condition(s)
1.			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2.			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4.			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

CHILD CARE PROVIDER INFORMATION

Name of Selected
Provider:

Mailing Address:

Name of Selected
Provider:

Mailing Address:

☐ Relative ☐ Non Relative

Telephone No.:

☐ Relative ☐ Non Relative

Telephone

No.:

APPLICANT'S EMPLOYMENT INFORMATION

Name of Employer:

Mailing Address:

Worksite Location:

Supervisor's Name

Telephone No.:

APPLICANT'S SCHOOL/TRAINING INFORMATION

Name of School:

Mailing Address:

Physical Location:

Advisor's Name:

Telephone No.:

SPOUSE OR SIGNIFICANT OTHER'S EMPLOYMENT INFORMATION

Name of Employer:

Mailing Address:

Worksite Location:

Supervisor's Name:

Telephone No.:

SPOUSE OR SIGNIFICANT OTHER'S SCHOOL/TRAINING INFORMATION

Name of School:

Mailing Address:

Physical Location:

Advisor's Name:

Telephone No.:

I hereby request and apply for child care assistance voluntarily.

I give a true and correct statement about our family and willing to verify any information requested.

I have read and understand my rights and responsibilities as described on Page 1.

I have been given the entire responsibility of choosing our selected provider.

I understand and agree our selected provider meets all of the CCDF Health and Safety requirements.

I acknowledge that I may be charged with fraud if I have falsified or knowingly concealed information.

I release the Navajo Nation Child Care and Development Fund Program from any and all responsibility

for any injuries or liability of whatever nature that might otherwise result there from.

Signature of Applicant

Date

Signature of Spouse or Significant Other

Date

CHILD CARE SERVICE AGREEMENT

**Between the Regulated Independent Child Care Provider
and the Navajo Nation Child Care & Development Fund (CCDF) Program**

I. Introduction

The *Child Care Service Agreement* is a partnership between the Navajo Nation Child Care and Development Fund (CCDF) Program and a certified regulated independent child care provider. Regulated status for a child care provider is one who is in compliance with the CCDF health and safety standards or is recognized as a state licensed child care provider. A regulated independent child care provider may be in-home, family home, group home, private operated child care center on Navajo Nation or a licensed state operated child care center.

The purpose to administer child care services is as follows;

1. To provide a safe child care environment
2. To provide age appropriate child care practices
3. To assist low income families by providing direct child care service
4. To access minimum child care subsidy
5. To comply with the minimum CCDF Health and Safety standards; as follows

II. Eligibility

1. An adult who is 18 years of age or older and is responsible to provide child care service. Child care is performed in the home of the CCDF eligible child or in the Family Home provider.
2. An adult who is 18 years of age and older, along with their assistants and helpers and who will be responsible to operate a child care center or operate a group home.
3. Obligated to provide child care service for CCDF eligible families. Family home and Child home provider will not be employed during the time of performing child care service for the CCDF Program.
4. Family home or Child home providers will not assign or delegate another individual to care for child(ren).
5. Independent Provider will not discriminate based on age, race, creed, religion or disability.

III. Character and Background Clearance

1. A child care provider must have the understanding, ability, and personality to meet the cultural, emotional and social needs of child(ren) under their care.
2. A child care provider must be in good physical health and mentally stable. Adequate judgment about safety, supervision, and creative stimulating with children is attributed to the health of the provider. **A statement from a medical provider may be requested, provided there is reasonable cause to question the ability to care for child(ren). This statement maybe requested at any time during the course of serving as a provider.**
3. Group Home, Family Home, or Child Home providers and all adult household members are mandated to obtain a federal criminal background check. The fingerprinting card must be processed with a competent public safety agency who will conduct a national background investigation. All results from the federal/national criminal background check conducted will be referred and processed for adjudicatory decision.

A renewal or update of a national background check is contingent on the clearance card's expiration date, provided there is no lapse in care of children. A clearance card or document without an expiration date will be updated or renewal of criminal background check conducted every five (5) years, provided there is no lapse in care of children.

4. State licensed child care centers or state operated group homes will comply with their respective state regulations and health agencies to meet the federal criminal background check.

IV. Child Care Setting

1. Operate child care service in a safe, drug-free and healthy home/facility environment.
2. Orientate the parent/legal guardian about the hours of care, child attendance, care of a sick child, disciplinary practices, daily schedule, meals, nap time, toilet training and other policies about the child care setting.
3. A diaper changing area is to be designated within the child care site where poster on diapering process is shown and Diaper Changing Policy is enforced.
4. A poster on hand washing will be shown and hand washing policy is enforced
5. Keep confidential and safeguard all documents and information that is provided by the parent or legal guardian in a secured location.
6. CCDF eligible parent(s)/legal guardian(s) have unlimited access to their child during the time of child care service. Parent(s) who are employed within the same facility where child is receiving child care service is allowed to have access to their child during mid-morning break, lunch time, or mid-afternoon break.
7. Announced and unannounced contacts by the CCDF staff are allowed to address payment issues, service delivery improvement, monitor health and safety requirements and to have an annual health and safety inspection on the home/facility.
8. The children's play area will be free of hazards, rodents or pests. Children must be supervised at all times while in the play area. The preference is for a fenced play area. The play area is to be clear of sharp objects, deep holes, construction equipment, drainage ditches and debris.

V. Child Protective Services

1. Appropriate supervision to infant and children is paramount, to prevent physical abuse, sexual abuse, verbal abuse, psychological abuse and neglect. Basic knowledge on Mandatory Reporting of Suspected Abuse or Neglect is required for purpose to safeguard children and to report suspected allegation of abuse and neglect. **Local law enforcement agency and child protective service agency will be contacted for suspected child abuse and neglect.**
2. Any parent/legal guardian or their designated representative who is suspected to be under the influence of alcohol or drugs will be reported to the local law enforcement immediately. The child will be release only to a person authorized by the parent/legal guardian as identified on the **Child's Record**. If there is no available representative to pick up the child, the nearest Child Protective Service agency will be contacted for protective care.

VI. Health and Safety Responsibilities

1. Physical Exam is required once every three years to ensure that child care provider are cleared of physical disability such as blindness, deafness, and epilepsy and any other disability which might impact adequate care of a child. Physical Exam, Form 304 is to be completed by a competent medical/health agency. State operated child care centers or group homes will follow their respective state health standards. **A statement from a medical provider may be requested, provided there is reasonable cause to question the ability to care for child(ren). This statement may be requested at any time during the course of serving as a provider.**
2. Tuberculosis examination is required yearly or as recommended by a medical professional, for the purpose to be free of communicable disease and/or pulmonary tuberculosis. Tuberculosis Check for Provider, Form 305, is to be completed by a competent medical/health agency. State operated child care centers or group homes will follow their respective state health standards.
3. The importance of immunization for independent provider(s) is/are to prevent occurrence of many serious diseases and/or free from communicable disease. Yearly influenza vaccines are recommended for protection against influenza virus. Tetanus shots must be updated as recommended by a Health Agency.

Every care givers are required to complete at a minimum of 10 hours of in-service training. The training certificate must record the date training was completed, the topics covered, and trainer's name and organizational affiliation. Health and Safety trainings are subject to renewal on a biennial (every two years) basis or as determined by the professional resource presenter, or as determined by the CCDF Supervisor. The trainings are;

1. An independent provider must be able to demonstrate basic life support techniques; this includes applying first aid and Cardio Pulmonary Resuscitation (CPR) to infant, children and adults.
2. Basic Training on Infectious Diseases is necessary. Precautionary practices to prevent the spread of communicable diseases occurs by having good personal hygiene, toileting care, disinfection of diaper changing area, hand washing, isolation of ill child, cleaning toys, care of child's personal items, SIDS prevention i.e. safe sleep, and home/facility clean environment.
3. Basic knowledge on Sudden Infant Death Syndrome (SIDS) Prevention i.e. Safe Sleep is required. This is to ensure infant are supervised during nap and sleep time. The practice of placing infant on their back to sleep is to reduce the risk of SIDS. A firm mattress is recommended. Never place an infant on their stomach for sleeping nor place infant on pillow, waterbed, sheepskin, couch or soft chair. There will be no blanket covering facial area during nap and sleep time. Sleeping infants are physically monitored and checked often by the child care provider.
4. All care givers must have a plan and apply Mandatory Reporting of Suspected Abuse or Neglect upon witnessing or suspicion of abuse, neglect, and exploitation. No child is to be subjected to physical, emotional, or sexual abuse while in care. The use of alcohol and illegal substances or sexually explicit material is prohibited any time that a child is in care.
5. Knowledge about Child Development is essential, to nurture the developmental growth of children from infancy stage to adolescent years. Independence, peer relationship, disciplinary methods, literacy, language development, child play, physical activity, and positive guidance are some of the lessons provided through childhood development training

6. All infants and children must be under direct care of a child care giver at all times. Supervision of Children is critical; supervision keeps children safe, free from harm and injury, and to ensure basis growth and development is appropriately nurtured. Care and interaction with children helps promote for a child to have positive self-esteem, express creativity, feel secure in a safe environment, and basic needs i.e. food, clothing, and shelter is provided.
7. Healthy meals and snacks are to be prepared as applicable to national *Dietary Allowances* standards. Dietary regime will be prepared for children if prescribed by a physician. Nutrition training and a Food Handlers Permit card is required; this is to understand and apply appropriate food preparation, storage, and maintain care of Kitchen/cooking facilities.
8. Child care providers are to include daily Physical Activity with infant and children. Active play helps children to develop gross motor skills such as jogging, marching, skipping, jumping, climbing, hopping, walking, throwing, kicking and catching. Physical activity helps children have good health and helps children to learn skill-building.
9. Child care providers who serve children with physical or mental condition must receive training on the Appropriate Care and Well-being for a Special Needs Child. The caregiver must possess basic knowledge on the child's health condition, specific type of care required for child, and support the well-being growth of child. The caregiver is to help the child to reach development milestones in area of child development, physical, cognitive, language/communication, social/emotional and if needed, adaptive self-help skills.

VII. Emergency Preparedness and Response

1. Basic identification, emergency contact information, and physical map of the location of child care site will be available.
2. Fire Evacuation Plan will be posted to detail the actions to be taken in the event of a fire. Fire drill practice with children will be conducted once every month.
3. A biennial training on Fire Safety is required. The training is to include fire protection, fire detection, fire suppression, and storage of consumer products that contain chemicals or hazardous substances will be out of reach of children. Any flammable chemicals such as lighter fluids will **not** be stored inside the home/facility site.
4. Effort to prevent fire will be exercised by having fire extinguishers and smoke detectors.
5. A biennial training on Emergency Preparedness and Response is required. Child care providers are aware and available to exercise safe care of children in the event of natural disaster or emergent situation where potential harm or injuries may occur.
6. Emergency Plan will be shared to detail the actions to be taken in the event of an emergency situation i.e. flood, tornado, blizzard, utility failure or other disaster that may create structural damages.

VIII. Maximum Number of Children for child care service

A maximum of five (5) children will be served. Special permission by the CCDF Program is required to care for six (6) children. The maximum number of children to be served is due to consideration for safe evacuation and supervision of children in the event of a fire emergency.

IX. Provider Records

1. Pertinent information will be accessible on each CCDF eligible child.
 - a. Child's Record
 - a. Immunization Record
 - b. Accident, Illness & Incident Report (this form is available to maintain record by the provider)
 - c. Authorized Child Care Certificate
 - d. Monthly Time In/Out Record (Timesheet)

The independent provider will return all children's information to the CCDF Program after completion of ending service to the child.

2. Family and In-Home child care provider will have the following records;
 - A. Provider's Application
 - B. Child Care Service Agreement
 - C. Posted Fire Evacuation Plan – posted for public view
 - D. List of Emergency Contact Information for police, child protective service, and poison control
 - E. Annual Health and Safety Inspection or Public/County Health and Safety Evaluation/Inspection
 - F. Training Certificates on:
 - a. Cardio Pulmonary Resuscitation (CPR) Card
 - b. Standard First Aid Card
 - c. Training on Infectious Diseases
 - d. SIDS Prevention (i.e. Safe Sleep)
 - e. Mandatory Reporting of Suspected Abuse or Neglect
 - f. Child Development
 - g. Nutrition
 - h. Physical Activity
 - i. Emergency Preparedness and Response
 - j. Training on child's appropriate care and well-being (applicable to child care providers who are serving disabled or special needs child(ren))
 - k. Fire Safety Card or training certificate
 - l. Food Handlers Permit Card

3. State licensed child care providers will meet and comply with their state's health and safety standards.

IX. Rules Regarding Payment to Providers

1. A Child Care Certificate issued by the Navajo Nation CCDF Program to a parent/legal guardian is used to authorize services and payment for child care service.
2. An original Time In/Out Record is required to be submitted before the 10th calendar day of the following month. The Time In/Out Record requires signature approval by the CCDF eligible parent/legal guardian and the Child Care Provider, to **verify daily attendance**. A Time In/Out Record will be submitted for each child approved to receive child care assistance.
3. The Time In/Out Record which have unauthorized days and hours not covered by the Child Care Certificate will be the parent/legal guardian's responsibility to pay the Child Care Provider.

4. The Child Care Provider will not commit fraudulent documentation on the monthly Time In/Out Record. Accurate arrival and departure of the child will be recorded **daily** with appropriate signature by the parent/legal guardian or a designated representative.
5. The CCDF Program will not be responsible to collect copayment fee, unauthorized service fees, or late charges for the independent provider. The collection of these fees will be arranged between the independent provider and the parent/legal guardian.
6. The CCDF Program will make adjustments and/or deductions from future payments for any overpayments and/or underpayments.

X. Tax Information

1. A child care provider is self-employed and is not an employee of the Navajo Nation. The child care subsidy that is payable by the Navajo Nation is without federal and state tax deductions, thereby, tax payments to the Federal and/or State tax agencies is the responsibility of the child care provider.
2. A child care provider is advised to contact a tax consultant for tax filing obligations, tax record maintenance, and tax deductions to Federal and State agencies. Reporting and filing tax returns, tax deductions, collection/penalty tax fee, and any other tax related obligation is the sole responsibility of the child care provider.
3. The Internal Revenue Services, Form W-9, *Request for Taxpayer Identification Number and Certification* is to be completed and filed with Navajo Nation. The completed W-9 form will be submitted for income reporting to the Federal Internal Revenue Services by the Navajo Nation. Each year, the Navajo Nation will issue Form 1099 tax report for informational purposes.
4. A copy of the social security card or an assigned Employer Identification Number will be secured, for purpose to generate monthly subsidy payment with the Navajo CCDF Program.

IV. Rate Agreement

The child care fee set to operate my child care service is entered as full day or part day rate. Full day is child care service that is provided six (6) or more hours in a day. Part day is child care service that exceeds one (1) hours and less than six (6) hours in a day. Services provided that is less than an hour is the responsibility of parent/legal guardian.

<i>Age of Child</i>	Independent Provider's Payment Rate	
	<i>Full Day</i>	<i>Part Day</i>
1 - 12 Months Old		
12 - 36 Months Old		
3 - 5 Years Old		
5 - 13 Years Old		
Special Needs 0 -19 Years Old		

I understand the maximum weekly benefits that can be authorized for any eligible child is payment for up to five (5) part-time or full-time days. If the parent/legal guardian's child care needs require more than five (5) part-time or full-time days, the parent(s)/legal guardian(s) are responsible for child care payments.

I certify by my signature below, to acknowledge and confirm that I have read the entire content of this CHILD CARE SERVICE AGREEMENT. In addition, the content is explained to me.

I understand and acknowledge my responsibilities as a child care provider for the Navajo Child Care & Development Fund Program. I will cooperate to the extent possible, to comply with the minimum Health and Safety standards and willingly do my part, to maintain a safe home/facility environment for child care service.

I understand and acknowledge that the CCDF Program may suspend child care subsidy as a result of depletion of funds. CCDF will provide advance notification should suspension of funds is unavoidable.

I understand and acknowledge that the CCDF Program is a recipient of federal funds and at any given time, if there is submittal of false information, or misrepresentation on my part, or engage in fraud practices, I agree for payments to end and I will be disqualified to be a child care provider.

I certify to comply with the provisions set in this CHILD CARE SERVICE AGREEMENT. I will report all changes that may affect my eligibility as a child care provider, within ten (10) working days to the CCDF Regional Office.

Name of Child Care Provider

Date

Child Care Provider Signature

Date

The Child Care Service Agreement is reviewed and explained to the child care provider on all of the above content.

Name of CCDF Staff

Date

CCDF Staff Signature

Date

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**NAVAJO NATION
DIVISION OF SOCIAL SERVICES
Child Care Program**

I. LEGAL AUTHORITY

January 1982, the Advisory Committee of the Navajo Nation Council adopted Resolution ACIA-5-1982, designating the Division of Social Welfare, to exercise provision of child care services. Subsequently, following the enactment of the Federal Child Care Development Block Grant by Congress, the Navajo Nation established the Child Care Development Block Grant Program under the Navajo Nation Division of Social Welfare. In 1997, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) expanded the funding for Child Care Services to include funding for construction and major renovation of child care facilities and changed the name to Child Care and Development Fund. The official program rules and guidelines are 45 CFR, Parts 98 and 99 (final rules), issued July 24, 1998; PL 104-193 low-income families receiving temporary public assistance; Child & Adult Care Food Program regulations (U.S. Department of Agriculture); 7CFR Part 226; **Navajo Nation Day Care Facility Environmental Health Code; Title 13, Chapter 15, Child Care Centers**; the Navajo Nation Tribal Plans; and Child Care Program's Internal Property Policy and Procedures.

II. PURPOSE:

The Navajo Nation Child Care Centers are to support the families' effort to become economically self-sufficient by assuring availability and accessibility of affordable child care services; Promote the physical, social, and emotional development for children; enhance the Dine Language and culture sensitivity and provide early childhood learning in a nurturing, safe and healthy environment.

III. ELIGIBILITY:

- A. Eligibility for CC&DF, child care assistance is determined at the Region's Case Work Unit.
- B. Parents/Guardians who choose not to proceed with the CC&DF eligibility assessment at the Case Work Unit may inquire directly at the Regions Child Care Centers Administration Office regarding child care services.
- C. Seventy five percent of the child care centers' capacity maybe applicable to serve families who are eligible for CC&DF child care assistance.
- D. Twenty five percent of the centers' capacity maybe applicable to service families who are not eligible for CC&DF child care assistance.
- E. The Twenty five percent of the centers' capacity maybe exceeded to serve Non-CC&DF eligible families to maximize the child care centers' capacity.

Y. PRIORITY:

- A. Priorities will be in accordance with the Navajo Nation Child Care & Development Fund Tribal Plan.

- B. Families who do not meet the CC&DF eligibility criteria.
- C. Drop in services using The Navajo Nation Tribal Plan, payments rates for the Provisions of Child Care Services. Drop in Service is/are accepted only when an enrolled child is absent and

V. ADMISSION/REGISTRATION CRITERIA:

- A. Programs Supervisors shall have direct authority to accept or deny referral/application of Parent(s)/Guardian(s) as follows:
 - 1. Parent(s)/Guardian(s) must not have an outstanding child care bill with the Navajo Nation Child Care Centers.
 - 2. Availability of space for age of child(ren).
 - 3. Staff-to-child ratio.
- B. Application for child care services.
 - 1. Enrollment Application.
 - 2. Child Care Certificate, if applicable.
 - 3. Authorization for Release of Child(ren), if applicable.
 - 4. Updated Child's Immunization Record.
 - 5. Terms, Conditions and Fees for Child Care Services.
 - 6. Child & Adult Care Food Program Affidavit, if applicable.
- C. Child Care Services must be secured within ten (10) working days after the acceptance of CC&DF referral or initial application including the security deposit, if applicable.
- D. The Program Supervisor and or a designated employee will provide orientation for the Parent(s)/Guardian(s) and employee(s), regarding the Navajo Nation Child Care Center Operations, center-based policies, procedures, and responsibilities.
- E. Child's folder may be transferred with the Navajo Nation Operated Child Care Centers upon request and authorization by the parent(s)/guardian(s).
 - 1. The enrollment application may not need to be updated if the child(ren) is/are enrolled and attending the Navajo Nation Operated Child Care Centers.
 - 2. The child(ren) or parents/guardians is/are exactly the same (no changes).
 - 3. The transfer is within the six months of the recent admission/registration or review.

I. DESCRIPTION OF SERVICES:

- A. Navajo Nation Child Care Service will plan, organize, and implement learning activities to stimulate the emotional, physical, social, and intellectual development of children while ensuring compliance with the Tribal and Federal requirements.
 - 1. Organized activities that require children to leave the premises require parental authorization.
- B. Implement activities to enhance experience in the Dine' Language and Culture through;
 - 1. Child Development Activity Plan; interest areas.
 - 2. Dine' Language, example: speaking, singing, counting, storytelling, pictures, identifying shapes, kinship, etc.,
- C. Parent(s)/guardian(s) are offered unlimited access to their child(ren) and the provider(s) during the time the child care center is in operation. In the event of a court order. contact

with parent(s)/guardian(s) maybe disallowed and/or limited. Court documents may include restraining/domestic violence protection orders.

1. Parent(s)/guardian(s) are informed during orientation of the unlimited parental/provider access.
2. Signs posted within the facility regarding unlimited parental/provider access.
3. Parent(s)/guardian(s) will sign in/out on all visits.

VII. CHILD CARE CENTER OPERATION:

- A. The time and days of the Navajo Nation Child Care Center Operation will be posted at each of the Child Care Centers. Parent(s)/Guardian(s) will be given 48 or more hours notice of any changes and closure days. Example; staff meeting, conference, training, etc.,
- B. The Navajo Nation Personnel Policies Manual, section IX. B. 1. Establishes the following Days as holidays and the Navajo Nation Child Care Centers will be closed.

New Year's Day	January 1
Martin Luther King Day	Third Monday in January
President's Day	Third Monday in February
Navajo Nation Sovereignty Day	Fourth Monday in April
Memorial Day	Last Monday in May
Navajo Nation Memorial Day	June 1
Independence Day	July 4
Code Talker Day	August 14
Labor Day	First Monday in September
Veteran's Day	November 11
Thanksgiving Day	Fourth Thursday in November
Navajo Nation Family Day	Friday following Thanksgiving Day
Christmas Day	December 25

- C. Navajo Nation Child Care Centers will be closed on weekends, legal holidays, and other days designated as a holiday by Federal Statute, Executive Order of the President of the United States, or action of the Navajo Nation Council, the President of the Navajo Nation, or the Speaker of the Navajo Nation Council.
- D. All center-based child care centers operating under the Navajo Nation CC&DF are exempt from partaking in the administrative leaves granted by the Navajo Nation Presidents' Office, Memo by Mr. Alfred Yazzie, Program Manager II – January 31, 2008.
- E. In an extenuating situation, such as facility related emergency, the Program Supervisor shall take appropriate measures to protect children and staff and may include vacating/closure of the facility. Temporary closure of employee work sites or facilities due to environmental health hazards or other safety or health reasons, Administrative Leave may not be granted when affected employees can reasonably be assigned to alternative work site.
- F. The following is a sample of the child care center operation routine schedule.

7:00 a.m. – 9:00 a.m.	Arrival of children, greeting and serve breakfast.
9:00 a.m. – 9:15 a.m.	Hygiene enhancement.

9:15 a.m. – 10:00 a.m.	Group activities/wellness assessment.
10:00 a.m. – 10:45 a.m.	Learning activities.
11:00 a.m. – 12:00 p.m.	Lunch.
12:00 p.m. – 12:15 p.m.	Hygiene enhancement.
12:15 p.m. – 12:45 p.m.	Group activities.
12:45 p.m. – 1:00 p.m.	Rest/Quiet time.
2:30 p.m. – 3:30 p.m.	Snack, and hygiene enhancement.
3:30 p.m. – 4:00 p.m.	Learning activities.
4:00 p.m. – 6:00 p.m.	Choice of activities.

G. Children will be supervised accordance to the Office of Environmental Health recommended staff to child ratio.

H. Children Supervision is rendered only by the employees of the Navajo Nation Child Care Center and there should be two or more employees at the child care center during service hours.

VIII. TERMS, CONDITIONS, AND FEES FOR CHILD CARE SERVICE:

A. Families will be billed for child care services based on the following:

1. Navajo Reservation Child Care Provider Payment Rates Based on Category of Care.
2. Part day (one (1) or more hours and less than six (6) hours).
3. Full day (six (6) or more hours).
4. Children Time In/Out Record.
5. Parent share of the approved maximum daily rate (Co-payment on Child Care Certificate).
6. Where there are more than one sibling attending the same child care center the higher payment rates will be applied at one hundred percent (100%), other additional siblings will be charged fifty percent (50%) of the set rates.
7. Late pick up fee, if applicable.

B. Families who are on CC&DF Child Care Certificate will be billed for the days disallowed by their case worker when the parent/guardian utilizes child care center services for purposes not stated/specified on their child care assistance application.

C. Families not eligible for CC&DF child care assistances or become not eligible:

1. A security deposit of one hundred dollars (\$100.00) will be required to begin child care services, which may be refunded upon cancellation of services.
2. The one hundred dollars (\$100.00) security deposit may also be refunded should the family become eligible for Child Care Assistance (Child Care Certificate).

D. Late pick up fee of five dollars (\$5.00) will be applied to the child care rate per child, if the child is picked up after the scheduled closure time, up to every fifteen (15) minutes, or any part thereof.

E. To ensure care and safety of the child(ren) is maintain, child(ren) who are not picked up within thirty minutes (30) will be reported to the appropriate authority. Example; The Navajo Nation Police Department and/or Division of Social Services, Family Service Unit or campus Police.

- F. Child care payments are accepted in money orders or cashier's check **ONLY** and payable to the Navajo Nation. A Navajo Nation field cash receipt will be issued to the payee.
- G. Parent(s)/Guardian(s) who are not paying child care fee/co-payment will be served a notice to cancel child care service if full payment is not received within five working days.

IX. DROP OFF/PICK UP POLICY:

- A. Parent(s)/Guardian(s), or the authorized adult(s) shall record and sign the actual time in and time out for each child on daily bases. Time entries must be in black ink with a full signature, and no initial.
- B. The child(ren) must be signed out by the authorized adult before a school or community support service workers removes a child(ren) from the assigned provider, and signed in upon **his/her return**.
- C. A minor (under eighteen (18) years of age) will not be authorized to sign out a child unless he or she is the parent and authorized by the parent(s)/guardian(s).
- D. Valid photo identification will be required to accept or to release the child(ren), if the individual signing out for the child is other than the Parent(s)/Guardian(s).
- E. Parent(s)/Guardian(s) or any authorized adult(s) who appear to be under the influence of alcohol and/or drugs will not be permitted to sign out a child. Appropriate authority will be notified and the child will be turn over to the Local Law Enforcement or CPS Worker.
- F. If a child is not picked up from the Child Care Center by scheduled closure time, the child may be referred to appropriate authority to ensure care and safety of the child is maintain.

X. SPECIAL NEEDS

- A. Program supervisor will coordinate a group orientation to share information regarding a family support plan to include parent(s)/guardian(s), case workers, and resources.
- B. Parent(s)/Guardian(s) must provide a statement with a physician's instructions, restrictions for prescribed medication and other special instructions/need for the child.
- C. Child Care Center staff will not administer specialized care instruction that requires trained or licensed professional, or requiring one on one care. The family may be referred back to Case Work Unit for other alternative child care arrangements.

XI. NUTRITION

- A. Breakfast, lunch and P. M. snack will be made available to the child(ren), the menus are prepared and posted according to the recommended *National Dietary Guidelines. There must be two hours intervals between meals. Example:
 - 1. Breakfast is served from 8:00 a.m. to 9:00 a.m.
 - 2. Lunch is served from 11:00 a.m. to 12:00 p.m.
 - 3. P.M. Snack served at 3:00 p.m.

- B. Infant formula or breast milk must be prepared (bottle) by the parent(s)/guardian(s) with specific written instructions including child's name, date, contents, and recommended feeding schedule on all bottles.
 - 1. All nursing bottles will be sent home daily for cleaning and sanitizing.
 - 2. Nursery bottles must be placed in the refrigerator/cooler, immediately.
 - 3. Prepared Nursery bottles should have proper nipple lids to avoid cross contamination.
- C. Breast feeding mothers will be provided a designated area to nurse their child.
 - 1. Parents will provide a breast feeding schedule to the child care center.
 - 2. Child(ren) must be sign out and in by the parent for feeding.
- D. Parent(s)/Guardian(s) of child(ren) requiring a special diet must provide a physician's statement specifying the prescribed diet to meet the child nutritional needs. The family may need to make other child care arrangement if the child care center can not meet the child's special diet.

XII. HEALTH AND SAFETY REQUIREMENTS:

- A. Wellness checks are conducted and recorded daily without removing any garments.
- B. Parent(s)/Guardian(s) may be recommended to make temporary child care arrangements due to the following:
 - 1. Injured child requiring one on one care example: fractures, surgery, or
 - 2. As recommended by the pediatrician.
- C. Parent(s)/Guardian(s) will be notified to pick up their child and a referral.
 - 1. Fever: 101 or above.
 - 2. Vomiting, three times in one hour.
 - 3. Loose Stool, three times in one hour.
 - 4. Accidents requiring medical attention.
- D. If a child is diagnosed with contagious illness or parasitic infection a medical statement may be required to re-admit the child, example: hepatitis, whooping cough, head lice, impetigo, etc.,
- E. Prescribed medication can be administered by the child care center employee with an authorization by the parent(s)/guardian(s).
 - 1. Prescribed medication must have; child's name, date, name of medication, dosage instruction and duration, and expiration date on the label. Example: Infant/Children Tylenol, Motrin, Cough suppressant, pain reliever or pedialyte, etc.,
 - 2. The prescription must be on the Child Care Center Referral and signed by the physician.
- F. If a child has any allergies or special condition for emergency situations, the parent(s)/guardian(s) may be requested to provide additional information/recommendation/instructions for care of the child.
- G. If an incident occurs at the Child Care Center/Premises, Employee will complete Incident Report Form, which must be acknowledged by the supervisor and the Parent(s)/Guardian(s) with a signature.
- H. Suspected child mal-treatment is mandated to be reported.

1. Report to the local law enforcements/CPS.
2. Cooperation with law enforcements/CPS – verify identification before releasing any information, example; census, social security, residency, date of birth,
3. Do not ask the child any questions or other children/employee regarding the suspected mal treatment due to confidentiality.
4. Do not call the parent(s)/guardian(s)/provider.
5. Complete an incident report immediately.

XIII. TRANSPORTATION

- A. The Child Care Center employees will not transport children in Privately Owned Vehicle.
- B. Parent(s)/guardian(s) may authorize child(ren) to be transported in vehicles designed to transport children and operated by a properly licensed operator.
- C. Upon a life threatening situation the child care center employee will call for Emergency Transportation Service to the nearest medical facility.

XIV. PLAY EQUIPMENT SAFETY

- A. Toys, furniture, and equipment will be cleaned and sanitized.
- B. Employees will inspect and report any unsafe equipment immediately to the supervisor.
- C. Unsafe Equipment/furniture will be repaired, replaced, or removed.

XV. FIRE SAFETY

- A. Fire hazard/safety and Fire evacuation drills will be conducted.
- B. Child Care Center Fire/Emergency Evacuation Plan and Emergency Contact telephone numbers will be displayed in each room and in public view.
- C. Employee(s) will encourage parent(s)/guardian(s) and general public to participate in the fire evacuation drill.
- D. Employee(s) will inspect to ensure all fire safety apparatus are up to date.
- E. Employee(s) will safeguard and properly store cleaning chemicals and dispose of waste products.
- F. Employee(s) will coordinate with local emergency response teams on all disasters.

XVI. PEST/PET CONTROL:

- A. Pets/animals are NOT allowed at the Child Care Centers premises.
- B. Certified Pest Control will treat the child care facilities with pesticide as required by law.

XVII. GUIDANCE AND DISCIPLINE

- A. The Child Care Center employees shall not use any form of corporal punishment, abuse, humiliation, harsh, and inappropriate language or use denial of food or other basic needs as a form of control or punishment of children. **Employees will coach, model, practice, and post behavior rules for the children.**
- B. The recommended approaches for guidance and re-directing child(ren)'s behavior are.
 - 1. Set up a safe environment
Establish and maintain a safe environment for the children to play to prevent incidents indoor and outdoor and to protect children from danger at all times.
 - 2. Establish a predictable and manageable routine
A basic daily routine schedule.
 - 3. Set a good example
Model a good, positive and friendly behavior at all times when with children.
 - 4. Praise
Encouraged and praise children to enhance competency and self-esteem development.
 - 5. Active Listening
To validate the child's feelings and encourage the child to participate in activities to promote and maintain the child's enthusiasm for learning.
 - 6. Distract
To re-direct a child's attention from a problem situation.

XVIII. PARENT(S)/GUARDIAN(S) RESPONSIBILITIES:

- A. The Parent(s)/Guardian(s) are responsible to comply with the program regulations and/or policies and procedures, example: CC&DF Child Care Certificate, Internal Policy and Procedures.
- B. The Parent(s)/Guardian(s) are encouraged to volunteer time to help your child(ren) adjust to the child care center setting by participating in the Early Child Development Activities and Schedule.
- C. Your child's personal items must be labeled to avoid loss, the child care center staff are not responsible for lost items.
- D. Report any changes in writing, example; attendance, worksite, residency, telephone number, etc.
- E. Issues, concerns or complaints shall be reported in writing to the child care center supervisor.
- F. Must notify the child care center immediately if your child is diagnosed with a contagious illness or parasitic infection.
- G. Notify the child care center when an emergency situation arises regarding unavailable authorized adults to pick up your child(ren). Authorization may be granted/arranged for alternative pick up with your understanding that the original written authorization must be submitted upon your return.

- H. Must display respect and politeness at all times in the presence of the children, parents and employee while at the child care center/premises, they will be asked to leave the premises for use of vulgar and other inappropriate language/behavior.
- I. Parent(s)/Guardian(s) who are Navajo Nation Employee/Volunteers must understand there will be no conflict of interest/interruption in the workplace, in the room(s) where your child(ren) is/are served. You shall be treated in accordance to all policies/procedures applicable including priority criteria. In situation, when child care center service is unavailable you are responsible to make alternative child care arrangements, reference Navajo Nation Personnel Policies Manual, Section XVII., E.

XIX. PARENTAL/GUARDIAN RIGHTS

- A. You will be treated with respect and dignity. Your privacy shall be safeguarded and respected, including personal information that identifies your child, your selves and members of your household. Exception is to Section XVI-I – Suspected mal-treatment.
- B. You will not be discriminated against in the delivery of services based on race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information or source of payment or assistance.
- C. You will be assured, within the means and resources available to the program that services provided in a **culturally competent manner**.

XX. TERMINATION OF CHILD CARE CENTER SERVICES:

- A. Failure to pay required child care fee/co-payment on timely basis.
- B. Termination of services by the Case Worker.
- C. Child(ren) did not attend the child care center for ten (10) days within one month without explanation.
- D. Child(ren) with abusive or disruptive behaviors presenting safety concerns, will be scheduled a staffing which may include case worker, case worker supervisor, site supervisor, program supervisor, and the assigned provider.
- E. Voluntary withdrawal or termination of service by parent(s)/guardian(s).
- F. Non CC&DF eligible families with a thirty (30) working days notice will have to vacate, to accept child(ren) who are authorized child care service by CC&DF Case Worker.
- G. Parent(s)/Guardian(s) knowingly refusing to abide by the Internal/Administrative Policy & Procedures for Child Care Centers, and Regulations.

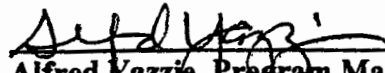
XXI. CLIENTS APPEAL PROCEDURES:

Navajo Division of Social Services, Quality Assurance Standards, Appeal and/or Client Grievances Process will be followed.

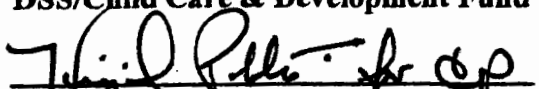
XXII. AMENDMENTS:

These policies may be amended by approval of the Program Manager II of the Child Care & Development Fund Program and the Executive Director of the Division of Social Services.

**This is the First Amendments to the Navajo Nation Division of Social Services,
Internal/Administrative Policy & Procedures for Child Care Center Services,
Dated: 05-02-08.**



Alfred Vazzie, Program Manager II
DSS/Child Care & Development Fund



Cora Maxx-Phillip, Executive Director
NN/Division of Social Services

10-01-09
Date

10/2/09
Date

THE NAVAJO NATION
DIVISION OF SOCIAL SERVICES
Center-Based

PARENT ORIENTATION

Sign In

Child's Name	Parent's Signature	Cntr.	Child's Name	Parent's Signature	Cntr.
1.			8.		
2.			9.		
3.			10.		
4.			11.		
5.			12.		
6.			13.		
7.			14.		

- ☐ Referral, If applicable.
☐ Child Care Certificate, if applicable.
☐ Admission/Registration:

- ☐ Description of services
☐ Child Care Operation
☐ Terms, Conditions, and Fees for Child Care Services

- *Fire Evacuation Drill
 *Wellness Check
 *Incident Report

- * Enrollment Application
 * Authorization for Release of Child(ren), if applicable
 * Immunization
 * CACFP Food Program Affidavit, if applicable
 * Terms and Conditions for Direct Child Care

- ☐ Drop off/Pick Up Policy
 * Time In and Time Out Record
☐ Special Needs
☐ Nutrition
☐ Health and Safety Requirements

- *Referral
 *Consent to Administer Medication
 *Observation & Treatment Log
 *Diarrhea Report
 *Diaper Changing Log

Comments:

Parent/Guardian's Signature

Date

Parent/Guardian's Signature

Date

Child Care Center Employee:

Print Name

Signature

Date

Print Name

Signature

Date

THE NAVAJO NATION
DIVISION OF SOCIAL SERVICES
Center-Based

Application:
☐ New ☐ Update

ENROLLMENT APPLICATION

Child's Information	Child's Name:		Date of Birth:	Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	Census No.:	Social Security No.:	Has child received child care services: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, where?	
	Does your child have any allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, a Statement with recommendation is required.			
	Does the child have any special conditions for emergency medical situations? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, attach a statement with additional information/recommendation/instructions for care of the child.			
Child's School	Child's School Name & Address: (If Applicable):		Bus Driver's Name:	Child's Grade:
	a) School Physical Location:		b) School Telephone No.:	
	c) School Teacher's Name:		d) School Hours:	e) School Bus No.:

A.) Parent(s)/Guardian's Name:		Census No.:	B.) Parent(s)/Guardian's Name:		Census No.:												
Physical Home Address (Draw a map on the back of this page):			Mailing Address:														
Resident Telephone No.:		Cell/Message Telephone No.:		Cell/Message Telephone No.:													
A2.) Employer/School:			B2.) Employer/School:														
A3.) Physical Business/School Address:			B3.) Physical Business/School Address:														
A4.) Business/School Telephone Phone No.:			B4.) Business/School Telephone Phone No.:														
A5.) Work/School Hours:			B5.) Work/School Hours:														
<p>Name and telephone information is hereby provided for emergency contact regarding my child. The adult(s) listed are to contact me, the Child Care Center Employee(s) are responsible to inform me/us, Parent(s)/Guardian(s) or attending Physician of the emergency situation.</p> <table style="width: 100%;"> <tr> <th style="width: 30%;">NAME:</th> <th style="width: 20%;">Work Telephone No.:</th> <th style="width: 20%;">Home Telephone No.:</th> <th style="width: 30%;">Cell phone No.:</th> </tr> <tr> <td>1)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2)</td> <td></td> <td></td> <td></td> </tr> </table>						NAME:	Work Telephone No.:	Home Telephone No.:	Cell phone No.:	1)				2)			
NAME:	Work Telephone No.:	Home Telephone No.:	Cell phone No.:														
1)																	
2)																	
<p>here other adults that you have authorized to sign out your child(ren)? es <input type="checkbox"/> No If yes, complete the Authorization for Release of Children, Center-Based Forms.</p>																	

I certify that all statements made in this document are true, complete, and correct to the best of my knowledge, I understand and will comply with the established Rules, Regulations, Policies and Procedures of the Navajo Nation Child Care Centers.

Parent/Guardian's Signature:	Date:	Mother/Guardian's Signature:	Date:
-------------------------------------	--------------	-------------------------------------	--------------

Care Center Supervisor Signature:	Date:
--	--------------

- Documents:**
- ☐ Immunization Record
 - ☐ DSS-CCDF Referral
 - ☐ DSS-CCDF Child Care Certificate, if applicable
 - ☐ Terms, Conditions, and Fees for Child Care Services

AUTHORIZATION FOR RELEASE OF CHILDREN

ONLY be released to the following adults authorized by me, us.

Name: _____

Relation to Child: _____

Physical Location of Home: _____

Home Telephone: _____

Work Telephone: _____

Alternative Telephone: _____

Name: _____

Relation to Child: _____

Physical Location of Home: _____

Home Telephone: _____

Work Telephone: _____

Alternative Telephone: _____

Signature of Witness _____ Date _____



THE
NAVAJO
NATION

DIVISION OF SOCIAL SERVICES • CHILD CARE AND DEVELOPMENT FUND PROGRAM

TERMS, CONDITIONS, AND FEES FOR CHILD CARE CENTER SERVICES

Terms, Conditions and Fees for Child Care Services between the Navajo Nation, Division of Social Services, Child Care Centers and _____, herein after referred to as the Parent(s)/Guardian(s).
(Parent's Name)

Child's Name: _____ DOB: _____
Child's Name: _____ DOB: _____
Child's Name: _____ DOB: _____

Families who are not eligible for CC&DF, Child Care Certificates understands that services will be stop within thirty (30) days upon written notification that an eligible family with a child care certificate will be served.

The Child Care Center will not accept a child when he/she is ill; Ref: Internal/Administrative Policy & Procedures for Child Care Center Services, Sec. XII. C, & D. A child who becomes ill at the child care center must be picked up immediately.

These Terms, Conditions and Fees for Child Care Center Services can be cancelled in writing by either party according to the policies and procedures.

The fees for Child Care Center services is based on the age of the child and for full or part day services, full day is (6) or more hours; part day is more than one (1) hour and less than six (6) hours; late pick up fee is \$5.00 for every fifteen (15) minutes, or any part thereof. Where there are more than one sibling attending the same child care the higher payment rates will be applied at one hundred percent (100%), additional siblings will be charged percent (50%) of the rate.

Child Care payments are due upon billing; services will be stop if the fee remains unpaid five (5) days after the billing.

Child Care Fee: _____ / _____ Co-payment: _____ Beginning: _____ Ending: _____
Child Care Fee: _____ / _____ Co-payment: _____ Beginning: _____ Ending: _____
Child Care Fee: _____ / _____ Co-payment: _____ Beginning: _____ Ending: _____

Late pick up fee for every 15 minutes, or any part thereof is \$5.00

I, _____, agree to pay the child care fees/co-payment indicated, in money order or cashier's check made payable to Navajo Nation and I/We hereby authorized the Navajo Nation to collect or assign for collection for all unpaid child care fees which may include payroll deduction.

Parent's Signature

SS#

Date

Parent's Signature

SS#

Date

Supervisor's Signature

Date

**THE NAVAJO NATION
CHILD CARE CENTER
Center-Based
DROP IN SERVICE**

1. Child's Name:	Date of Birth:	Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Age:
2. Child's Name:	Date of Birth:	Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Age:
3. Child's Name:	Date of Birth:	Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Age:
4. Child's Name:	Date of Birth:	Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Age:

Does the child(ren) have any allergies?

☐ YES ☐ NO If yes, a Statement with recommendation is required. Child's Name:

Does the child(ren) have any special conditions for emergency situations:

☐ YES ☐ NO If yes, attach a statement with additional information/recommendation/instructions for care of the child. Child's Name:

Has child received child care services:

☐ YES ☐ NO If yes, where?

Authorization for Release of Children: My child(ren) will ONLY be released to the following adult, photo identification will be required to release my child(ren), if applicable.

Name: _____ Initial/Date: _____ / _____

Parent(s)/Guardian's Name:		Social Security No.:	Social Security No.:
Resident Telephone No.:	Cell/Message Telephone No.:	Mailing Address:	
Physical Home Address (Draw a map on the back of this page):			State/Zip Code:
Employer/School Name:		Employer/School Telephone No:	

IT IS HEREBY UNDERSTOOD AND AGREED that I/We do not have an outstanding child care fee with the Navajo Nation and hereby attach an updated immunization record for our child(ren). In the event of illness or emergency, the child care center employee will take all *REASONABLE* steps to notify me to pick up my child(ren) immediately. I/We will pay according to the Navajo Reservation Child Care Provider Payment Rates, Based on Category of Care, and late pick up fees, if applicable. Payments will be accepted in money order or cashier's check only, payable to the Navajo Nation which is non-refundable and is not pro-rated.

Parent(s)/Guardian's Signature:	Date:	Parent(s)/Guardian's Signature	Date:
Child Care Center Supervisor's Signature:			Date:

TIME IN AND TIME OUT

CHILD	Time in:	Signature:	Time Out:	Signature:
1				
2				
3				
4				

CENTER USAGE

TOTAL HOURS:			
AMOUNT BILLED:			
AMOUNT			
MONEY ORDER NO.:			
RECEIPT NUMBER:			

PAYMENT RECEIVED BY:	Date:
----------------------	-------

Attachments:

☐ Immunization Record

ATTENDANCE RECORD

[illegible]

**THE NAVAJO NATION
DIVISION OF SOCIAL SERVICES
Center-Based
MONTHLY REPORT**

Name of Center: _____ Month/Year: _____

ENROLLMENT

Room No.	Room Capacity	Age Group	Child to Adult Ratio	No. of Providers	CC&DF Eligible referral	
					Accepted	Non - Accepted

Children Enrolled		Special Need	Drop Ins	Cancelled Services		Children Served - non duplicate	Total Attendance	Days in operation	Average Attendance
CCDF Eligible	Non-CCDF Eligible			CCDF Eligible	Non-CCDF Eligible				

HEALTH COMPONENTS

Immunizations		Health Referrals		Employee Health Referrals		Medication & Treatment		Incident Reports	
Current	Referred	Referred	Returned	Referred	Returned	Medication	Treatment	No. Referred	Referred

FIRE EVACUATION DRILL

Date	Participating			First Aid Kit			Smoke Detectors		Fire Extinguishers		Comments
	Children	Employee	Parent	How many?	Service date	Refill?	How many?	Service Date	How Many?	Needs Service?	

CORRECTIONS

STAFF

Regular Status		Temporaries		Foster Grandparents		Student Workers		Others
Trainings		Conferences		Meetings		In-services		Other (Specify)
Conducted	Attend	Conducted	Attend	Conducted	Attend	Conducted	Attend	

PARENT INVOLVEMENT

Date	Participants		Event	Other
	Parents	Employee		

FACILITY AND GROUND (inspection date)

Food Service Area	Outdoor	Classroom	Common -Use	Multi - use area	Offices	Work Orders	OEH Inspection
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EARLY CHILDHOOD DEVELOPMENT ACTIVITIES

WEEKLY		1	2	3	4	
Accomplishments				Concerns		
Recommendations				Other (Specify)		
Prepared by:						Date:

Supervisor's Review and Recommendation:

Enrollment; _____

Fire Evacuation Drill; _____

Health Components; _____

Facility and Ground; _____

Staff; _____

Parent Involvement; _____

Early Childhood Development Activity; _____

NARRATIVE; _____

Supervisor's Signature _____ Date: _____

FIRE EVACUATION DRILL

GENERAL INFORMATION

DATE: _____ CENTER: _____ TIME BEGINNING: _____ ENDING: _____
 WEATHER: ☐ CLOUDY ☐ CLEAR ☐ WINDY ☐ SUNNY ☐ SNOW ☐ RAIN Location of fire: _____
 Children: _____ Adult: _____ Comments: _____

FIRST AID KITS

Room #:	Location:	COMMENTS:	Room #:	Location:	COMMENTS:

EXITS, LIGHTING, WINDOWS & MACHINES

INTERIOR:	COMMENTS:	EXTERIOR:	COMMENTS:
DOORS:		DOORS:	
LIGHTS:		LIGHTS:	
WINDOWS:		WINDOWS:	
MACHINES:		MACHINES:	

KITCHEN

EQUIPMENT:	COMMENTS:	EQUIPMENT:	COMMENTS:
		OTHER(S):	

FIRE EXTINGUISHERS

No.:	LOCATION:	COMMENTS:	No.:	LOCATION:	COMMENTS:

SMOKE DETECTORS

TEST	LOCATION	COMMENT:	TEST	LOCATION	COMMENT:

CORRECTIVE ACTION(S):

#1		#2	
#3		#4	
#5		#6	

Coordinator:		Date:		Reviewed By:		Date:	
--------------	--	-------	--	--------------	--	-------	--

Center-based WELLNESS CHECK

NAME: _____ STAFF: _____ DATE: _____ GROUP: _____ TO: _____

CATAGORY	Date:		Time:		REMARKS:		Date:		Time:		REMARKS:		Date:		Time:		REMARKS:		
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
DIAPER RASH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SKIN RASH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SORES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EARS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FINGERNAILS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOE NAILS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLEANSINNESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAD LICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONGESTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COUGHING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEVERISH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOOSE STOOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INSECT BITES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CUTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BRUISES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCRATCHES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BURNS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TEETH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER REMARKS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INITIAL: _____																			
DESCRIBE AREA OF THE CHILD'S BODY THAT HAS SYMPTOMS INDICATED ABOVE. EACH CHILD WILL BE OBSERVATION WITHOUT REMOVING ANY GARMENTS																			

THE NAVAJO NATION
DIVISION OF SOCIAL SERVICES
Center-Based

INCIDENT REPORT

Complete immediately when an incident occurs at the Child Care Center/Premises.

1. Name: _____ DOB: _____
2. Date: _____ Time: _____ Center Name: _____
3. Describe Incident: (What happened) _____

4. Location of incident? (Where did it happen?) _____

5. Equipment/product involved? ☐ Yes ☐ No If yes, describe: _____

a. Equipment description/model/serial/property no.: _____
o. ACTION TAKEN: (What did you do?) _____

a. Other ☐ children and/or ☐ adults involved? ☐ Yes ☐ No
b. First Aid administered? (e.g., pressure, elevation, cold pack, washing, bandage): ☐ Yes ☐ No

c. Referral? ☐ Yes ☐ No (If yes, attach a copy of the Referral) To whom? _____
d. Law Enforcement notified? ☐ Yes ☐ No (If yes, Police Report must be obtained)
Police Officer's Name: _____ Badge No.: _____
Report No.: _____ Telephone No.: _____
Parent(s) or legal guardian(s) notified? ☐ Yes ☐ No Time: _____
If yes, name of the person contact: _____ By whom? _____

ACKNOWLEDGEMENT

7. Prepared by: _____ Date: _____
8. Reviewed by: _____ Date: _____
Comments: _____
Acknowledged By: _____ Date: _____

THE NAVAJO NATION
DIVISION OF SOCIAL SERVICES
Center-Based

REFERRAL

1. Name: _____ D.O.B.: _____
2. Parent/Guardian's Name: _____
3. Symptom(s) of observation: _____

4. Body Temperature: _____ ☐ axillary ☐ oral ☐ aural (ear)
Time: _____ Initial: _____
Body Temperature: _____ ☐ axillary ☐ oral ☐ aural (ear)
Time: _____ Initial: _____
5. Treatment provided: _____

Prepared By:

Name: _____ Title: _____ Date: _____

Child Care Center: _____ Telephone: _____

Received By:

Name: _____ Date: _____

Treatment and Prescription: _____

Recommendation: _____

Date when individual may return to the child care center? _____

Name: _____
Print Name Signature

Title: _____ Date: _____

Return this referral to the child care center.

THE NAVAJO NATION
DIVISION OF SOCIAL SERVICES
Center-Based

CONSENT TO ADMINISTER MEDICATION

I hereby authorize the Child Care Center staff to administer the following prescribed medication to my child

Name of Child

NAME OF MEDICATION:	PRESCRIBED:	PRESCRIBED DOSAGE (Ex: ½ tsp. X 2 times a day)	DURATION: (From - To)
1. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
2. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
3. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

Is the medication consent form signed?

☐ Yes ☐ No

Is the medication in its original container and labeled by the manufacturer or physician?

☐ Yes ☐ No

Is the child's full name on the container?

☐ Yes ☐ No

Expiration date of prescribed medication: _____

I understand the child care center does not employ a health aide. By my consent, medication(s) may be administered by an employee. Child Care Center Staff will not administer or provide medical related treatment, which requires specialized training, or certification.

PARENT/GUARDIAN SIGNATURE

DATE

RECORDED BY:

DATE

Revised 12/02/06 / 02/11/08 gj 09-23-09 hj

12 Administration Form Folder: Record - Health

THE NAVAJO NATION
DIVISION OF SOCIAL SERVICES
Center-Based

CONSENT TO ADMINISTER MEDICATION

I hereby authorize the Child Care Center staff to administer the following prescribed medication to my child

Name of Child

NAME OF MEDICATION:	PRESCRIBED:	PRESCRIBED DOSAGE: (Ex: ½ tsp. X 2 times a day)	DURATION: (From - To)
1. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
2. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
3. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

Is the medication consent form signed?

☐ Yes ☐ No

Is the medication in its original container and labeled by the manufacturer or physician?

☐ Yes ☐ No

Is the child's full name on the container?

☐ Yes ☐ No

Expiration date of prescribed medication: _____

I understand the child care center does not employ a health aide. By my consent, medication(s) may be administered by an employee. Child Care Center Staff will not administer or provide medical related treatment, which requires specialized training, or certification.

PARENT/GUARDIAN SIGNATURE

DATE

RECORDED BY:

DATE

Revised 12/02/06 / 02/11/08 gj 09/23/09 PRINTED 10-01-09 HJ

11 Administration Form Folder: Record - Health

MEDICATION LOG

D.O.B.

[illegible]

12 Center Based - Child's Folder

THE NAVAJO NATION
DIVISION OF SOCIAL SERVICES
Center-Based

OBSERVATION & TREATMENT LOG

CHILD CARE CENTER NAME:	CHILD'S NAME:

RECORD OBSERVATION & TREATMENT

Example: Crying, fussy, sleepy, loss of appetite, etc.; Type of contact: TC-Telephone Call; HV-Home Visit; OC-Office Collateral; FC-Field Collateral

DATE:	TIME:	DESCRIPTION:	REFERRAL	PARENTS NOTIFIED		FOLLOW UP	
			✓ <input type="checkbox"/> Yes <input type="checkbox"/> No	✓ <input type="checkbox"/> Yes <input type="checkbox"/> No	Time	Initial	✓ <input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
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DIAPER CHANGING LOG

CHILD'S NAME:	DATE OF BIRTH:	ROOM #:
		Providers:

[illegible]

THE NAVAJO NATION
DIVISION OF SOCIAL SERVICES
Center-Based

AUTHORIZATION FOR RELEASE OF INFORMATION

DATE: _____

TO: _____
Designated Supervisor

Child Care Center Name

FROM: _____
Designated Supervisor

Child Care Center Name

CHILD'S NAME: _____ **D.O.B.:** _____

The said child's folder will be transferred from: _____
Center Name
and to _____
Center Name

I/We hereby authorize the release of the following child(ren)'s folder. This information is needed to provide or to continue an approved child care services.

AUTHORIZATION TO RELEASE CHILD(REN) FOLDER:

_____ Parent/Guardian Name	_____ Parent/Guardian Signature	_____ Date
_____ Parent/Guardian Name	_____ Parent/Guardian Signature	_____ Date

RECEIPIENT:

_____ Name/Title	_____ Signature	_____ Date
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RESOLUTION OF THE
NAVAJO NATION COUNCIL

Adopting the Navajo Nation Privacy and Access to Information Act

WHEREAS:

1. Pursuant to 2 N.N.C. §102 (A) and (B), the Navajo Nation Council is the governing body of the Navajo Nation and all powers not delegated are reserved to the Navajo Nation Council; and

2. Pursuant to 2 N.N.C. §341, the Government Services Committee of the Navajo Nation Council is established and continued as a standing committee of the Navajo Nation Council with the authority to monitor and coordinate the activities of all divisions and departments of the Executive Branch. In addition, pursuant to 2 N.N.C. §343 (B)(5), the Committee is authorized to recommend legislation to the Navajo Nation Council on matters within the Committee's jurisdiction; and

3. The Government Services Committee of the Navajo Nation Council, by Resolution GSCAP-27-99, attached hereto and incorporated herein as Exhibit "B", has recommended that the Navajo Nation Council adopt the Navajo Nation Privacy and Access to Information Act, set forth at 2 N.N.C. Subchapter 4, §§81-91; and

4. Pursuant to 2 N.N.C. §571, the Judiciary Committee of the Navajo Nation Council is established and continued as a standing committee of the Navajo Nation Council with oversight responsibilities for the operation of the Judicial Branch. In addition, pursuant to 2 N.N.C. §574 (E)(2), the Committee is authorized to review legislation and make recommendations regarding any proposed or current laws, procedures and regulations affecting or creating any impact on the Judicial Branch; and

5. The Judiciary Committee of the Navajo Nation Council, by Resolution JCAP-4-99, attached hereto and incorporated herein as Exhibit "C", has recommended that the Navajo Nation Council adopt the Navajo Nation Privacy and Access to Information Act, set forth at 2 N.N.C. Subchapter 4, §§81-91; and

6. The Navajo Nation Council recognizes that a democratic form of government requires that information related to government operations be accessible to the public, while respecting individuals right to privacy. As such, a generally applicable Navajo Nation Privacy and Access to Information Act is necessary to provide the general public with a means to access records and information relating to the operation of the Navajo Nation while serving the privacy interests of individuals and entities.

NOW THEREFORE BE IT RESOLVED THAT:

1. The Navajo Nation Council hereby amends Title 2 of the Navajo Nation Code by adopting the Navajo Nation Privacy and Access to Information Act, as provided in Exhibit "A", attached hereto and incorporated herein.
2. The amendments contained in this resolution shall become effective upon the certification of this resolution by the Speaker of the Navajo Nation Council.

CERTIFICATION

I hereby certify that the foregoing resolution was duly considered by the Navajo Nation Council at a duly called meeting at Window Rock, Navajo Nation (Arizona), at which a quorum was present and that same was passed by a vote of 61 in favor, 0 opposed and 0 abstained, this 23rd day of April 1999.


George Arthur, Speaker Pro Tem
Navajo Nation Council

APR 26 1999

Date Signed

Motion: Ralph Bennett
Second: Nelson Gorman, Jr.

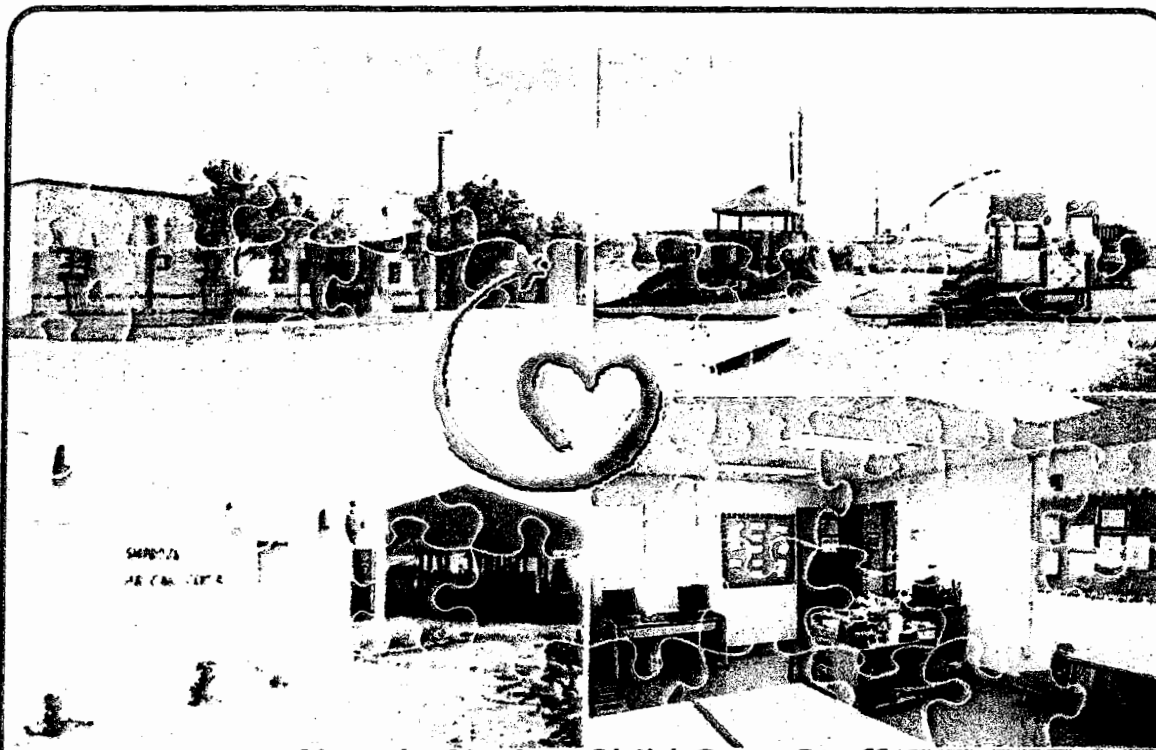
ACTION BY THE NAVAJO NATION PRESIDENT:

1. I hereby give notice that I will not veto the foregoing legislation, pursuant to 2 N.N.C. §1005 (C)(10), on this 4th day of May 1999.


Kelsey A. Begaye, President
Navajo Nation

2. I hereby veto the foregoing legislation, pursuant to 2 N.N.C. §1005 (C)(10), this ___ day of _____, 1998 for the reason(s) expressed in the attached letter to the Speaker.

Kelsey A. Begaye, President
Navajo Nation



*Navajo Nation Child Care Staff
would like to invite you to attend
Public Hearings at the following Chapters:*

March 2013									
17	18	19	<u>20</u>	<u>21</u>	22	23			
24	25	26	<u>27</u>	<u>28</u>	29	30			

March 20, 2013 Nenahnezad Chapter House
March 21, 2013 Red Rock Chapter House
March 27, 2013 Chinle Chapter House
March 28, 2013 Leupp Chapter House

*The Navajo Nation Child Care & Development
Fund Program's Tribal Plan 2014-2015 will be
reviewed during the Public Hearings.
Refreshments will be served.*

*The Navajo Nation Child Care & Development
Fund Program look forward to hearing the
communities ideas, comments on improving
payment rates, and improving exisiting Child Care
service on the Navajo Nation.*

*The Navajo Nation Child Care & Development Fund Program
provides child care to Navajo children
on and near the reservation.*

*For additional information please contact the
NNCCDF Administration Office
928-871-6629*

CCDF has tribal child care centers to better suit your child's needs



THE NAVAJO NATION
DIVISION OF SOCIAL SERVICES
CHILD CARE & DEVELOPMENT FUND PROGRAM
P.O. BOX 2425 • HOGAN TSO OFFICE COMPLEX
WINDOW ROCK, AZ 86515
PH 928.871.6629 • FAX 928.871.7077



BEN SHELLY
PRESIDENT

REX LEE JIM
VICE-PRESIDENT

February 13, 2013

Mr. Anderson Lee
Community Service Coordinator
Red Rock Chapter
P.O. Box 2548
Gallup, NM 87305

Dear Mr. Lee:

The Child Care and Development Fund Program of the Division of the Social Services is requesting the use of your facility, the chapter house to hold a public hearing. The topic of the public hearing is child care issues and its impact on the community. The program is requesting the use on March 21, 2013 from 9:00 a.m. to 1:00 p.m. The program will discuss the program functions and its impact on the community. We wish to hear from the community what some of those issues and concerns are. We will serve lunch after the public hearing. I also request that you waive the rental fee.

If you wish the program to discuss this issue at the Planning Meeting, the staff will be happy to do so as long as we are aware of the time and date. Additionally, we will also be happy to inform the community at the chapter meeting, if you so wish.

If you have any additional questions or concerns, I can be contacted at 928 871 6629.

Sincerely,

A handwritten signature in cursive script, reading "Grace M. Boyne".
Grace M. Boyne
Program Manager II



THE NAVAJO NATION

LEUPP EARLY LEARNING CENTER ♦ CHILD CARE DEVELOPMENT FUND

HC 61 BOX 55 ♦ Winslow, Arizona 86047 ♦ (928) 686-3298 ♦ FAX (928) 686-3297

Ben Shelly.
President

Rex Lee Jim
Vice-President

AGENDA

Public Hearing
Leupp Chapter House
March 28, 2013
9:00 am-1:00 pm

8:30 am	Set-up	CCDF Staff
9:00 am	Welcome Address	Carrie Paddock, Casework Supervisor Tuba City Region (Southwest & Western Regions)
	Invocation	Lorena Jack, CDW Leupp Early Learning Center
	Introduction of Staff	Child Care Dev. Fund Program
	Power point Presentation:	
	Client Eligibility	Carrie Paddock, Casework Supervisor
	Provider Eligibility	Isabel Thompson, Casework Supervisor

Open for Public input, suggestions, recommendations regarding the child care eligibility and child care provider's requirements.

1:00 P.M. Adjourn

Thank for your participation and have a safe trip home.



THE
NAVAJO
NATION
SOUTHWEST REGIONAL OFFICE
CHILD CARE DEVELOPMENT FUND PROGRAM

LEUPP EARLY LEARNING CENTER • HC-61 Box 55 • WINSLOW, AZ 86047 • (928) 686-3298 • FAX (928) 686-3297

BEN SHELLY
PRESIDENT

REX LEE JIM
VICE PRESIDENT

Public Hearing
Leupp Chapter House
SIGN IN SHEET
March 28, 2013

NAME (Please Print Clearly)	ADDRESS	CHAPTER AFFILIATED
1. Matthew Flood	P.O. Box 5506	Leupp Chapter
2. Carrie Paddock	P.O. Box 6 Tuba City, AZ 86045	Tuba City
3. LORENA JACK	HC 61 BOX 55 Winslow, AZ 86047	LEUPP
4. Isabel Thompson	HC 63 Box K, Dilkon, Winslow AZ	Leupp AZ
5. Martin Jack	HC-61 Box 54, Winslow AZ	Leupp
6. Nancy Jackson	HC 63 Box K Winslow, AZ 86047	Dilkon
7. Pauline John	HC 63 Box K Winslow, AZ 86047	Dilkon
8. Sherril Yazzie	HC 63 Box K Winslow, AZ 86047	Dilkon
9. Jan James	P.O. Box 4322 Winslow P.O. AZ 86045	Greaserwood
10. Brenda Donald	P.O. Box 6, Tuba City, AZ 86044	Tonalea
11. Fina Mitchell	HC 61 Box 55 Winslow AZ	Leupp
12. Margaret Thompson	HC 61 Box 55 Winslow, AZ	Tolani Lake
13. Lorraine Harrison	P.O. Box 5058 Leupp AZ	Leupp
14. Latayan Todechee	P.O. Box 514 Kington AZ	Kington
15. Marita Nez	HC 61 Box 55 Winslow, AZ	Klagedoh
16. Ronni Smith	HC 61 Box 4 Winslow AZ	Leupp
17. Alice ISO	P.O. Box 5247, Leupp AZ 860	Leupp
18. Shirley Yazzie	HC 61 Box 184 Winslow	Leupp
19. ANITA BARTON	HC 61 Box 70	LEUPP
20. ANITA BARTON	WINSLOW, AZ 86047	LEUPP



THE
NAVAJO
NATION
SOUTHWEST REGIONAL OFFICE
CHILD CARE DEVELOPMENT FUND PROGRAM

LEUPP EARLY LEARNING CENTER • HC-61 Box 55 • WINSLOW, AZ 86047 • (928) 686-3298 • FAX (928) 686-3297

BEN SHELLY
PRESIDENT

REX LEE JIM
VICE PRESIDENT

Public Hearing
Leupp Chapter House
SIGN IN SHEET
March 28, 2013

NAME

(Please Print Clearly)

ADDRESS

CHAPTER
AFFILIATED

Harold Vigin

P.O. Box 5362, L.A.

Leupp

11-23

*The Navajo Nation Division of Social Services
Child Care and Development Fund Program*



INTRODUCTION



Ms. Grace M. Boyne,
Program Manager II

THE PURPOSE...

of the Public Hearing is to obtain
input, ideas, concerns,
comments, and
recommendations
to improve child care services
on Navajo Nation.



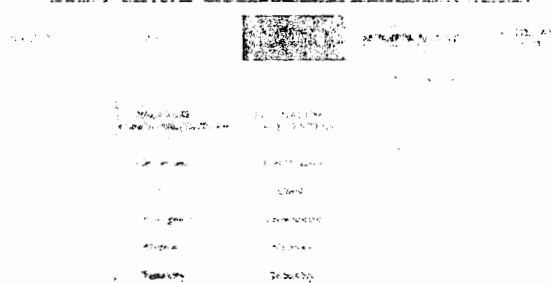
BACKGROUND HISTORY

The Navajo Nation CCDF Program,
began services and continues to operate since
1990.

The governing oversight, Health & Social
Service Committee, approved a resolution in
October 1996.

The Child Care and Development Fund Program
is operated within the
NAVAJO NATION DIVISION OF SOCIAL SERVICES

CCDF ORGANIZATION



CCDF PLAN....

is known as The Tribal Plan to be effective for two years:

2013
10/01/2014 to 09/30/2015

Due to the Federal Region IX DHHS Office before July 01, 2013

GOAL AND OBJECTIVE

Increase the availability, affordability, and quality of child care services...

...by providing child care services to eligible families on and near Navajo Nation

TRIBAL PLAN COVERS....

1. Administration
2. Developing the Child Care Program
3. Child Care Services Offered
4. Procedures for Parents
5. Activities and Services to Improve the Quality of Child Care
6. Health and Safety Requirements for Providers

1. ADMINISTRATION

1.3.1 Estimated FY 2012 CCDF Funding Allocation

FFY 2013 \$10.2 Million



1.4.1 Child Count

Navajo Division of Economic Development 30,642

Navajo Area Indian Health Services 54,442

1. ADMINISTRATION

1.4.2 Indian Child

Navajo Nation defines Indian Child as:

Any child enrolled with a federally recognized Indian Tribe, or be eligible for tribal enrollment, or be a non-Indian child who resides with a federally recognized Native American family.

1.4.3 Service Area

The Navajo Nation provides on and near Indian reservation as approved by the Navajo Nation Legislative Oversight Committee.

1. ADMINISTRATION

1.6 Program Integrity and Accountability

Prevent Improper Payments

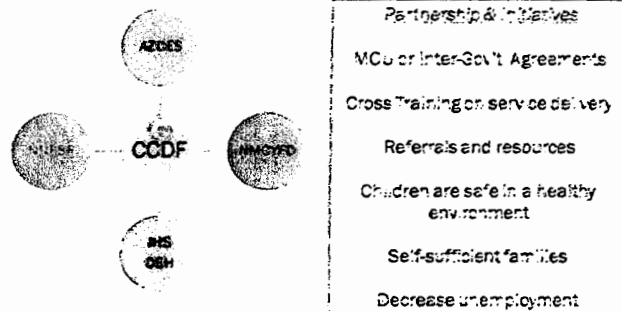
Prevent dissipated funds

Prevent fraud

Fraud – the act of knowingly deceiving, falsifying and misrepresenting one's self, family unit or situation which leads to inappropriate child care services and subsidy.

2. DEVELOPING THE CHILD CARE PROGRAM

Section 2.2. Coordinating the Delivery of CCDF Services



2. DEVELOPING THE CHILD CARE PROGRAM

2.3 Public Hearing is a requirement by the federal funding source



March 20th Nenanahzed, New Mexico

March 22nd Tse Lichil Chapter, New Mexico

March 27th Leupp, Arizona

March 28th Chinle, Arizona

3. CHILD CARE SERVICES OFFERED

Section 3.1 Description of Direct Child Care Services

Navajo Nation is a non-exempt tribe because of the funding allocation of more than \$500,000 for a fiscal year.

CCDF operates a certificate program. Certificates allows parents to choose from a variety of child care categories:

- Center-based care
- Group home care
- Family child care
- In-home (Child's home) care.

3. CHILD CARE SERVICES OFFERED

Section 3.1.1.(d) Tribally-operated centers

Navajo Nation owns 26 child care centers; either modular or conventional structures.

CCDF operates 19 child care centers

Currently 5 modular buildings are to be relocated

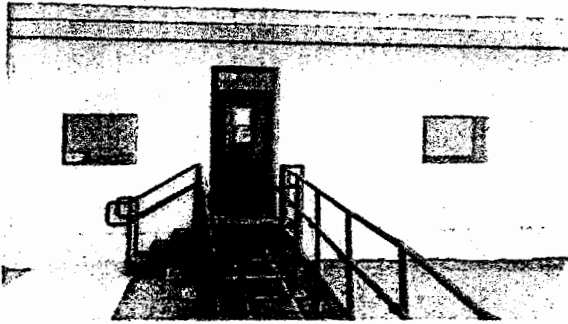
Two (2) centers are operated by their respective governing boards (Alamo & Little Folks Child Care Center).

KARIGAN CHILD CARE CENTER



Karigan Child Care Center, St. Michael's, Arizona

SHIPROCK DAY CARE CENTER



Shiprock Day Care Center, Shiprock, New Mexico

3. CHILD CARE SERVICES OFFERED

Section 3.2 Certificate Payment System



Child Care Certificate – An official document, agreed between the parent(s), guardian(s), provider, and CCDF personnel, on the approved service hours, subsidy, and co-payment for an eligible child. The Child Care Certificate is assistance to the parent, not assistance to the provider.



3. CHILD CARE SERVICES OFFERED

Section 3.4 Eligibility Criteria for Child Care



1. A child must be under the age of 13;
2. Or, under the age of 19 if the child is physically or mentally disabled or under Court supervision;
3. The child must reside with a family whose income is less than 85 percent of the State median income for a family of the same size.

3. CHILD CARE SERVICES OFFERED

Section 3.4 Eligibility Criteria for Child Care



4. A child must reside with a parent(s) who is working or attending job training or an educational program;
5. Or, if the child is receiving or needs to receive protective services.

DEFINITION - INDIAN CHILD

Enrolled members of the Navajo Tribe

Enrolled with a federally recognized Indian Tribe

Be eligible for enrollment

Be a non-Indian child who resides within the Native American parent's eligibility.

SECTION 3.4.1 DEFINITION - RESIDING

The child must reside within the same household with the parent(s) or reside with a Loco Parentis during the time period child care services are needed.

DEFINITION - PARENT(S)

Section 3.4.1 define the following eligibility terms?

Parent - A biological mother and father.

Lo Co Parentis - A person, other than biological parent, who has care and control of a child and is responsible to maintain the child's basic needs: food, clothing and shelter. Any of the following documents will be accepted: hand-written documentation, court order, kinship affidavit agreement, formal adoption agreement, power of attorney, or military special power of attorney.

SECTION 3.4.3 ELIGIBILITY CRITERIA

The parent(s) applying has to be:

Working - a person on paid salary for full or part time job or be self-employed.

Job Training - enrolled to learn a skilled trade through vocational or technical training

Education - enrolled in GED, high school, undergraduate/graduate school, internship placements & on-line classes.



SECTION 3.4.4 ELIGIBILITY CRITERIA

Protective Services -

1. A child removed from a parent or guardian by a Child Protective Service Agency. The child is in foster care or in a court ordered out-of-home placement.
2. A child who is in care due to voluntary relinquishment for adoption.
3. A child who is at risk for protective care as a result of alleged abuse and/or neglect. The risk may be relevant to the health and family circumstances. The risk is identified and documented by a Social Service Agency or a CCDF worker. Child care assistance is time limited and authorized on a case by case situation.

SECTION 3.4.4 ELIGIBILITY CRITERIA

Protective Services (Continued) -

4. A child who is at risk for protective care as a result of a parent's medical/health disability. The risk may be relevant to the health and family circumstances. The risk is identified and documented by a Social Service Agency or a CCDF worker. Child care assistance is time limited and authorized on a case by case situation.
5. Respite Care is for a child removed by court order and the foster parent needs temporary relief. This service is offered only to help foster parent to maintain their foster care certification/training.

SECTION 3.4.5 INCOME ELIGIBILITY

*Gross Income: _____

_____ FWT deduction
_____ FICA deduction
_____ Medicare
_____ Net Income

Gross Income is base on CCDF definition on Accountable Income.

Income Disregard is excluded from income eligibility.

3. CHILD CARE SERVICES OFFERED

Section 3.4.5. INCOME ELIGIBILITY

1	1 - 908	909 - 2,582
2	1 - 1,226	1,227 - 5,376
3	1 - 1,544	1,545 - 4,171
4	1 - 1,863	1,864 - 4,966
5	1 - 2,181	2,182 - 5,760
6	1 - 3,136	3,137 - 6,555
7	1 - 3,454	3,455 - 6,704



No Co-Pay

Co-Pay progressive from 4%, 6%, 8%, 10%

*2011 NATIONAL POVERTY LEVEL AT 100%

SECTION 3.5.1 PRIORITY RULES FOR CHILDREN WITH SPECIAL NEEDS

Define: Children with special needs?

- a. Children in need of protective services.
- b. Children of active military families
- c. Children of teenage parents
- d. Children who are physically or mentally disabled
- e. Children from homeless families in situations of burn out, living in a motor vehicle, or in homeless shelters.
- f. Children who are recipients of Navajo Nation Program for Self Reliance and Navajo Nation Workforce Development Program.
- g. Children who live in remote or isolated areas, in situations where there is no child care providers available within a radius of fifteen (15) miles.

SECTION 3.5 PRIORITY RULES FOR CHILDREN

1. Special Needs
 - a. Children in need of protective services
 - b. Children of active military families
 - c. Children of teenage parents
 - d. Children who are physically or mentally disabled.
 - e. Children from homeless families in situations of burn out, living in a motor vehicle, or in homeless shelters
 - f. Children who are recipients of Navajo Nation Program for Self Reliance and Navajo Nation Workforce Development Program
 - g. Children who live in remote or isolated areas, in situations where there is no child care providers available within a radius of fifteen (15) miles
2. School
 - a. Basic Skills Education - High School - General Equivalency Diploma
 - b. Vocational Training
 - c. College/Higher Education
3. Employment
 - a. Level 1
 - b. Level 2
 - c. Level 3
 - d. Level 4

SECTION 3.6.4 MARKET RATE SURVEY & PAYMENT RATES

CCDF Program creates its own payment rate base on response to the Market Rate Survey (MRS).

MRS is conducted with non-affiliated child care provider and baby-sitter and based on their fee or costs for their service is used as a basis to determine CCDF payment rates.

SAMPLE - PAYMENT RATES

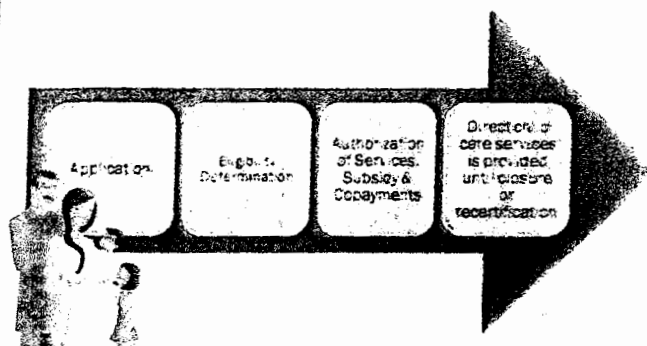
FULL DAY RATE:

Age Group	Rate 1	Rate 2	Rate 3	Rate 4
1-12 Mos Old	21.00	18.00	16.00	12.00
12-36 Mos Old	20.00	16.00	15.00	12.00
3-5 Yrs Old	19.00	14.00	14.00	12.00
5-13 Yrs Old	16.00	13.00	13.00	12.00
Special Care (0-19 yrs old)	22.00	19.00	17.00	12.00

FULL DAY RATE: Child care services provided for six (6) or more hours.

PART DAY RATE: Child care services provided for more than 1 hour and less than 6 hours.

4. PROCEDURES FOR PARENTS



PART 5 – ACTIVITIES AND SERVICES TO IMPROVE THE QUALITY OF CHILD CARE

Child care providers will promote physical, cognitive, social and emotional developments

Daily child care services within centers or in an independent provider's home is a safe environment for child(ren).

Child Care provider have basic knowledge on Early Childhood Development

LEUPP CHILD CARE CENTER



Leupp Child Care Center, Leupp, Arizona

KII DOO BAAH CHILD CARE CENTER



Kii' Doo' Baah Child Care Center, Chinle, Arizona

TYPES OF CHILD CARE SERVICES

Licensed Center Base
(on & off reservation)

Group Home Child Care Provider

Family Home Care Provider

In-Home Care Provider

Sectarian Provider

REQUIREMENTS FOR REGULATED & UNREGULATED CHILD CARE PROVIDERS HEALTH & SAFETY STANDARDS

Federal Criminal
Background Check



REQUIREMENTS FOR REGULATED CHILD CARE PROVIDERS HEALTH & SAFETY STANDARDS

Health Exam

Current Immunization

TB Skin Test

CPR & FIRST AID Certifications

Fire Safety Training

Food Handler's Permit

Food & Nutrition (training)

REQUIREMENTS FOR REGULATED CHILD CARE PROVIDERS HEALTH & SAFETY STANDARDS

Prevention & Detection of Child Maltreatment
Training

Prevention & Control of Infectious Diseases &
Immunization Training.

FOR FURTHER COMMENTS:

Please Contact:

Navajo Child Care & Development Fund Program

Grace M. Boyne, Program Manager

P.O. Box 2425

Window Rock, Arizona 86515

(928) 871-6629



THE NAVAJO NATION
DIVISION OF SOCIAL SERVICES
CHILD CARE & DEVELOPMENT FUND PROGRAM
P.O. BOX 2425 • HOGAN TSO OFFICE COMPLEX
WINDOW ROCK, AZ 86515
PH 928.871.6629 • FAX 928.871.7077



BEN SHELLY
PRESIDENT

REX LEE JIM
VICE-PRESIDENT

June 13, 2013

Mr. Robert Garcia
Acting Regional Administrator/
Regional Program Manager, Office of Child Care
Administration for Children and Families
U.S. Department of Health and Human Services
90 Seventh Street, 9th Floor
San Francisco, California 94103

Dear Mr. Garcia:

Please find in this letter as an attachment, Appendix 2, Child Count Declaration for federal fiscal year 2014-2015 from Navajo Nation. If there are any questions, I can be contacted at 928 871 6629.

Sincerely,

A handwritten signature in cursive script, reading "Grace M. Boyne".

Grace M. Boyne
Program Manager
Child Care and Development Fund
P.O. Box 2425
Window Rock, Arizona 86515



PLAN FOR: NAVAJO NATION
CHILD CARE & DEVELOPMENT FUND
Plan Period 10/1/13 - 9/30/15

APPENDIX 2

CHILD COUNT DECLARATION

Federal Fiscal Year: 2014-2015

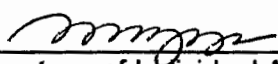
Name of Tribe/Tribal Lead Agency:

Navajo Nation Division of Social Services

This certifies that the number of Indian children under age 13 who reside on or near the reservation or service area is: 60,010. (number)

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

This count shows the number of Indian children under age 13 as of (date) 06.07.2013.



Official Signature of Individual Authorized to Act for the Tribe

Date: 6/12/13

Sharon Begay-McCabe, Executive Director, Navajo Nation Division of Social Services
Type or Write Name and Title

for Tribal Plan FY2014-2015

Complied May 30, 2013

Children Age Category	Navajo Nation Woman Infant & Children	Navajo Nation Office of Vital Records	Navajo Nation Department of Head Start	Navajo Area Indian Health Services	Phoenix Area Indian Health Services	Zuni-Ramah Navajo Communities	Acoma Community Laguna Clinic	Albuquerque Service Unit Communities	Alamo IHS Magdalena	IHS TOTAL	Navajo Nation Division of Economic Development	Navajo Nation Office of Educational Research & Statistic	Navajo Nation Division of Community Development
0 to 1 Year	2,534	961	2	3,117	154	21	11	89	33	3,425			
1 Year up to 2 Years	1983	1,910	14	3,698	155	22	23	173	49	4,120			
2 Years up to 3 Years	1795	1,378	20	3,910	160	14	31	178	42	4,335			
3 Years up to 4 Years	1727	1,073	363	4,329	117	13	46	216	45	4,766			
4 Years up to 5 Years	1766	1,017	1229	4,390	122	10	42	248	47	4,859			
5 Years up to 6 Years	N/A *	1,009	744	4,310	96	14	40	289	49	4,798			
6 Years up to 13 Years	N/A *	6,961	N/A *	28,766	646	77	387	3,548	283	33,707			
Total Per Programs	9805	14,309	2,372	52,520	1,450	171	580	4741	525	60,010			

* NNWIC does not serve children over 5 years of age.

** NN Head Start does not serve children over 6 years of age.

NOTE: Vital Records child count 6/12/2012; 83,633 (difference of 69,324) 5/30/2013 current; 14,309

No Data Collected

Received correspondence these agencies do not collect data specific to CCDF statistics requested.

Upon review of the data, it is apparent that there is discrepancy regarding the data from the Navajo Nation Vital Records. NN Vital Records is responsible for collecting data on Navajo population. However, the population count according to Vital Records is 46% less than total recorded by Indian Health Service.

2016 POVERTY GUIDELINES FOR HAWAII

Persons in family/household	Poverty guideline
1	\$13,670
2	18,430
3	23,190
4	27,950
5	32,710
6	37,470
7	42,230
8	47,010

For families/households with more than 8 persons, add \$4,780 for each additional person.

Separate poverty guideline figures for Alaska and Hawaii reflect Office of Economic Opportunity administrative practice beginning in the 1966–1970 period. (Note that the Census Bureau poverty thresholds—the version of the poverty measure used for statistical purposes—have never had separate figures for Alaska and Hawaii.) The poverty guidelines are not defined for Puerto Rico or other outlying jurisdictions. In cases in which a Federal program using the poverty guidelines serves any of those jurisdictions, the Federal office that administers the program is generally responsible for deciding whether to use the contiguous-states-and-DC guidelines for those jurisdictions or to follow some other procedure.

Due to confusing legislative language dating back to 1972, the poverty guidelines sometimes have been mistakenly referred to as the “OMB” (Office of Management and Budget) poverty guidelines or poverty line. In fact, OMB has never issued the guidelines; the guidelines are issued each year by the Department of Health and Human Services. The poverty guidelines may be formally referenced as “the poverty guidelines updated periodically in the *Federal Register* by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2).”

Some federal programs use a percentage multiple of the guidelines (for example, 125 percent or 185 percent of the guidelines), as noted in relevant authorizing legislation or program regulations. Non-Federal organizations that use the poverty guidelines under their own authority in non-Federally-funded activities also may choose to use a percentage multiple of the guidelines.

The poverty guidelines do not make a distinction between farm and non-farm families, or between aged and non-aged units. (Only the Census Bureau poverty thresholds have separate figures for aged

and non-aged one-person and two-person units.)

Note that this notice does not provide definitions of such terms as “income” or “family,” because there is considerable variation in defining these terms among the different programs that use the guidelines. These variations are traceable to the different laws and regulations that govern the various programs. This means that questions such as “Is income counted before or after taxes?”, “Should a particular type of income be counted?”, and “Should a particular person be counted as a member of the family/household?” are actually questions about how a specific program applies the poverty guidelines. All such questions about how a specific program applies the guidelines should be directed to the entity that administers or funds the program, since that entity has the responsibility for defining such terms as “income” or “family,” to the extent that these terms are not already defined for the program in legislation or regulations.

Dated: January 21, 2016.

Sylvia M. Burwell,

Secretary of Health and Human Services.

[FR Doc. 2016–01450 Filed 1–22–16; 8:45 am]

BILLING CODE 4150–05–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Allergy and Infectious Diseases; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following meetings.

The meetings will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Microbiology, Infectious Diseases and AIDS Initial Review Group; Microbiology and Infectious Diseases Research Committee.

Date: February 18–19, 2016.

Time: 8:00 a.m. to 5:00 p.m.

Agenda: To review and evaluate grant applications.

Place: The Ritz-Carlton Hotel, Plaza II, 1150 22nd Street NW., Washington, DC 20037.

Contact Person: Frank S. De Silva, Ph.D., Scientific Review Officer, Scientific Review Program, Division of Extramural Activities, Room #3E72A, National Institutes of Health/NIAD, 5601 Fishers Lane, MSC 9834, Bethesda, MD 20892934, (240) 669–5023, fdesilva@niaid.nih.gov.

Name of Committee: National Institute of Allergy and Infectious Diseases Special Emphasis Panel; “Comprehensive Resources for HIV Microbicides and Biomedical Prevention (N01)”.

Date: February 18, 2016.

Time: 10:30 a.m. to 5:00 p.m.

Agenda: To review and evaluate contract proposals.

Place: National Institutes of Health Room 3F100, 5601 Fishers Lane, Rockville, MD 20892 (Telephone Conference Call).

Contact Person: Jay R. Radke, Ph.D., AIDS Review Branch, Scientific Review Program, Division of Extramural Activities, Room #3G11B, National Institutes of Health, NIAID, 5601 Fishers Lane, MSC–9823, Bethesda, MD 20892–9823, (240) 669–5046, jay.radke@nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.855, Allergy, Immunology, and Transplantation Research; 93.856, Microbiology and Infectious Diseases Research, National Institutes of Health, HHS)

Dated: January 19, 2016.

Natasha M. Copeland,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2016–01313 Filed 1–22–16; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; 30-Day Comment Request; Media-Smart Youth Leaders Program

SUMMARY: Under the provisions of section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development, National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below. This proposed information collection was previously published in the *Federal Register* on October 16, 2015, pages 62541–62542, and allowed 60 days for public comment. One public comment was received. The purpose of this notice is to allow an additional 30 days for public comment. The *Eunice Kennedy Shriver* National Institute of Child Health and Human Development, National Institutes of Health, may not conduct or

are working to improve language accessibility within their states; and

- Recommendations for state-specific capacity building for the 20 states intended to enhance statewide language access, which will include the development of language access plans.

An objective review of was conducted that assessed the grantee's application using criteria related to the project's approach, the organization's capacity, and the development of costs for the project's budget.

Statutory Authority: Section 310 of the Family Violence Prevention and Services Act, as amended by Section 201 of the CAPTA Reauthorization Act of 2010, Pub. L. 111-320.

Christopher Beach.

*Senior Grants Policy Specialist, Division of
Grants Policy, Office of Administration.*

[FR Doc. 2016-01329 Filed 1-22-16; 8:45 am]

BILLING CODE 4184-32-P

**DEPARTMENT OF HEALTH AND
HUMAN SERVICES**

Office of the Secretary

Annual Update of the HHS Poverty Guidelines

AGENCY: Department of Health and Human Services.

ACTION: Notice.

SUMMARY: This notice provides an update of the Department of Health and Human Services (HHS) poverty guidelines to account for last calendar year's increase in prices as measured by the Consumer Price Index.

DATES: *Effective Date:* January 25, 2016, unless an office administering a program using the guidelines specifies a different effective date for that particular program.

ADDRESSES: Office of the Assistant Secretary for Planning and Evaluation, Room 404E, Humphrey Building, Department of Health and Human Services, Washington, DC 20201.

FOR FURTHER INFORMATION CONTACT: For information about how the guidelines are used or how income is defined in a particular program, contact the Federal, state, or local office that is responsible for that program. For information about poverty figures for immigration forms, the Hill-Burton Uncompensated Services Program, and the number of people in poverty, use the specific telephone numbers and addresses given below.

For general questions about the poverty guidelines themselves, contact Kendall Swenson, Office of the Assistant Secretary for Planning and

Evaluation, Room 422F.5, Humphrey Building, Department of Health and Human Services, Washington, DC 20201—telephone: (202) 690-7507—or visit <http://aspe.hhs.gov/poverty/>.

For information about the percentage multiple of the poverty guidelines to be used on immigration forms such as USCIS Form I-864, Affidavit of Support, contact U.S. Citizenship and Immigration Services at 1-800-375-5283.

For information about the Hill-Burton Uncompensated Services Program (free or reduced-fee health care services at certain hospitals and other facilities for persons meeting eligibility criteria involving the poverty guidelines), contact the Health Resources and Services Administration Information Center at 1-800-275-4772. You also may visit <http://www.hrsa.gov/getthehealthcare/affordable/hillburton/>.

For information about the number of people in poverty, visit the Poverty section of the Census Bureau's Web site at <http://www.census.gov/hhes/www/poverty/poverty.html> or contact the Census Bureau's Customer Service Center at 1-800-923-8282 (toll-free) and <https://ask.census.gov> for further information.

SUPPLEMENTARY INFORMATION:

Background

Section 673(2) of the Omnibus Budget Reconciliation Act (OBRA) of 1981 (42 U.S.C. 9902(2)) requires the Secretary of the Department of Health and Human Services to update the poverty guidelines at least annually, adjusting them on the basis of the Consumer Price Index for All Urban Consumers (CPI-U). The poverty guidelines are used as an eligibility criterion by the Community Services Block Grant program and a number of other Federal programs. The *poverty guidelines* issued here are a simplified version of the *poverty thresholds* that the Census Bureau uses to prepare its estimates of the number of individuals and families in poverty.

As required by law, this update is accomplished by increasing the latest published Census Bureau poverty thresholds by the relevant percentage change in the Consumer Price Index for All Urban Consumers (CPI-U). The guidelines in this 2016 notice reflect the 0.1 percent price increase between calendar years 2014 and 2015. After this inflation adjustment, the guidelines are rounded and adjusted to standardize the differences between family sizes. In rare circumstances, the rounding and standardizing adjustments in the formula result in small decreases in the poverty guidelines for some household

sizes even when the inflation factor is not negative. In order to prevent a reduction in the guidelines in these rare circumstances, a minor adjustment was implemented to the formula beginning this year. In cases where the year-to-year change in inflation is not negative and the rounding and standardizing adjustments in the formula result in reductions to the guidelines from the previous year for some household sizes, the guidelines for the affected household sizes are fixed at the prior year's guidelines. As in prior years, these 2016 guidelines are roughly equal to the poverty thresholds for calendar year 2015 which the Census Bureau expects to publish in final form in September 2016.

The poverty guidelines continue to be derived from the Census Bureau's current official poverty thresholds; they are not derived from the Census Bureau's new Supplemental Poverty Measure (SPM).

The following guideline figures represent annual income.

2016 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Persons in family/household	Poverty guideline
1	\$11,880
2	16,020
3	20,160
4	24,300
5	28,440
6	32,580
7	36,730
8	40,890

For families/households with more than 8 persons, add \$4,160 for each additional person.

2016 POVERTY GUIDELINES FOR ALASKA

Persons in family/household	Poverty guideline
1	\$14,840
2	20,020
3	25,200
4	30,380
5	35,560
6	40,740
7	45,920
8	51,120

For families/households with more than 8 persons, add \$5,200 for each additional person.

OPREinfocollection@acf.hhs.gov. All requests should be identified by the title of the information collection.

The Department specifically requests comments on (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Robert Sargis,

ACF Reports Clearance Officer.

[FR Doc. 2015-14117 Filed 6-9-15; 8:45 am]

BILLING CODE 4184-26-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[CFDA Number: 93.568]

The Low-Income Home Energy Assistance Program Announces the State Median Income Estimates for Federal Fiscal Year 2016

AGENCY: Office of Community Services, ACF, HHS.

ACTION: The Administration for Children and Families (ACF), Office of Community Services (OCS), announces the State Median Income Estimates for a Four-Person Household for the Federal Fiscal Year (FFY) 2016 State Median Income Estimates for Use in the Low Income Home Energy Assistance Program (LIHEAP).

SUMMARY: The Administration for Children and Families (ACF), Office of Community Services (OCS), Division of Energy Assistance (DEA) announces the

estimated median income of four-person households in each state, the District of Columbia, and Puerto Rico for FFY 2016 (October 1, 2015, to September 30, 2016).

DATES: These estimates become effective at any time between the date of this publication and the later of (1) October 1, 2015; or (2) the beginning of a grantee's fiscal year.

FOR FURTHER INFORMATION CONTACT: Peter Edelman, Program Analyst, Office of Community Services, 5th Floor West, 370 L'Enfant Promenade SW., Washington, DC 20447. Telephone: 202-401-5292; Email: peter.edelman@acf.hhs.gov.

SUPPLEMENTARY INFORMATION: This notice announces to grantees of the Low Income Home Energy Assistance Program (LIHEAP) the estimated median income of four-person households in each state, the District of Columbia, and Puerto Rico for FFY 2016 (October 1, 2015, to September 30, 2016). LIHEAP grantees that choose to base their income eligibility criteria on these state median income (SMI) estimates may adopt these estimates (up to 60 percent) on their date of publication in the **Federal Register** or on a later date as discussed in the **DATES** section. This enables grantees to implement this notice during the period between the heating and cooling seasons. However, by October 1, 2015, or the beginning of the grantee's fiscal year, whichever is later, such grantees must adjust their income eligibility criteria so that they are in accord with the FFY 2016 SMI.

Sixty percent of SMI for each LIHEAP grantee, as annually established by the Secretary of Health and Human Services, is one of the income criteria that LIHEAP grantees may use in determining a household's income eligibility for LIHEAP. The last time LIHEAP was authorized was by the Energy Policy Act of 2005, Public Law 109-58, which was enacted on August 8, 2005. This authorization expired on September 30, 2007, and reauthorization remains pending.

The SMI estimates in this notice are 3-year estimates derived from the

American Community Survey (ACS) conducted by the U.S. Census Bureau, U.S. Department of Commerce (Census Bureau).

For additional information about the ACS state median income estimates, including the definition of income and the derivation of medians see http://www.census.gov/acs/www/Downloads/data_documentation/SubjectDefinitions/2013_ACSSubjectDefinitions.pdf under "Income in the Past 12 Months." For additional information about using the ACS 3-year estimates versus using the 1-year or 5-year estimates, see http://www.census.gov/acs/www/guidance_for_data_users/estimates/. For additional information about the ACS in general, see <http://www.census.gov/acs/www/> or contact the Census Bureau's Social, Economic, and Housing Statistics Division at (301) 763-3243.

These SMI estimates, like those derived from any survey, are subject to two types of errors: (1) Non-sampling Error, which consists of random errors that increase the variability of the data and non-random errors that consistently shift the data in a specific direction; and (2) Sampling Error, which consists of the error that arises from the use of probability sampling to create the sample. For additional information about the accuracy of the ACS SMI estimates, see http://www.census.gov/acs/www/Downloads/data_documentation/Accuracy/MultiyearACSAccuracyofData2013.pdf.

In the state-by-state listing of SMI and 60 percent of SMI for a four-person family for FFY 2016, LIHEAP grantees must regard "family" to be the equivalent of "household" with regards to setting their income eligibility criteria. This listing describes the method for adjusting SMI for households of different sizes, as specified in regulations applicable to LIHEAP (45 CFR 96.85(b)). These regulations were published in the **Federal Register** on March 3, 1988, (53 FR 6827) and amended on October 15, 1999 (64 FR 55858).

ESTIMATED STATE MEDIAN INCOME FOR FOUR-PERSON FAMILIES, BY STATE, FOR FEDERAL FISCAL YEAR (FFY) 2016, FOR USE IN THE LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

States	Estimated state median income for four-person families ¹	60 percent of estimated state median income for four-person families ^{2,3}
Alabama	\$66,253	\$39,752
Alaska	90,307	54,184
Arizona	65,138	39,083
Arkansas	58,262	34,957
California	77,106	46,264
Colorado	85,915	51,549
Connecticut	106,193	63,716

**ESTIMATED STATE MEDIAN INCOME FOR FOUR-PERSON FAMILIES, BY STATE, FOR FEDERAL FISCAL YEAR (FFY) 2016,
FOR USE IN THE LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)—Continued**

States	Estimated state median income for four-person families ¹	60 percent of estimated state median income for four-person families ^{2,3}
Delaware	85,925	51,555
District of Columbia	83,794	50,276
Florida	65,764	39,458
Georgia	68,448	41,069
Hawaii	86,495	51,897
Idaho	62,002	37,201
Illinois	82,918	49,751
Indiana	72,299	43,379
Iowa	79,300	47,580
Kansas	75,709	45,425
Kentucky	69,239	41,543
Louisiana	71,516	42,910
Maine	76,455	45,873
Maryland	107,438	64,463
Massachusetts	106,173	63,704
Michigan	75,711	45,427
Minnesota	92,111	55,267
Mississippi	57,024	34,214
Missouri	72,647	43,588
Montana	68,720	41,232
Nebraska	77,165	46,299
Nevada	66,461	39,877
New Hampshire	98,638	59,183
New Jersey	105,700	63,420
New Mexico	60,534	36,320
New York	86,316	51,790
North Carolina	67,706	40,624
North Dakota	88,725	53,235
Ohio	76,875	46,125
Oklahoma	64,907	38,944
Oregon	70,295	42,177
Pennsylvania	83,730	50,238
Rhode Island	89,353	53,612
South Carolina	63,706	38,224
South Dakota	74,498	44,699
Tennessee	66,060	39,636
Texas	69,517	41,710
Utah	70,740	42,444
Vermont	82,781	49,669
Virginia	92,379	55,427
Washington	85,013	51,008
West Virginia	67,613	40,568
Wisconsin	82,053	49,232
Wyoming	79,777	47,866
Puerto Rico	29,188	17,513

¹ These figures were prepared by the U.S. Census Bureau, U.S. Department of Commerce (Census Bureau), from 3-year estimates from the 2011, 2012, and 2013 American Community Surveys (ACSs). These estimates, like those derived from any survey, are subject to two types of error: (1) Non-sampling Error, which consists of random errors that increase the variability of the data and non-random errors that consistently direct the data in a specific direction; and (2) Sampling Error, which consists of the error that arises from the use of probability sampling to create the sample.

² These figures were calculated by the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Community Services, Division of Energy Assistance by multiplying the estimated state median income for a four-person family for each state by 60 percent.

³ To adjust for different sizes of households for LIHEAP purposes, 45 CFR 96.85 calls for multiplying 60 percent of a state's estimated median income for a four-person family by the following percentages: 52 percent for a one-person household, 68 percent for a two-person household, 84 percent for a three-person household, 100 percent for a four-person household, 116 percent for a five-person household, and 132 percent for a six-person household. For each additional household member above six people, 45 CFR 96.85 calls for adding 3 percentage points to the percentage for a six-person household (132 percent) and multiplying the new percentage by 60 percent of the median income for a four-person family.

Note: FFY 2016 covers the period of October 1, 2015, through September 30, 2016. The estimated median income for four-person families living in the United States for this period is \$77,507. Grantees that use SMI for LIHEAP may, at their option, employ such estimates at any time between the date of this publication and the later of October 1, 2015 or the beginning of their fiscal year.

Statutory Authority: 45 CFR 96.85(b) and 42 U.S.C. 8624(b)(2)(B)(ii).

Jeannie L. Chaffin,
Director, Office of Community Services.
[FR Doc. 2015-14187 Filed 6-9-15; 8:45 am]
BILLING CODE 4184-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Low Income Home Energy Assistance Program (LIHEAP) Carryover and Reallotment Report.

OMB No.: 0970-0106.

Description: The LIHEAP statute and regulations require LIHEAP grantees to report certain information to HHS concerning funds forwarded and funds

Document No. 004095Date Issued: 06/04/2015**EXECUTIVE OFFICIAL REVIEW**Title of Document: CCDF Tribal Plan Grant Ammendment#2Contact Name: FRAGUA, DELORES A. Program/Division: DIVISION OF SOCIAL SERVICESEmail: accountant@nnccdf.orgPhone Number: 928.871.6629☐ **Business Site Lease**

Sufficient Insufficient

- | | | | | |
|---|-------|-------------|--------------------------|--------------------------|
| 1. Division: | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Office of the Controller: | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| (only if Procurement Clearance is not issued within 30 days of the initiation of the E.O. review) | | | | |
| 3. Office of the Attorney General: | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

☐ **Business and Industrial Development Financing, Veteran Loans, (i.e. Loan, Loan Guarantee and Investment) or Delegation of Approving and/or Management Authority of Leasing transactions**

- | | | | | |
|------------------------------------|-------|-------------|--------------------------|--------------------------|
| 1. Division: | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Office of the Attorney General: | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

☐ **Fund Management Plan, Expenditure Plans, Carry Over Requests, Budget Modifications**

- | | | | | |
|-------------------------------------|-------|-------------|--------------------------|--------------------------|
| 1. Office of Management and Budget: | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Office of the Controller: | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Office of the Attorney General: | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

☐ **Navajo Housing Authority Request for Release of Funds**

- | | | | | |
|------------------------------------|-------|-------------|--------------------------|--------------------------|
| 1. NNEPA: | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Office of the Attorney General: | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

☐ **Lease Purchase Agreements**

- | | | | | |
|------------------------------------|-------|-------------|--------------------------|--------------------------|
| 1. Office of the Controller: | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| (recommendation only) | | | | |
| 2. Office of the Attorney General: | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

☐ **Grant Applications**

- | | | | | |
|-------------------------------------|-------|-------------|--------------------------|--------------------------|
| 1. Office of Management and Budget: | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Office of the Controller: | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Office of the Attorney General: | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

☐ **Five Management Plan of the Local Governance Act, Delegation of an Approving Authority from a Standing Committee, Local Ordinances (Local Government Units), or Plans of Operation/Division Policies Requiring Committee Approval**

- | | | | | |
|------------------------------------|-------|-------------|--------------------------|--------------------------|
| 1. Division: | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Office of the Attorney General: | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

☐ **Relinquishment of Navajo Membership**

- | | | | | |
|------------------------------------|-------|-------------|--------------------------|--------------------------|
| 1. Land Department: | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Elections: | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Office of the Attorney General: | _____ | Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

☐ **Land Withdrawal or Relinquishment for Commercial Purposes**

Sufficient Insufficient

1. Division: _____ Date: _____ ☐ ☐

2. Office of the Attorney General: _____ Date: _____ ☐ ☐

☐ **Land Withdrawals for Non-Commercial Purposes, General Land Leases and Resource Leases**

1. NLD _____ Date: _____ ☐ ☐

2. F&W _____ Date: _____ ☐ ☐

3. HPD _____ Date: _____ ☐ ☐

4. Minerals _____ Date: _____ ☐ ☐

5. NNEPA _____ Date: _____ ☐ ☐

6. DNR _____ Date: _____ ☐ ☐

7. DOJ _____ Date: _____ ☐ ☐

☐ **Rights of Way**

1. NLD _____ Date: _____ ☐ ☐

2. F&W _____ Date: _____ ☐ ☐

3. HPD _____ Date: _____ ☐ ☐

4. Minerals _____ Date: _____ ☐ ☐

5. NNEPA _____ Date: _____ ☐ ☐

6. Office of the Attorney General: _____ Date: _____ ☐ ☐

7. OPVP _____ Date: _____ ☐ ☐

☐ **Oil and Gas Prospecting Permits, Drilling and Exploration Permits, Mining Permit, Mining Lease**

1. Minerals _____ Date: _____ ☐ ☐

2. OPVP _____ Date: _____ ☐ ☐

3. NLD _____ Date: _____ ☐ ☐

☐ **Assignment of Mineral Lease**

1. Minerals _____ Date: _____ ☐ ☐

2. DNR _____ Date: _____ ☐ ☐

3. DOJ _____ Date: _____ ☐ ☐

☐ **ROW (where there has been no delegation of authority to the Navajo Land Department to grant the Nation's consent to a ROW)**

1. NLD _____ Date: _____ ☐ ☐

2. F&W _____ Date: _____ ☐ ☐

3. HPD _____ Date: _____ ☐ ☐

4. Minerals _____ Date: _____ ☐ ☐

5. NNEPA _____ Date: _____ ☐ ☐

6. DNR _____ Date: _____ ☐ ☐

7. DOJ _____ Date: _____ ☐ ☐

8. OPVP _____ Date: _____ ☐ ☐

☒ **OTHER:**

1. DSS Executive Director _____ Terrelene Massey *TM* Date: 6/4/15 ☒ ☐

2. OAG _____ Kandis Martin *KM* Date: 6/9/15 ☒ ☐

3. OPVP _____ Russell Begay *RB* Date: 6/17/15 ☒ ☐

4. _____ Date: _____ ☐ ☐

5. _____ Date: _____ ☐ ☐

COPY

*11/9/15
find original
KMB - to send
Region 9.
Item Region 9 received*



THE NAVAJO NATION

RUSSELL BEGAYE PRESIDENT
JONATHAN NEZ VICE PRESIDENT

May 26, 2015

Terrelene G. Massey
4901 Westfield Court NE
Rio Rancho, NM 87144

Re: Appointment as Division Director to the Navajo Division of Social Services

Dear Ms. Massey:

This memorandum serves to appoint you as the Division Director to the Navajo Division of Social Services. This appointment shall take effect on Wednesday, May 27, 2015 at 8:00 a.m. and is subject to confirmation by the Navajo Nation Council.

Your duties are outlined in the plan of operation for the Division. You shall be responsible for the administration and management of the Navajo Division of Social Services and the supervision of all personnel. This includes ensuring compliance with all applicable Navajo Nation laws and policies.

Your salary shall be that of the current budgeted salary for the position. During this appointment, you will report to the Chief of Staff, President Begaye and Vice President Nez. Thank you.

Sincerely,

Russell Begaye, President
NAVAJO NATION

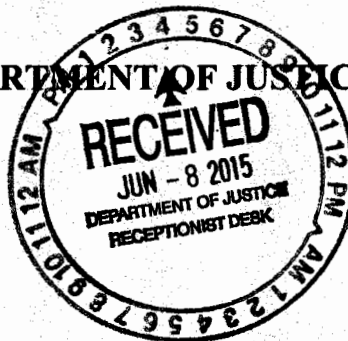
Jonathan Nez, Vice President
NAVAJO NATION



☐ RESUBMITTAL

NAVAJO NATION DEPARTMENT OF JUSTICE

DOCUMENT REVIEW REQUEST FORM



DOJ	
6-8-15 3:35pm	
DATE / TIME	
<input type="checkbox"/> 7 Day Deadline	
DOC #:	004095
SAS #:	
UNIT:	H59w

*** FOR NNDJ USE ONLY - DO NOT CHANGE OR REVISE FORM. VARIATIONS OF THIS FORM WILL NOT BE ACCEPTED. ***

CLIENT TO COMPLETE			
DATE OF REQUEST: June 08, 2015		ENTITY/DIVISION: DSS	
CONTACT NAME: Dolores Fragua		DEPARTMENT: CCDF	
PHONE NUMBER: 928-871-6629		E-MAIL:	
TITLE OF DOCUMENT: 164#4095 Tribal Plan Grant Amendment #2			
DOJ SECRETARY TO COMPLETE			
DATE/TIME IN UNIT: 6/8 @ 3:45		REVIEWING ATTORNEY/ADVOCATE: KM	
DATE/TIME OUT OF UNIT: 6/10 @ 830		LS	
DOJ ATTORNEY / ADVOCATE COMMENTS			
Okay.			
REVIEWED BY: (PRINT)	DATE / TIME	SURNAMED BY: (PRINT)	DATE / TIME
		Kandis Martino	6/9/15 4:45pm
DOJ Secretary Called: Sharon		for Document Pick Up on 6/10 at 830 By: Smith	
PICKED UP BY: (PRINT)		DATE / TIME:	

NNDJ/DRRF-July 2013

COPY

RECEIVED

JUN 11 2015

Division of Social Services
CCDF Program

NAVAJO NATION DEPARTMENT OF JUSTICE



REQUEST **FOR** **SERVICES**

☐ RESUBMITTAL

DOJ

DATE / TIME

RFS #:

UNIT:

*** FOR NNDOJ USE ONLY - DO NOT CHANGE OR REVISE FORM. VARIATIONS OF THIS FORM WILL NOT BE ACCEPTED. ***

CLIENT TO COMPLETE

DATE OF REQUEST: 6/4/2015 ENTITY/DIVISION: Social Services
CONTACT NAME: Delores Fragua DEPARTMENT: Child Care and Development Fund Pr
PHONE NUMBER: 871.6629 E-MAIL: accountant@nnccdf.org

COMPLETE DESCRIPTION OF LEGAL NEED AND SERVICES REQUESTED (Attach Documents):
CCDF program is requesting an ammendment to our current CCDF Tribal Plan in 49 sections of the approved plan that is now in place. In order for the plan to be ammended signature from DSS Executive and President will need to be available on forms and forwarded to CCDF Funding agency Region 9 San Francisco, CA.

DEADLINE: 6/8/2015 REASON: update forms, definition and sliding fee

DOJ SECRETARY TO COMPLETE

DATE/TIME IN UNIT: REVIEWING ATTORNEY/ADVOCATE:

DATE TIME OUT OF UNIT: PREPARED BY (initial):

DOJ ATTORNEY / ADVOCATE COMMENTS

REVIEWED BY: (PRINT)

DATE / TIME:

DOJ Secretary Called: for Document Pick Up on at By:

PICKED UP BY: (PRINT)

DATE / TIME:

NNDOJ/DRRF-July 2013

COPY



THE NAVAJO NATION
DSS/CHILD CARE & DEVELOPMENT FUND PROGRAM
CENTRAL ADMINISTRATION
HOGAN TSO COMPLEX-BUILDING 53-G • P.O. Box 2425
WINDOW ROCK, AZ 86515
PH 928.871.6629 • FAX 928.871.7077



RUSSELL BEGAYE
PRESIDENT

JONATHAN NEZ
VICE-PRESIDENT

MEMORANDUM

TO : Terrelene G. Massey, JD, Division Director
Division of Social Services

FROM : Grace M. Boyne
Grace M. Boyne, Program Manager II
Child Care and Development Fund Program

DATE : May 29, 2015

SUBJECT : Tribal Plan Amendments
Re: FY 2013-2016 (Oct. 1, 2013 to Sept. 30, 2016)

I am attaching a second amendment to the Child Care and Development Fund (CCDF) Program's Tribal Plan FY 2013-2016. CCDF is initiating a 164 Administrative Review packet. This administrative review will be conducted by the Division, Navajo Nation Department of Justice (Kandis Martine) and the NN President only.

CCDF Program's grant requirement is based on two documents: The tribal plan and the child count. The tribal plan is a 100+ paged document that describes how Navajo Nation will provide child care; it ranges from defining the type of services we will provide to how we will certify our child care providers. The plan is written for two years; however, last year, the national Office of Child Care decided to extend it by an additional year. Therefore a new tribal plan will be due in July 2016. The purpose of the amendment is to obtain proper approval and log the changes needed for the extension addressed to Abbey Cohen, Regional Manager, Office of Child Care, Region IX-San Francisco.

After your review of the entire packet, it will be forwarded to Ms. Martine with the Department of Justice. The attached letter details the additions and omissions within the current Tribal Plan and requires the signature of President Begaye. The packet contains all the information that will be forwarded to Region IX. When the administrative review is complete, it is to be returned to CCDF and will be forward it to Dr. Cohen for review and approval. Once approval is granted, it will be returned to Navajo Nation CCDF and the document will be put through a formal Section 164 review in preparation to present to the Health, Education and Human Services Committee for final approval to utilize as an official document.

I hope my explanation provides you with sufficient information to approve this. If you should have any questions, please don't hesitate to contact CCDF Office at (928) 871-6629.

XC: Central CCDF File



THE NAVAJO NATION

DSS/CHILD CARE & DEVELOPMENT FUND PROGRAM
CENTRAL ADMINISTRATION
HOGAN TSO COMPLEX-BUILDING 53-G • P.O. BOX 2425
WINDOW ROCK, AZ 86515
PH 928.871.6629 • FAX 928.871.7077



RUSSELL BEGAYE
PRESIDENT

JONATHAN NEZ
VICE-PRESIDENT

May 29, 2015

Abbey Cohen, JD
Regional Manager
Office of Child Care – Region IX
90 Seventh Street, 9th Floor
San Francisco, CA 94103

Subject: Tribal Plan 2014-2015 Amendments

Dear Dr. Cohen:

The Navajo Nation Child Care and Development Fund (CCDF) Program would like to file the following amendments to the 2014-2015 Tribal Plan. The amendments includes the one year extension of the Tribal Plan which ends 09.30.2016. Attached are the pages of the tribal plan as was originally filed and the amended changes.

Page 3, Section 1.1.1.b. Tribal Applicant and Designated Tribal Lead Agency

The words deleted are: Ben Shelly

The words added are: Russell Begaye

The change is made as a result of the Navajo Nation Election. Effective May 12, 2015, Mr. Russell Begaye was sworn in as the new President for Navajo Nation.

Page 4, Section 1.1.3.a.4. Contact Information for CCDF Administrator:

The words added are: -Building 53-G

The change is made to add the building number to the CCDF Administration office. It is read as the physical address for location of the Navajo Nation Child Care and Development Fund Program's Central Administration Office is at "Hogan Tso Complex-Building 53-G located at junction of Highway 264 and Route 12 North in Window Rock, Arizona."

Page 7, Section 1.4.1 Indian Child

The words added are: Navajo parents already enrolled with Navajo Nation will have 30 days from initial case approval to obtain a child's Certificate of Navajo Indian Blood. Written verification is required from the Tribal Vital Statistics Office to delay issuing a Certificate of Navajo Indian Blood. Exemption for tribal enrollment is a child who is legally ward of the Navajo Nation court or State court and not issued a Navajo enrollment number.

Page 7, Section 1.4.3. Indian Reservation or Service Area

The words deleted are: In certain circumstances as defined in Section 1.4.2 child care services may be provided to children meeting the definition of Indian child through eligible providers in urban areas outside of the "on or near reservation designated communities".

The words added are: The lead agency limits the number of eligible children served off-reservation. Setting limits is to support childcare providers who serve children on Navajo Nation.

Page 8 & 9, Section 1.6.1 Program Integrity and Accountability

The added section is: The check box is to be marked.

The box marked is to justify that the CCDF Casework Unit is responsible to make eligibility determination and redetermination.

The added section is: The check box is to be marked.

The box marked is to justify that the CCDF Casework Unit is responsible to determine parent co-payments.

The added section is: The check box is to be marked.

The box marked is to justify that the CCDF Casework Unit is responsible to determine child care payments.

The words added are: payment authorization documents.

In the child care payments section, the Regional Casework Units are responsible for reviewing monthly timesheets, calculates subsidy, and initiate financial form for payments to child care providers. The timesheet forms, work/training/counseling schedule, financial form are referred to as the payment authorization documents.

Page 12, Section 2.3.1.a.

The words deleted are: held four public hearings: the dates are March 20 and 21 and March 27 and 28, 2013.

The words added are: The lead agency published public hearing notice in the local newspaper on February 28, 2013 and March 07, 2013.

Page 13, Section 2.4.1. Public-Private Partnerships

Correction is made to reflect that the CCDF Program is no longer receiving funds from the State of Arizona First Things First to administer the Family, Friend and Neighbor Care Service (FFNC). FFNC ceased service on June 30, 2014.

The words deleted is: is

The words added are: was

The words added are: service which was temporarily funded by the State of Arizona First Things First, this service ended on June 30, 2014.

The past tense is added to the words: provided and coached

The deleted word is: education

The words deleted are: The "Family, Friend, Neighbor Care" is funded by the state of Arizona's Initiative, First Things First's through the Navajo National Regional Partnership Council.

The words added are: Quality First which is a program approved by the State of Arizona First Things First, Navajo Nation Regional Partnership Council which assists the Lead Agency's operated child care centers to improve early child care services in the classrooms.

Page 15, Section 3.2.1.d. Tribal-Operated Center

The words added is: not in operation.

Three modular child care centers are relocated to Tuba City area. The child care centers are not in operation due to pending renovation infrastructures.

The boxes added are: in the Infant and Toddler column, marked boxes for Crownpoint Region and Shiprock Region.

The boxes unmarked are: the row of Tuba City Region for all columns.

The box to be marked and added is: in the School Age column for Fort Defiance Region.

The words added is: Attachment F.

A list is attached where children are currently being served in CCDF operated child care centers.

Page 16, Section 3.2.2. Are all of the child care services identified in 3.2.1 available throughout the entire service area?

The words added are: that are currently not in operation.

Tuba City Child Care Centers are currently not in operation.

The words added are: Refer to Attachment F.

A list is attached where children are currently being served in CCDF operated child care centers.

Page 16, Section 3.3.1.b. Payment System

The box to be marked is: Other

The words added are: The Child Care Certificate is issued after parent has been determined income eligible and has been orientated on child care service, parent's responsibilities, and timesheet reporting.

Page 17, Section 3.4.1. Does the Tribal Lead Agency allow for In-home care?

The box is to be unmarked for: Restricted to care by relatives.

The words deleted in Box marked "Other" are: be restricted to

The words added are: An exemption of serving more than five children is permissible for In-Home providers; it will apply for a group of three (3) to six (6) sibling.

Page 18, Section 3.5.2.a. Eligibility Criteria Based Upon Age

The words added are: to and up to

The word deleted is: 13

The words added is: 12 years, 11 months

Page 19, Section 3.5.3.a. Eligibility Criteria Based Upon Work, Job Training, or Educational Program

The words added are: Extension of Work Leave is allowable for working parents for two (2) reasons.

A. Child care assistance is authorize to include the time when parents are on approved regular annual leave, medical or sick leave granted by their employer. The extension of work leave is limited to the timeline identified on the active Child Care Certificate.

The word deleted is: should

The words added are:

B. If an individual resigns, is laid off, terminate, child care assistance can include Job search but this is not to exceed 60 work days. The 60 work days extension request must be in writing from a certified parent. The parent must provide proof of resignations, laid off, or termination notice from their employer. The parent must notify their assigned Senior Caseworker within ten (10) working days from the resignations, laid off, or termination notice in order to approve the 60 work days extension.

Page 20, 3.5.3.b. Definition of attending job training

The words added are: Other job training accepted are

The words added are: with the

The words deleted are: can include

The words deleted are: Program

The words added are: The recipients learn to perform work related skills on a work placement setting.

The paragraph is to be read as: Other job training accepted are participants with the Navajo Nation Department for Self Reliance (TANF funded recipient) or Navajo Nation Department of Workforce Development. The recipients learn to perform work related skills on a work placement setting.

The words added are: For working parents enrolled in educational courses or job training, a worksite agreement with employer's approval is required to include child care assistance for educational/training attendance hours and time for study. If there is no worksite agreement, dual reasons for child care assistance is not allowed.

Page 20, Section 3.5.3.c. How does the lead agency define attending "educational program" for the purposes of eligibility?

The word added is: Department

The two words deleted are: Program

The word added is: The recipients learn to perform work related skills on a work placement setting.

The paragraph is to be read as: Participants includes Navajo Nation Department for Self Reliance (TANF funded) or Navajo Nation Department of Workforce Development. The recipients learn to perform work related skills on a work placement setting.

Page 21, Section 3.5.4.a. Eligibility Criteria Based Upon Receiving or Needing to Receive Protective Services

The words deleted are: Respite care is for a child who is removed by court order and needs temporary relief of care from a relative or foster care. Respite care is limited to 24 hours a month. Hours will be determined by the Caseworker, child care provider and the child's Protective Service Agency.

Page 22, Section 3.5.4.d. Does the Tribal Lead Agency provide respite child care to children in protective services?

The box is to be unmarked in: Yes, and respite care is included under the Tribe's definition of protective services.

The box is to be marked in: No.

The CCDF Program do not approve for respite care for children in protective services.

Page 23, Section 3.5.5. Income Eligibility

The words added for 4: (Pell Grant, student loans and grants, tribal scholarships)

The words added for 5: (food stamps, LIHEAP, social security disability income, survivor's benefits, Department of Self-Reliance)

Page 24, Section 3.5.5.c. Grantee Median Income (GMI)

The numbers deleted in column (a) are: 2875, 3760, 4645, 5529, 6414, 7299, 7464, 7630.

The numbers added in column (a) are: 2754, 3602, 4449, 5297, 6144, 6992, 7151, 7309.

The numbers deleted in column (b) are: 2443, 3195, 3947, 4699, 5451, 6203, 6344, 6485.

The numbers added in column (b) are: 2341, 3061, 3782, 4502, 5223, 5943, 6078, 6213.

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The amounts for Grantee Median Income (GMI) is changed for 100% of GMI because of 2015 Poverty Guidelines, Federal Register Volume 80 and Number 14. Also, changes are made in 85% of GMI column because of 2015 Arizona State Median Income; Federal Register Volume 79, Number 138.

Page 25, Section 3.6.1.a. Priority Rules for Children with Special Needs

The word deleted is: Program

The word added is: Department

Page 25, Section 3.6.2.a. Additional Priority Rules

The words added are: CCDF eligible children has a priority to access child care services over non-eligible children.

Page 26, Section 3.7.1. Attach a copy of your payment rates as Attachment.

In the box marked for: Yes, Effective Date: October 01, 2013.

The added word is: 2013.

The deleted word is: 2014.

Page 27, Section 3.7.3. Market Rate Survey Requirements

In option 1, the letter that is added is: C.

The sentence is to be read as: Payment rate is reference in Attachment C.

Page 28, Section 3.7.5. Tiered Reimbursement

The box to be marked is for: No

The box that is to be unmarked is: Yes and Other Rate.

The paragraph deleted is: Special care rate is designated for children under the age of 19 and is physically and/or mentally incapable for caring for him or herself. Child(ren) who are clinically diagnosed or developmentally delayed, or children who being assessed for physical or mental incapacities, as verified by a competent medical/health agency, is also considered.

Reason for change: The CCDF Program did not designate a special rate for disabled children. The child care rate is set serve children from infant to age 12 years and 11 months.

Page 29 and 30, Section 3.8.4. The following is a description of how the co-payments required by the Tribal Lead Agency's sliding fee scale(s) are affordable.

The word deleted is: feel; the replaced word is: fee

The word deleted is: 4%; the replaced word is: 6% (Level 2)

The word deleted is: 6%; the replaced word is: 8% (Level 3)

The word deleted is: 8%; the replaced word is: 10% (Level 4)

The letter added is: D. The sentence is to be read as "The levels of income are referenced in Attachment D."

The word deleted is: not

The words added are: to support families that meet the higher income level, above the 100% National Poverty Level.

The words deleted are: since many families reside in rural areas and have to travel great distance to their employment sites. Additionally, the increased cost of food, gasoline and other costs contributed to setting the copayment amount.

Page 30, Section 4.1.1. How Families Apply for CCDF

The words added are: (The website is not fully developed).

The box to be marked is: Other

The words added in the box marked "Other" is: Public recruitment to serve families and providers is by setting information booths at community events, Tribal/State/Federal program events, conferences, training, workshops, tribal fairs, health fairs, and job fairs.

Page 30, Section 4.1.2. How can parents apply for CCDF services?

The box marked for: In Person interview or orientation will have added words, (necessary for first time applicants).

The box marked for: By Mail will have added words, (Only applies for parents to submit recertification documents).

Page 31, Section 4.1.4.a. TANF Agency's Criteria/Definitions Regarding Inability to Obtain Care

The word added is: Department

The word deleted is: Program

Page 35, Section 5.1.1. How does the Tribal Lead Agency learn about the quality of care currently offered and the training needs of providers?

The words added are: by the State of Arizona, First Things First, Quality First in collaboration with

The words added are: were involve in the assessment and provided feedback on their classroom performances.

The word deleted is: 's

The paragraph is to be read as: "A professional development assessment was conducted by the State of Arizona, First Things First, Quality First in collaboration with the lead agency. Direct child care workers and independent providers were involve in the assessment and provided feedback on their classroom performances. The assessment was instrumental in producing more qualified child care professional. This was accomplished through the recruitment of qualified trainers who provided training to develop more "qualified" child care workers. Any array on early child development, culture-based teaching, curriculum development, nutrition, how to provide a more nurturing environment, supervision, development of lesson plan, develop a safe child care environment, language develop and literacy and other trainings is done on a quarterly basis."

Page 36, Section 5.2. Quality Improvement Goals

The words added are: The health and safety trainings identified in Tribal Plan Part VI will be required on biennium basis for all providers. Exemption to the biennium timeline is the childcare center policy that mandates different timelines for trainings. Exemption to the biennium timeline applies to state operated childcare centers as training timelines may vary according to their state statute.

COPY

Page 39, Section 5.3.g. Quality Support for Programs

The box to be marked is: Other

The words to be added in the box marked "Other" are: Quality First, as administered in collaboration with the State of Arizona, First Things First, Navajo Nation Regional Partnership Council.

Page 39, Section 5.4. Quality Improvement Initiatives for Relative Caregivers or other Small Home-based Providers

The letters added in the first paragraph in box marked "Yes" is: "rs" and "o "

The paragraph is to be read as: The relative providers are provided consumer educational brochures and can participate in trainings on health and safety awareness and learn about early childhood development.

The paragraph deleted is: The lead agency collaborated with the state of Arizona to initiate a "Family, Friend, Neighbor" care. The collaboration will allow CCDF to hire two educational specialist; their job is to provide technical assistance to relative providers and small, home-based child care providers. The technical assistance will provide consumer educational materials, develop a child care schedule which will describe an array of activities. The intent is to coach providers to they can provide a higher level of child care.

Page 40, Section 5.6.b. Child and Adult Care Food Program (CACFP)

The box is to be unmarked for: Difficult to complete initial CACFP application

The box that is marked "Other, describe:" is to delete words: Headstart is the lead agency.

The box that is marked "Other, describe:" is to have added words: The Lead Agency will collaborate with the States of Arizona and New Mexico to access assistance from the Child and Adult Care Food Program (CACFP). An initiative with the Navajo Nation Head Start is to establish memorandum of agreements, this is to access CACFP for childcare services administered by the Lead Agency, and this will include only those CCDF centers that are jointly in the same building with Head Start.

Page 42, Table 6.1.1. Prevention and Control of Infectious Disease – Centers

The change is made on the topic Immunizations. The box is to be marked: For providers

Page 42, Section 6.1.2. Building and Physical Premises – Centers

The box that is marked "Other, describe:" is to have added words: The Navajo Nation also utilizes the *Caring for Our Children, National Health and Safety Performance Standards, Guidelines for Early Care and Education Programs*. The lead agency accepts state licensing standards that verifies for off-reservation childcare centers to operate with a state license.

Page 42 & 43, Table 6.1.3. Health and Safety Training – Centers

The check box is to be marked for On-Going column for: Cardiopulmonary resuscitation (CPR), First Aid, Training on Infectious Diseases, SIDS Prevention (i.e. Safe Sleep), Mandatory Reporting of Suspected Abuse or Neglect, Child Development, Supervision of Children, Nutrition, Physical Activity, Emergency Preparedness and Response, and Other.

Page 44, Table 6.2.1. Prevention and Control of Infectious Diseases – Group Home Child Care

The change is made on the topic Immunizations. The box is to be marked: For providers

The box is to be checked for: "Other. Describe"

The words added are: The lead agency accepts State Licensing Standards as verified by the State operating license.

Page 44, Section 6.2.2. Building and Physical Premises – Group Home Child Care

The box is to be check for: "Other. Describe"

The words added are: The lead agency accepts State Licensing Standards as verified by the State operating license.

Page 45, Table 6.2.3. Health and Safety Training – Group Home Child Care

The box is to be check for: "Other. Describe"

The words added are: as verified by the state operating license.

The sentence is to read "Navajo Nation CCDF will accept state's licensing standards, as verified by the state operating license.

Page 46, Table 6.3.1. Prevention and Control of Infectious Disease – Family Child Care Homes

The change is made on the topic Immunizations. The boxes is to be checked: For providers and For children

The box is checked for: "Other. Describe"

The words added are: Unregulated relative child care providers would be waived through the issuance of the Health and Safety self-certification form.

Page 46, Section 6.3.2. Building and Premises Safety – Family Child Care Homes

The box is checked for: "Other. Describe"

The words added are: Unregulated relative child care providers would be waived through the issuance of the Health and Safety self-certification form.

Page 47, Table 6.3.3. Health and Safety Training – Family Child Care Homes

The box is to be checked for: "Other. Describe"

The box that is in the "On-Going" column is to be checked.

The word added is: child

The words added are: through the issuance of the Health and Safety self-certification form.

The sentence is to be read as: Unregulated relative child care provider's certification would be waived through the issuance of the Health and Safety self-certification form.

Page 47 & 48, Table 6.4.1. Prevention and Control of Infectious Diseases

The change is made on the topic tuberculosis check. The box is to be checked: For providers

The change is made on the topic Immunizations. The box is to be checked: For providers

The words added are: Unregulated relative child care providers would be waived through the issuance of the Health and Safety self-certification form.

Page 48, Section 6.4.2. Building and Premises Safety – In-Home Child Care

The box is checked for: "Other. Describe"

The words added are: Unregulated relative child care providers would be waived through the issuance of the Health and Safety self-certification form.

Page 49, Table 6.4.3. Health and Safety Training – In-home Child Care

The check box is to be marked for the following Health and Safety training requirements: SIDS Prevention (i.e. Safe Sleep), Mandatory Reporting of Suspected Abuse or Neglect, Child Development, Supervision of Children, Nutrition, Physical Activity, Emergency Preparedness and Response, and Other.

The check box is to be marked in the On-going Column for: SIDS Prevention (i.e. Safe Sleep), Mandatory Reporting of Suspected Abuse or Neglect, Child Development, Supervision of Children, Nutrition, Physical Activity, Emergency Preparedness and Response, and Other.

The words added are: Unregulated relative child care providers would be waived through the issuance of the Health and Safety self-certification form.

Page 50, Section 6.5. Exemptions for Relative Providers

The words added are: The Lead Agency defines Relative Care as kin by first-blood line relationships, or kin as established through court decree to the eligible child. Relatives are the child's and the parent's immediate grandparents, aunts, uncles, cousins, or siblings. (Siblings have to live in separate residence from the eligible child).

Page 50 & 51, Table 6.6.1. Information on Monitoring and Inspections

The Provider Categories for Center-based and Group Home are marked.

In both columns: *Frequency of Routine Announced Visits* and *Frequency of Routine Unannounced Visits* are to have the following added words:

The Navajo Nation Department of Health, Office of Environmental Health/Code Enforcement conducts an annual building and kitchen/sanitation inspection and issues permits to operate Navajo Nation childcare service.

Page 52, Table 6.6.2. Background Checks (Check all that apply)

The Tribal Criminal Background will be conducted for all staff with the CCDF operated child care centers. The box in the column for Center-based is to be checked.

The State Criminal Background will be conducted on all staff with the CCDF operated child care centers. The box in the column for Center-based is to be checked.

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The Sex Offender Registry will be conducted on all new hired staff with the CCDF operated child care centers. The box in the column for Center-based is to be checked.

The added words in "Other" are: The Navajo Nation collaborates with the Navajo Nation Office of Background Investigation to conduct federal/state/tribal background investigation and provides clearance letter on CCDF tribal staff.

Page 53, Table 6.7. Tribal Licensing Requirements

The box in the "Other" is to be checked.

The added words in "Other" are: Navajo Nation Department of Health, Office of Environmental Health/Code Enforcement standards.

If you should have any questions, please don't hesitate to contact CCDF Office at (928) 871-6629.

Sincerely,

A handwritten signature in black ink, appearing to read 'Russell Begaye', with a stylized flourish at the end.

Russell Begaye
President
Navajo Nation

xc: Central CCDF



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Table: Appendix 3 – Amendment Log

Tribal Lead Agency: Navajo Nation Division of Social Services

Section Amended	Proposed Effective Date	Grantee Signature and Date Submitted to ACF	ACF Approving Official's Signature and Date
<u>1.1.1.b.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>1.1.3.a.4.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>1.4.1</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>1.4.3</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>1.6.1</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>2.3.1.a.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>2.3.1.b.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>2.4.1.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>3.2.1.d.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>3.2.2.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>3.3.1.b</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>3.4.1.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>3.5.2.a.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>3.5.3.a.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>3.5.3.b.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>3.5.3.c.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>3.5.4.a.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	



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Section Amended	Proposed Effective Date	Grantee Signature and Date Submitted to ACF	ACF Approving Official's Signature and Date
<u>3.5.4.d.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>3.5.5.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>3.5.5.c.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>3.6.1.a.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>3.6.2.a.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>3.7.1.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>3.7.3.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>3.7.5.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>3.8.4.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>4.1.1.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>4.1.2.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>4.1.4.a.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>5.1.1.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>5.2.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>5.3.g.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>5.4.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>5.6.b.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>6.1.1.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>6.1.2.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>6.1.3.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	



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Section Amended	Proposed Effective Date	Grantee Signature and Date Submitted to ACF	ACF Approving Official's Signature and Date
<u>6.2.1</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>6.2.2.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>6.2.3.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>6.3.1.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>6.3.2.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>6.3.3.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>6.4.1.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>6.4.2.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>6.4.3.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>6.5.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>6.6.1.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>6.6.2.</u>	<u>08.03.2015</u>	<i>[Signature]</i>	
<u>6.7</u>	<u>08.03.2015</u>	<i>[Signature]</i>	

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CHILD CARE AND DEVELOPMENT FUND

for

Tribe:

NAVAJO NATION

FFY 2014-20156



This Plan describes the CCDF program to be administered by the Tribes for the period 10/1/2013 – 9/30/20156. 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.

Public reporting burden for this collection of information is estimated to average 120 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

(Form ACF 118-A; OMB Approval Number: 0970-0198, expires 05/31/2016)



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- Appendix 2 Child Count Declarations
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Required Attachments



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Part 1 – Administration

This section provides information on how the CCDF program is administered, including the designated Tribal Lead Agency, funding information, the administrative structure, program integrity and accountability policies and strategies, coordination efforts, and procedures.

Section 1.1. Tribal Applicant and Designated Tribal Lead Agency

1.1.1. Applicant - Official Name of Tribe as listed in the Federal Register or Tribal Consortium

- a) Name of the Tribe:
Navajo Nation
- b) Name of Tribal Chair/President/Leader:
Ben Shelly Russell Begaye
- c) Title: President
- d) Address: P.O. Box 9000
- e) City, State, Zip Code: Window Rock, Arizona 86515
- f) Telephone Number: (928) 871 - 6352 Ext: 6353
- g) Fax Number: (928) 871 - 4025
- h) Email Address: _____

1.1.2. What is the Lead Agency designated by the Tribe or Tribal consortium to administer the CCDF program?

The agency shown below has been designated by the Tribe or Tribal consortium to represent the Tribe or Tribal organization as the Tribal Lead Agency. The Tribal Lead Agency agrees to administer the program in accordance with applicable Federal laws, regulations and in accordance with provisions of this Plan, including assurances and certifications appended hereto. (658D, 658E) See CCDF Assurances and Certifications (Appendix 1)

- a) Name of Lead Agency:
Navajo Nation Division of Social Services
- b) Address of Lead Agency:
P.O. Box 2425
- c) City, State, Zip Code: Window Rock, Arizona 86515
- d) Phone Number: (928) 871 - 6629 Ext: _____
- e) Fax Number: (928) 871 - 7077
- f) Web Address for Lead Agency: nnccdf.org

1.1.3. Who is the CCDF administrator?

Identify the CCDF Administrator, the day-to-day contact with responsibility for administering the CCDF program. This person(s) will serve as the primary contact for ACF. ACF will send programmatic communications such as program announcements, program instructions, and data collection instructions to the designated contact identified here. If there is more than one



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designated contact with equal or shared responsibility for administering the CCDF program, please identify the co-administrator or entity with administrative responsibilities and include contact information. (98.16(a) and (c)(1))

a) Contact Information for CCDF Administrator:

- 1) Name of Tribal CCDF Administrator:
Grace M. Boyne
- 2) Title of Tribal CCDF Administrator:
Program Manager II
- 3) Mailing Address of Tribal CCDF Administrator: P.O. Box 2425, Window Rock, Arizona 86515
- 4) Physical Address (if different from mailing address: Hogan Tso Complex-Building 53-G located at junction of Highway 264 and Route 12 North in Window Rock, Arizona.
- 5) Phone Number: (928) 810 - 8591 Ext: _____
- 6) Public Phone Number (if different than above): (928) 871 - 6629 Ext: _____
- 7) Fax Number: (928) 871 - 7077
- 8) Email Address: gmboyne@yahoo.com

b) Contact Information for CCDF Co-Administrator (if applicable):

- 1) Name of Tribal CCDF Co-Administrator: _____
- 2) Title of Tribal CCDF Co-Administrator: _____
- 3) Address of Tribal CCDF Co-Administrator: _____
- 4) Phone Number: (____) _____ - _____ Ext: _____
- 5) Fax Number: (____) _____ - _____
- 6) Email Address: _____
- 7) Description of the role of the CCDF Co-Administrator: _____

Section 1.2. Administration through Contracts or Agreements

The Tribal Lead Agency has broad authority to administer the program through other governmental, non-governmental, or other public or private local agencies. Under the statute, 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), 658E(c)(3)(C), 98.11, 98.16(c)(1))

Reminder: A consortium is considered an entity of the Tribe, not a non-governmental entity, for purposes of this section.

- 1.2.1.** Will the Tribal Lead Agency directly administer and implement all programs funded under the Child Care and Development Fund? (98.16(c)(1))



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- ☒ Yes, the Tribal Lead Agency will administer and implement all of the programs funded with CCDF funds. (If Yes, go to Section 1.3.1)
- ☐ No, the Lead Agency will not directly administer and implement ALL programs funded under the CCDF allocations. List the names of those agencies below.

a) Agency(ies) Name and Contact Information for Provision of Child Care Services, including the payment to child care providers.

- 1) Name of Administrative Entity(ies): _____
- 2) Address of Administrative Entity(ies): _____
- 3) Name and Title of the Administrator: _____
- 4) Telephone: (____) _____ - _____ Ext: _____
- 5) Fax Number: (____) _____ - _____
- 6) Email Address: _____

b) Agency(ies) Name and Contact Information for Quality Child Care Activities described in Part 5 of this Plan, if applicable.

- 1) Name of Administrative Entity(ies): _____
- 2) Address of Administrative Entity(ies): _____
- 3) Name and Title of the Administrator: _____
- 4) Telephone: (____) _____ - _____ Ext: _____
- 5) Fax Number: (____) _____ - _____
- 6) Email Address: _____

1.2.2. How will the Tribal Lead Agency maintain overall control of the CCDF-funded program administered and implemented by the entities other than the Tribal Lead Agency?

Describe: _____

Reminder: Descriptions should be 1-2 paragraphs or less and should provide sufficient detail to enable a reader to understand how this process works or will work.

Section 1.3. Estimated Funding

These are preliminary ESTIMATES for information and planning purposes and may increase or decrease once the final grant awards are issued. **Note:** The current CCDF Tribal grantees should use their funding amount from the FY 2013 as an estimate pending the availability of the Final FY 2014 CCDF allocation. A new CCDF applicant should use the base amount plus approximately \$50 per child to estimate its allotment for Discretionary funding, and should use approximately \$90 per child to estimate its allotment for Tribal Mandatory funding. Put in the estimated amounts of the total FY 2014 CCDF allocations (mandatory and discretionary) for the **one-year period (10/1/2013 thru 9/30/2014)** that will be available on all child care and related services including funds for direct services, non-direct services, administration, and quality. Do not include any unobligated and/or unliquidated CCDF balances from previous years.



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1.3.1. Estimated FY 2014 CCDF Funding Allocation

What is your expected level of funding for the first year of the FY 2014 – FY 2015 plan period? The Lead Agency estimates that the following amounts will be available for child care services and related activities during the 1-year period from October 1, 2013 through September 30, 2014. (98.13(a))

\$9,565,178 Estimated Federal Child Care and Development Fund

\$_____ Other available funding

Reminder: Total administrative expenditures over the entire three-year liquidation period may not exceed 15% of total expenditures, not including the base amount.

1.3.2. Estimated Amount of Funds to be used for Construction or Renovation

This Application does not give approval to spend funds on construction or renovation. Funds for this purpose cannot be spent until a Tribe has applied for and received approval, through a separate application process, from the Administration for Children and Families.

As a part of the separate construction/renovation application process, a Tribe must show that adequate facilities are not otherwise available to carry out child care programs, and that the lack of facilities will inhibit future program operations. Furthermore, a Tribe cannot reduce the level of child care services, as compared to the preceding fiscal year, in order to spend funds on construction or renovation. Procedures regarding the separate construction/renovation application process are contained in CCDF-ACF-PI-2010-03, dated April 7, 2010 and regulations at 45 CFR 98.2 and 98.84.

Will the Tribal Lead Agency use 2014 funds for construction?

☐ Yes. The Tribal Lead Agency estimates that the following amount of CCDF funds awarded in FY 2013 will be used for construction or renovation purposes:

\$_____ (Insert the amount you will set aside for construction from FY 2014 allocation).

☒ No.

Section 1.4. Indian Child and Indian Reservation or Service Area

1.4.1. Indian Child

Identify which Indian child(ren) will be counted in your child count. (658O(c)(2)(B), 98.80(e), 98.81(b)(2)(i) and (ii), 98.81(b)(3)(ii), 98.81(b)(4))

Reminder: While Tribes have some flexibility in defining "Indian Child," the definition must be limited to children from federally recognized Indian Tribes, consistent with the Child Care and Development Block Grant Act's definition of Indian Tribe.



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The Tribal Lead Agency defines Indian child as: A child enrolled with Navajo Nation or a child of Navajo parents enrolled with Navajo Nation. Navajo parents already enrolled with Navajo Nation will have 30 days from initial case approval to obtain a child's Certificate of Navajo Indian Blood. Written verification is required from the Tribal Vital Statistics Office to delay issuing a Certificate of Navajo Indian Blood. Exemption for tribal enrollment is a child who is legally ward of the Navajo Nation court or State court and not issued a Navajo enrollment number.

1.4.2. Indian Child Count

The Tribal Lead Agency determines the number of Indian children, under age 13, who reside on or near the reservation, or service area. **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.** (98.81(a)(4), 98.81 (b)(4))

Complete and attach the "Child Count Declaration" at **Appendix #2.**

1.4.3. 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. The service area must be within a reasonably close geographic proximity to the borders of a Tribe's reservation (with the exception of 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. ACF will not approve an entire state as a Tribe's service area. (658O(c)(2)(B), 98.80(e), 98.81(b)(2)(i) and (ii), 98.81(b)(3)(ii), 98.83(b))

Reminder: Tribes can limit services within the reservation boundaries or can go beyond the reservation boundaries (Example: "permanent residence is within the reservation boundaries, however the participant is attending school outside of the reservation area", or "resides within 20 miles of the reservation boundaries", etc.).

The Tribal Lead Agency defines the Reservation/Service Area as: "on and near reservation designated communities" as defined by the tribal legislative oversight committee: Navajo Nation Tribal Council Resolution No. HHSC-AU-40-89 (refer to Attachment B). ~~In certain circumstances as defined in Section 1.4.2 child care services may be provided to children meeting the definition of Indian child through eligible providers in urban areas outside of the "on or near reservation designated communities".~~ The lead agency limits the number of eligible children served off-reservation. Setting limits is to support childcare providers who serve children on Navajo Nation.

Section 1.5. Consortium

A consortium representing more than one Indian Tribe may be eligible to receive CCDF funds on behalf of a particular Tribe. The Consortium Lead Agency must list all participating Tribes and include an attachment with separate demonstrations (e.g. resolutions) from each Tribal consortium member indicating that the consortium has the authority to seek funding on behalf of its constituent



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Tribes. If there is any change in the consortium membership, the Tribal Lead Agency must notify ACF through an amendment to the Plan.

1.5.1. Are you a Tribal Consortium?

- ☐ Yes. If Yes, provide a list of its participating member Tribes and include demonstrations; for example, Tribal Resolutions from the participating members indicating that the consortium has the authority to seek funding on their behalf. (98.80(c)(1), 98.81(b)(8)(i))

These demonstrations are provided as Attachment: _____ (Enter Attachment #s)

Reminder: For Alaska Native Regional Nonprofit Corporations, the list and demonstrations are for purposes of Discretionary Funds only.

- ☒ No. If No, skip to section 1.6.

1.5.2. A Tribal consortium must describe how it coordinates services on behalf of its participating member Tribes. Include a brief summary of how the consortium is coordinating services (including direct services) on behalf of its participating members (or "constituent" members in the case of Alaskan entities). (98.81(b)(8)(ii), 98.83(c)(1))

Describe: _____

Section 1.6. Program Integrity and Accountability

The Tribal Lead Agency, as the single point of contact for the administration of the program, is responsible for ensuring that policies and procedures are in place to monitor programs and services, ensure compliance with rules of the programs, and provide oversight in the expenditure of all funds, including misspent funds and fraud prevention and recovery. (98.11(b)) (98.60(i)).

1.6.1. What policies and procedures does the Tribal Lead Agency have in place to ensure that CCDF is in compliance with all Federal and Tribal rules and regulations?

Check and summarize all that apply:

- ☒ Eligibility determination and redetermination - Summarize: The client will complete the application, submit an income statement and other required documents such as birth certificate, etc. If it is determined that the applicant supplied all the required documents, income eligibility is determined (using check stubs or employment verification). If an applicant is income eligible, a child care certificate will be issue, then applicant can obtain child care. Redetermination is determined when the applicant re-submits the required documentation before the child care certificate ends. If the applicant submits all required documentation, then another child care certificate is re-issued.



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- ☒ Parent co-payments - Summarize: Copayments are determined by family unit size and net monthly income. Review the Navajo Nation Income and Sliding Fee Scale and based on income, choose the income level. Apply percentage based on level of category for family size. Multiply NMI X the percentage amount.
- ☒ Child care payments - Summarize: Each provider is provided a time sheet which lists the time-in and the time-out (this means the time that child comes and leaves the provider. At the end of the month, the time sheet is forwarded to the Case Work Unit which review its payment authorization documents and forwards it to the CCDF Administrative Office. The CCDF Administrative office which further review it, approves it and forwards it for payment.
- ☒ Oversight of sub-grantees and contractors - Summarize: The lead agency does not have any subgrantees. As far as the contractors are concerned, the lead agency utilizes the Navajo Nation procurement procedures.
- ☒ Other, Describe: There are general requirements; however, they are being revised and updated.



Part 2 – Developing the Child Care Program

Section 2.1. Consultation in the Development of the CCDF Plan

Tribal Lead Agencies are required to consult with representatives of general purpose local governments in the development of the CCDF Plan. (658D(b), 98.12(b), 98.14(b), 98.16(d))

Definition: For the purposes of developing this Plan, consultation involves meeting with, or obtaining input from appropriate representatives of the Tribal community.

2.1.1. Describe how the Tribal Lead Agency consulted with representatives of the Tribal community on the development of the Plan.

Describe: The Navajo Nation's legislative body, Nabik'iyati' Committee possesses the legislative oversight; they will review and approve the 2014-2015 Tribal Plan. The legislative body assumes the responsibilities and administration of the lead agency's child care services. Hearings were held in four different locations to obtain input from the community regarding issues such as basic eligibility, health and safety standards and resource coordination.

Section 2.2. Coordinating the Delivery of CCDF Services

Tribal Lead Agencies are required to coordinate with other Tribal, Federal, State, and local child care and, early childhood development programs, including such programs for the benefit of Indian children. (658D(b)(1)(D), 658O(c)(2)(A), 98.14 (a)(1), 98.16(d), 98.82(b))

2.2.1. Describe how the Tribal Lead Agency coordinates the delivery of CCDF-funded child care services with other Tribal, Federal, State, and local child care, early childhood development programs, and before and after-school care services.

Describe: The lead agency conducts a Market Rate Survey with the local and surrounding state-operated and privately-operated child care centers and private independent providers. The surrounding states that participate in the survey are Arizona, Colorado, New Mexico and Utah. They also include communities that are nearby border towns to Navajo Nation. The purpose of the Market Rate Survey is to determine the current cost rate for child care. Additionally, quarterly meetings are held with the states of Arizona and New Mexico to coordinate common issues such as prevention of dual payments, share training resources, cross training on respective's basic eligibility issues, access state median income and market rate survey and, if necessary, address specific case issues regarding child care. The lead agency coordinates services with Head Start's Early Childhood by allowing space for them in the CCDF facility. We also work with Arizona's First Things First to provide training for the unregulated family private providers, provide nutritional training and dental screening.

2.2.2. Describe the results of the Tribal Lead Agency's required coordination activities with the following agencies, if applicable:

- a) Public Health (including the agency responsible for immunizations)



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Describe: The public health service communities of Fort Defiance, Chinle, Kayenta, Polacca, Tuba City and Winslow are located in the state of Arizona and Albuquerque. Crownpoint, Gallup and Shiprock are located in New Mexico. These organizations are responsible for immunization and promotion of children's emotional and mental health. Additionally, the lead agency also utilizes public health service professional to provide training on prevention of infectious diseases, immunizations and nutrition including food handling. The IHS Office of Environmental Health inspects the child care centers to ensure that they adhere and maintain the health and safety issues.

b) Employment services or workforce development

Describe: The Navajo Nation's Department of Workforce Development (NNDWD) through Workforce Investment Act (WIA) directs an adult and youth program and Native Employment Works programs. The program provide basic education (GED) and occupational skills training.

The lead agency and NNDWD Regional Programs continue to coordinate job training with lead agency providing child care while the recipient undergoes training. This is accomplished by a referral system and sharing resource information.

c) Public Education

Describe: The lead agency's regional offices coordinate with the local public and tribally-operated schools on transporting children to and from child care centers.

The lead agency coordinates with Northland Pioneer College, Holbrook, Arizona to access higher educational courses for direct child care workers. The intent is for the child care staff to obtain their CDA credentials.

The lead agency's Regional offices coordinates with the nearby universities including New Mexico's Gallup Branch and San Juan College to provide training to child providers on health and safety standards, child welfare, early childhood development and child development.

d) State Temporary Assistance for Needy Families (TANF) agency and/or Tribal TANF agency

Describe: _____

Section 2.3. Public Hearing Process

The Tribal Lead Agencies are required to conduct a public hearing no earlier than January 1, 2013. The purpose of the public hearing is to provide the public an opportunity to comment on the provision of the child care services of the plan. Before holding the hearing, Tribal Lead Agency must provide a 20-day notice of the hearing throughout the Tribal Lead Agency's Service Area.



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Reminder: Tribal Lead Agencies must make the contents of the plan available to the public in advance of the hearing. (98.14(a)(c)(3))

2.3.1. Describe the Tribe's public hearing process to provide the general public an opportunity to comment on the provision of child care services under this plan. (658D(b)(1)(C), 98.14(c)(1-3), 98.16(e))

- a) Date of Public Hearing Notice: List date of notice(s): The lead agency held four public hearings; the dates are March 20 and 21 and March 27 and 28, 2013. published public hearing notice in the local newspaper on February 28, 2013 and March 07, 2013.
(Must be a least 20-days prior to the date of the public hearing)
- b) Date(s) of Public Hearing: List date of hearing(s): The dates for the public hearing is March 20, and 21, and March 27, and 28, 2013.
(Must be no earlier than January 1, 2013)
- c) Location(s) of the Public Hearing(s): The location for March 20, 2013 is Nenanezad which is located near Shiprock and Farmington, New Mexico. The March 21 hearing is Red Rock chapter which is located south of Gallup, New Mexico. The March 27 hearing is being held in Chinle, Arizona and the March 28th hearing is being held in Leupp, east of Flagstaff, Arizona.
- d) How was the public notified of the public hearing? Check all that apply:
- ☐ Parent Newsletter
 - ☒ Tribal/local Media
 - ☒ Posting on community bulletin board, etc.
 - ☐ Other (Specify): _____
- e) How was the content of the Plan made available throughout the service area prior to the public hearing?
- ☐ CCDF Program Sites
 - ☐ Tribal Office
 - ☐ Tribal Website
 - ☐ Tribal Email
 - ☒ Other (Specify): Copies of the plan were printed and provided to the regions for their comments. Additionally, copies of the plan for audience was made available during the hearing for their comments.
- f) Describe how the input from the Public Hearing(s) was taken into consideration in the provision of child care services under this Plan? A recorder was assigned to document the comments and recommendations. The comments were collected and reviewed thoroughly, and, if applicable, the comments were added to the tribal plan. A review of the lead agency's policies and procedures was made so that the comments were incorporated.



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Section 2.4. Public-Private Partnerships

- 2.4.1. Does the Tribal Lead Agency conduct or plan to conduct activities to encourage public-private partnerships that promote business involvement in meeting child care needs? (98.16(d))

Reminder: Provide examples of partnerships or planned activities with the business community or other private organizations such as foundations. If there are no businesses, foundations, and/or charitable organizations within the Tribal Lead Agencies service area, please indicate.

- ☒ Yes. If Yes, describe these activities or planned activities, including the results expected from the public-private partnership.

Describe: The lead agency is providing support services to improve early childhood services with the family and in-home child care providers. This initiative is was referred to as the "Family, Friend, Neighbor Care" service which was temporarily funded by the State of Arizona First Things First, this service ended on June 30, 2014. The lead agency hired two Education Specialists who provided technical assistance and directly coached Family Home and In-Home child care providers on early childhood education educational techniques and how to maintain a healthy and safe child care environment. The "Family, Friend, Neighbor Care" is funded by the state of Arizona's Initiative, First Things First's through the Navajo National Regional Partnership Council. Quality Frist is a program approved by the State of Arizona First Things First, Navajo Nation Regional Partnership Council which assists the Lead Agency's operated child care centers to improve early childcare services in the classrooms.

Personal Security Consultants, an Albuquerque business, provides technical assistance to the lead agency on conducting clearance on federal background check results. They also provide information on policies relevant to fingerprint processes, documenting results of criminal background checks and policy development and implementation are clarified.

Lit World provided 5,000 books to the CCDF; the books were distributed to the children.

- ☐ No. If No, state reason below.

Describe: _____



Part 3 – Child Care Services Offered

This section focuses on the child care assistance program. Tribal Lead Agencies need to describe their efforts to inform parents about the subsidy program and application policies and procedures, eligibility criteria, how Tribal Lead Agencies ensure continuity of care and parental choice of high quality settings for families, and sliding fee scale and payment rate policies and procedures.

Section 3.1. Non-Exempt or Exempt Rule

Non-Exempt Tribes (CCDF allocations equal to or greater than \$500,000) are required to operate a certificate program. Certificates must permit parents to choose from a variety of child care categories including center-based care, group home care, family child care and in-home care. (98.30(e))

Exempt Tribes (CCDF allocations less than \$500,000) are not required to operate a certificate program unless the Tribe chooses to include such services and the associated requirements in its program (98.81(b)(5)).

3.1.1 Based on the Tribe's anticipated CCDF allocation check which rule applies to the Tribal Lead Agency (Check only one):

☒ Non-Exempt (CCDF allocations equal to or greater than \$500,000 for a fiscal year)

☐ Exempt (CCDF allocations less than \$500,000 for a fiscal year)

Section 3.2. Description of Direct Child Care Services

3.2.1. Check all appropriate boxes below to describe the direct child care services offered by the Tribal Lead Agency: (658A(b)(1), 658E(c)(3)(A)&(B), 658P(5)&(6), 98.16(g)(1), 98.30, 98.50)

a) A Certificate Program

☒ Yes, as a Non-exempt Tribe, we operate a Certificate Program as required (**skip to 3.2.1c**).

☐ Yes, as an Exempt Tribe we are not required but have chosen to operate a Certificate Program. Exempt Tribes may choose to select "Yes" if you provide the full categories of child care.

Reminder: The terms "certificate" and "voucher" are often used interchangeably but for the purposes of the Tribal Plan Preprint, we have chosen to make a distinction between the two terms. The term "certificate" is used to designate the program that allows parents a provider choice from all four categories of care (i.e., center-based care, group home care, family child care and in-home care). The term "voucher" is used for Exempt Tribes who operate like a certificate program, but offer parents fewer choices than the full four categories of care.



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b) A Voucher Program (for Exempt Tribes Only)

The Lead Agency has the option to limit the categories of care offered to parents. The Lead Agency has chosen to offer the following categories of care:

- ☐ Center-based ☐ Group-home
☐ Family-home ☐ In-home

c) Grants or Contracts for Child Care Slots

☐ Yes. Describe and identify any limitations: _____

d) Tribally-operated Center(s)

☒ Yes, we operate tribal centers. If Yes, complete the table below.

☐ No, the Tribal Lead Agency does not operate tribal centers.

Table 3.2.1.d. Tribal-Operated Center							
Identify Tribal Centers Center Name, City & State	Types of Services (Check all that apply)				Age Groups Served (Check all that apply)		
	Full-Time	Part-Time	Before/After School	Other Services (Briefly Describe)	Infant and Toddler	Preschool	School Age
<u>Chinle Region</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Crownpoint Region</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Tuba City Region (not in operation)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Shiprock Region</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Fort Defiance</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: If the Tribal Lead Agency operates more than 8 tribal centers, please identify additional tribal centers as an attachment. Attachment "F". Ages 5-14 is defined as school age care.



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3.2.2. Are all of the child care services identified in 3.2.1 available throughout the entire service area? (658E(a), 98.16(g)(3))

☐ Yes.

☒ No. If No, describe: The Tuba City community lacks a child care center so a majority of the children are serviced by family, home or in-home child care services. Navajo Nation Child Care centers are located within five regions. Tuba City is one of the five regions and it has two child care centers that are currently not in operation.

The lead agency is responsible for 23 child care centers; five modulars are not equipped to provide infant care. Recently, one modular was converted to infant care only; this was in Fort Defiance, Arizona. Ten child care centers provide "before and after" school services in conjunction to serving infants to five year old children. Refer to Attachment F

Section 3.3. Payment System

3.3.1. Describe the child care certificate or voucher payment process using the questions below. (658E(c)(2)(A)(iii)), 658P(2), 98.2, 98.16(k) 98.30, 98.30(e)(1)(2))

a) A description of the child care certificate or voucher process, including form(s) for the Child Care certificate or voucher. Enter Attachment #: B)

Describe: Eligibility for child care assistance is determined by the lead's agency's Regional Case Work Offices. The Child Care Certificate (CCC) has the name and address of the parent(s) and the registered providers. Child's identification, selection of range of child care providers, purpose for child care assistance and authorization for service days and time is documented. Also included is the approval for the maximum daily full-time and part-time payment rates, co-payments as well as CCC validation dates. The child care certificate is viewed as a financial form and it is essential that the Regional Casework Supervisor, Senior Case Worker, parents and registered provider all concur and sign the document. Reissuance of CCC is determined by the Case Work Unit; most CCC is updated every six months or on a needed basis. It can be less if the family situation warrants change. A copy of the CCC is provided to Navajo Nation's Division of Finance to encumber the funds to pay the providers and identify the subsidy cost rates.

b) When is the child care certificate or voucher issued to parents?

☐ Before parent has selected a provider

☒ After parent has selected a provider

☒ Other. Describe: A Child Care Certificate is issued after parent has been determined income eligible and has been orientated on child care services, parent's responsibilities, and timesheets reporting.

Non-Exempt Tribes must also answer the following questions:



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- c) How does the Tribal Lead Agency inform parents that the child care certificate permits them to choose from a variety of child care categories, including child care centers, child care group homes, family child care homes, and in-home providers? (98.30(e)(2))

Check all options that the Tribe has chosen to implement.

- ☒ Certificate form provides information about choice of providers.
☒ Consumer education is provided at the time of application.
☐ Parent Handbook provides information on parental choice.
☐ Agency Web site: _____
☒ Other. Describe: Brochure which lists the type of providers as well as health and safety requirements is provided to the applicant, parent and/or child care provider.

- d) If the Tribal Lead Agency is also providing child care services through grants and contracts, explain how it ensures that parents offered child care services are given the option of receiving a child care certificate.

Describe:

Section 3.4. Limitations of In-Home Care (i.e., Care in Child's Home)

3.4.1. Does the Tribal Lead Agency allow for In-home care? (98.16(g)(2), 98.30(e)(1)(iv))

Reminder: Non-Exempt Tribal Lead Agencies must allow for in-home care (i.e., care provided in the child's own home) but may limit its use.

- ☐ No. (Use this response only if an Exempt Tribe.)
- ☒ Yes. If Yes, check what limits, if any, the Tribal Lead Agency will choose to establish.
- ☐ Restricted based on minimum number of children in the care of the provider to meet minimum wage law or Fair Labor Standards Act.
- ☐ Restricted based on provider meeting a minimum age requirement.
- ☐ Restricted based on hours of care (certain number of hours, nontraditional work hours.)
- ☐ Restricted to care by relatives.
- ☐ Restricted to care for children with special needs or medical condition.
- ☒ Other. Describe: An in-home care provider, whether it is a relative caregiver or a non-relative provider, can be restricted to serve a maximum of five children at any given time; this is due to health and safety standards. An exemption of serving more than five children is permissible for In-Home providers; it will apply for a group of three (3) to six (6) sibling.

Section 3.5. Eligibility Criteria for Child Care

To be eligible for services, children must: (1) be under the age of 13, or under the age of 19 if the child is physically or mentally disabled or under court supervision; (2) reside with a family whose income does not exceed 85 percent of the Tribe's or State's median income for a family of the same



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size; and (3) reside with a parent(s) or someone acting in loco parentis who is working or attending job training or an educational program or receiving or needs to receive protective services. (658E(c)(3)(B), 658P(3), 98.20(a)(b), 98.80(f), 98.81(b)(1))

3.5.1. How does the Tribal Lead Agency define the following eligibility terms?

- a) Residing with: The child must reside within the same household with the parent(s) or reside with a Loco Parentis during the period that child care services are necessary. Addresses are determined by the parent's submission of residency verification (which is a hand-drawn map – the reservation is completely rural).
- b) In loco parentis (refers to an individual who assumes parental status and responsibilities for another child): A person who is "standing in place" of an absent parent(s) who has the care and control of a child and is responsible to maintain the child's basic needs such as food, clothing and shelter. The following documents will be accepted to prove guardianship: court order, kinship affidavit agreement, consent for placement, formal adoption agreement, caregiver affidavit, hand-written notes by parents, power of attorney or military special power of attorney. Custody of the child is determined by court appointment and actual presence of the child in the home. In a joint custody application for child care, both parents would apply separately. Determination would be based on custodial parent's income.

3.5.2. Eligibility Criteria Based Upon Age

- a) The Tribal Lead Agency serves children from from birth to and up to 13 years of age by an independent provider(s) (indicate weeks/months/years) to 43 12 years, 11 months years (maximum age is through age 12).
- b) Does the Tribal Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 who are physically and/or mentally incapable of self-care? (658E(c)(3)(B), 658P(3), 98.20(a)(1)(ii))
- ☐ Yes. The upper age is:
Provide a definition of physical and mental incapacity:
- ☒ No.
- c) Does the Tribal Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 who are under court supervision? (658P(3), 658E(c)(3)(B), 98.20(a)(1)(ii))
- ☐ Yes. The upper age is:
- ☒ No.



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**3.5.3. Eligibility Criteria Based Upon Work, Job Training, or Educational Program
(98.16(f)(3)(4) and (6))**

- a) Does the Tribal Lead Agency provide CCDF child care assistance to parents who are "working"?

Reminder: Lead Agencies have the flexibility to include any work-related activities in the definition of working, including periods of job search.

- ☒ Yes. If Yes, how does the Tribal Lead Agency define "working" for the purposes of eligibility?

Definition of Working: The parent(s) must be on a paid salary or receiving wage compensation. Working is defined as a person who earns income from one's business, trade or professions.

Extension of Work Leave is allowable for working parents for two (2) reasons.

- A. Child care assistance is authorize to include the time when parents are on approved regular annual leave, medical or sick leave granted by their employer. The extension of work leave is limited to the timeline identified on the active Child Care Certificate.
- B. If an individual resigns, is laid off, terminate, child care assistance can include job search but this should is not to exceed 60 work days. The 60 work days extension request must be in writing from a certified parent. The parent must provide proof of resignations, laid off, or termination notice from their employer. The parent must notify their assigned Senior Caseworker within ten (10) working days from the resignations, laid off, or termination notice in order to approve the 60 work days extension.

☐ No.

- b) Does the Tribal Lead Agency provide CCDF child care assistance to parents who are attending job training?

Reminder: Lead Agencies have the flexibility to include any training related activities in the definition of job training.

- ☒ Yes. If Yes, how does the Tribal Lead Agency define "attending job training" for the purposes of eligibility?

Definition of attending job training (include attendance requirements if applicable): The student must attend a job training or educational program with a recognized or credentialed organization. Training topics, courses or classes must lead to a diploma, degree, license or certification. The outcome for the participant is to gain a skilled trade or skills which will allow the individual to be employed and obtain an income.



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Other job training accepted are participants with the ~~can include~~ Navajo Nation Program Department for Self Reliance (TANF funded recipient) or Navajo Nation Department of Workforce Development Program. The recipients learn to perform work related skills on a work placement setting.

Attendance includes both classroom and field instruction, on-line educational time, study time and internship placement. For working parents enrolled in educational courses or job training, a worksite agreement with employer's approval is required to include child care assistance for educational/training attendance hours and time for study. If there is no worksite agreement, dual reasons for child care assistance is not allowed.

☐ No.

- c) Does the Tribal Lead Agency provide CCDF child care assistance to parents who are attending an educational program?

Reminder: Lead Agencies have the flexibility to include any education-related activities in the definition of education, including study time.

- ☒ Yes. If Yes, how does the Tribal Lead Agency define attending "educational program" for the purposes of eligibility?

Definition of attending educational program, to include attendance requirements if applicable: A student is defined as an individual who attend a vocational or educational courses, online-classes, internship or volunteer placement.

The student must attend a job training or educational program with a recognized or credentialed organization. Training topics, courses, or classes must lead to an diploma, degree, license or certification. The outcome is to gain a skilled trade or employable skills.

Participants includes Navajo Nation Department Program for Self Reliance (TANF funded) or Navajo Nation Department of Workforce Development Program. The recipients learn to perform work related skills on a work placement setting.

Attendance includes classroom instruction, field instruction, on-line educational time, study time and internship placement. Study can be authorized for non-classroom days and hours as determined by the student and the Caseworker.

☐ No.

3.5.4. Eligibility Criteria Based Upon Receiving or Needing to Receive Protective Services



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- a) Does the Lead Agency provide child care to children who receive or need to receive protective services? (98.20(a)(3)(ii))

Reminder: Lead Agencies have the flexibility to define protective services beyond formal child welfare or foster care cases, including but not limited to, homeless children. If the Lead Agency provides CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education /training activities for CCDF purposes, these children are considered to be in protective services and must be included in this definition.

- ☒ Yes. If Yes, how does the Lead Agency define "protective services" for the purposes of eligibility?

Definition of protective services: Protective services is defined as:

A child's removal from a parent or guardian by a Child Protective Service agency. The child is in foster care or in a court-ordered, out-of-home placement. The child will be considered a family unit of one.

A child who is in care due to voluntary relinquishment and is going to be adopted.

A child who is at risk and needs protective care as a result of abuse or neglect. The risk may be relevant to the health or family circumstances. The risk is identified and documented by a social service or by a lead agency staff. Child care assistance is time limited and authorized on a case-by-case basis.

A child who is at risk and needs protective care as a result of parent's medical treatment or medical disability. The risk is identified and documented by a social service agency or by a lead agency staff. Child care assistance is time limited and authorized on a case-by-case basis.

Respite care is for a child who is removed by court order and needs temporary relief of care from a relative or foster care. Respite care is limited to 24 hours a month. Hours will be determined by the Caseworker, child care provider and the child's Protective Service Agency.

- ☐ No.

- b) Does the Tribal Lead Agency waive, on a case-by-case basis, the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services? (658E(c)(3)(B), 658P(3)(C)(ii), 98.20(a)(3)(ii)(A)(B))

- ☒ Yes.

- ☐ No.

- c) Does the Tribal Lead Agency provide CCDF-funded child care to children in foster care whose foster care parent(s) are not working, or who is not in education/training activities? (98.20(a)(3)(ii), 98.16(f)(7))



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☐ Yes. (This means that for CCDF purposes, the Tribal Lead Agency considers these children to be served under the protective services eligibility category.)

☒ No.

d) Does the Tribal Lead Agency provide respite child care to children in protective services? (98.16(f)(7))

Reminder: If Yes, you must include respite care under your definition of protective services in 3.5.4a.

☒ Yes, and respite care is included under the Tribe's definition of protective services.

☒ No.

3.5.5. Income Eligibility

All eligible children must be under the age of 13 and reside with a family whose income does not exceed 85% of the Grantee Median Income (GMI) for a family of the same size. The Tribal Lead Agency may use the State Median Income (SMI) or income established by the Tribe as the grantee's median income. (658E(c)(3)(B), 658P(4), 98.20, 98.80(f), 98.81(b)(1))

a) How does the Lead Agency define "income" for purposes of eligibility determination? (98.16(g)(5), 98.20(b))

Reminder: The Tribe has flexibility in developing its definition of income. This flexibility allows for the excluding or deducting of certain types of income, as defined by the Tribe, from calculations of total family incomes for purposes of eligibility determination.

Definition of Income: Income is defined as the family unit's net income as applied to access child care assistance based on the lead agency's countable income. The family unit's net income is derived by deduction of federal income withholding tax (FWT), federal income insurance contribution act (FICA) withholding and federal medicare withholding from the family's monthly gross income.

Income Disregard means certain types of income are disregarded by circumstances and are not applied to make eligibility determination.

Countable income utilized for eligibility purposes is:

1. Alimony: An allowance made by one spouse to the other for support during a pending or after-legal separation or divorce.



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2. Net employment income (gross earned income including overtime minus Federal Income Tax, Federal Insurance Contribution Act [FICA] withholding and Federal Medicare withheld).
3. Net self-employment income (gross income minus operating and reinvestment expenses).
4. Unemployment Insurance
5. Military Pay
6. Work Study wages
7. Child support income
8. Net gambling, casino or lottery winnings, per capita revenue from tribal casino.
9. One-time earned taxable income
10. Pensions, including retirement and annuity.

Income disregarded or excluded as a Family Unit Income are:

1. Foster care child payments
2. Training stipends
3. Department of Workforce Development's financial assistance for rent, transport or food
4. Educational grants (Pell Grant, student loans and grants, tribal scholarships)
5. Public assistance payments (food stamps, LIHEAP, social security disability income, survivor's benefits, Department of Self-Reliance)
6. Strike benefits
7. Union funds
8. Worker's compensation
9. Disability insurance
10. Other income may be disregarded; this will be determined on a case-by-case bases.

- b) The law states that Tribes may establish income eligibility for child care under CCDF not to exceed 85% of the Grantees Median Income (GMI). The Tribal Lead Agency has selected to use the following as the GMI (Check the appropriate box below):

☒ State Median Income (SMI) for a family of the same size.

State: Arizona Effective date of SMI: March 15, 2012

☐ Tribal Median Income (TMI) for a family of the same size residing in the area served by the Tribal Lead Agency.

Effective date of TMI: _____

- c) Provide the CCDF income eligibility limits.

Income limits must be provided in terms of Grantee Median Income, even if Federal poverty level is used in implementing the program. (98.20(a)(2))

Complete column (a) and (b) of the matrix below based on the definition of GMI in 3.5.5ab. Indicate Income Eligibility not to exceed 85% of the Grantee Median Income (GMI) in column (b) for a family of the same size. Complete column (c) **ONLY IF the Tribal Lead Agency is using income eligibility limits lower than 85% of the GMI – identify percentage used in calculation.**



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3.5.5.c Grantee Median Income (GMI)			
Family Size	(a) 100% of GMI (For calculation purpose only) (\$/month)	(b) 85% of GMI (\$/month)	c) If, less than 85% GMI, identify percentage _____ and: _____ (\$/month)
1	<u>2875</u> 2754	<u>2443</u> 2341	
2	<u>3760</u> 3602	<u>3195</u> 3061	
3	<u>4645</u> 4449	<u>3947</u> 3782	_____
4	<u>5529</u> 5297	<u>4699</u> 4502	_____
5	<u>6414</u> 6144	<u>5451</u> 5223	_____
6	<u>7299</u> 6992	<u>6203</u> 5943	_____
7	<u>7464</u> 7151	<u>6344</u> 6078	_____
8	<u>7630</u> 7309	<u>6485</u> 6213	_____

3.5.6. Additional CCDF Eligibility Criteria or Definition

Does the Tribal Lead Agency establish additional eligibility criteria, for example, higher income limits in one part of the tribal service area? (658E(a), 98.16(g)(5), 98.20(b))

☐ Yes. If Yes, describe the additional eligibility criteria _____

☒ No.

Section 3.6. Priority Rules for Children

At a minimum, CCDF requires Lead Agencies to give priority for child care services to children with special needs. Prioritization of CCDF-services is not limited to eligibility determination (i.e., establishment of a waiting list or ranking of eligible families in priority order to be served). Lead Agencies may fulfill priority requirements in other ways, such as higher payment rates for providers caring for children with special needs. (658E(c)(3)(B), 98.44(b))

3.6.1. Priority Rules for Children with Special Needs

Tribal Lead Agencies have the flexibility in how they define "special needs". Tribal Lead Agencies are not limited in defining children with special needs to only those children with physical or mental disabilities (e.g., with formal Individual Education Plan (IEP) required under the Individuals with Disabilities Education Act (IDEA). Lead Agencies could consider children in the child welfare system, children of teen parents, or homeless children in their definition of children with special needs.

a) How does the Tribal Lead Agency define "children with special needs?"

Definition of "children with special needs": Children with special needs are:



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Children left homeless as a result of natural disaster, burn-outs, living in vehicles or homeless shelters.

Children receiving or in need of protective services.

Children of active military families.

Children of teenage parents.

Children who are physically or mentally disabled.

Children who are recipients of Navajo Nation Program Department for Self Reliance and Navajo Nation Workforce Development Program.

Children who live in remote or isolated areas or if there is a lack of child care providers within a radius of fifteen (15) miles.

- b) Describe how the Tribal Lead Agency will give priority for child care services to children with special needs (658E(c)(3)(B), 98.44(b))

Describe: The lead agency Casework unit works in tandem with child care providers for placement of children. Placement is made by following the priority child care services and they are:

1. Children with special needs
2. Vocational training
3. Basic skills education in high school or GED (General Equivalency Diploma)
4. College Education
5. Employable parents following sequential income levels.

3.6.2. Additional Priority Rules

- a) Does the Tribal Lead Agency have additional priority rules or categories? (658E(c)(3)(B), 98.16(g)(5), 98.20(b))

☒ Yes If Yes, include the additional priority rules or categories to include a description and definition:

Definition and Description: A CCDF-eligible child will have priority for child care services and other children who are subsidized for other resources is considered secondary for child care services. It is the parent's choice to place their child on a waiting list, should the tribally-operated child care center be filled to capacity. A parent may also choose an alternative child care services. CCDF eligible children has a priority to access child care services over non-eligible children.

☐ No.

Section 3.7. Payment Rates for Child Care Services

Lead Agencies are required to establish payment rates for child care services that ensure eligible families equal access to child care services comparable to those services provided to families not eligible to receive CCDF services. (658E(c)(4), 98.16(l), 98.43(a), 98.43(b), 98.43(b)(1) and 98.43(b)(2)).



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3.7.1. Attach a copy of your payment rates as Attachment. (Enter Attachment #:C)

Note: For Tribal Lead Agencies that only offer direct services through a tribal-operated center and/or grants and contract, skip to 3.7.2.

Reminder: The attached payment rates should reflect all the rates that cover the variety of care offered in your program. Tribal Lead Agencies are reminded that payment rates cannot be based on a family's eligibility or circumstances. This means that the Lead Agency may not establish payments for TANF families that differ from the payments for child care for the working poor, or for families in education or training.

Will the attached payment rates be used in all parts of the Tribal service area?

☒ Yes. Effective Date: October 1, 2014 2013

☐ No. Attach other payment rates as Attachment (Enter Attachment #:_____). Indicate their effective dates and describe or list the geographic areas where they are used:

3.7.2. Does the Tribal Lead Agency provide child care services only through a tribally-operated center(s) or grants and contracts?

Reminder for Tribally Operated Centers: For Lead Agencies that only offer direct services through a tribally-operated center and/or grants and contracts, the Tribe could provide information about its CCDF budget, including the average cost of providing care per child, or information about what the center would charge a non-subsidized child for care in lieu of a payment rate schedule.

☐ Yes, if Yes attach information on cost of care per child, budget information or other documentation regarding the cost of child care services. (Enter Attachment #:_____)

☒ No.

3.7.3. Market Rate Survey Requirements

Tribal Lead Agencies are required to establish payment rates for child care services that ensure eligible families equal access to child care services comparable to those services provided to families not eligible to receive CCDF services. At a minimum, Tribal Lead Agencies are required to show how payment rates are adequate based on a local Market Rate Survey conducted no earlier than two years (10/1/2011) prior to the effective date of the currently approved Plan.

ACF recognizes that market rate surveys might not be feasible for some Tribal Lead Agencies and provides Lead Agencies with three options for fulfilling the local Market Rate Survey requirements: 1) conducting its own local Market Rate Survey, 2) using the State's local Market Rate Survey, or 3) providing alternative documentation in lieu of a local Market Rate Survey if selected criteria are met.



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Which option does the Tribal Lead Agency use in fulfilling the local Market Rate Survey requirements? Please select only ONE option. (98.16(l), 98.43)

☒ **Option 1** – the Tribal Lead Agency conducts its own MRS.

- a) Provide the date the MRS was conducted: March/11/2013
- b) Describe how the payment rates are adequate to ensure equal access based on the results of the market rate survey. At a minimum, indicate the relationship between the attached payment rates and the market rate observed in the survey. (i.e., the relationship between the attached payment rates and the market rates observed in the survey). What additional facts (if any) were considered, in addition to the market rate survey, to set the attached payment rates?

Describe: Payment rate is set at 50 percentile level in four categories: center-based, group homes, family home and in-home. The survey was distributed to about 150 providers and 97 child care providers responded with information about their payment rates. The information that was returned resulted in the establishment of payment rates for child care centers and private providers. Payment rate is referenced in Attachment C.

☐ **Option 2** – the Tribal Lead Agency uses the State's MRS

- a) Name of State(s): _____
- b) Provide the date the MRS was conducted: _____ / _____ / _____
- c) Describe how the payment rates are adequate to ensure equal access based on the results of the market rate survey. At a minimum, indicate the relationship between the attached payment rates and the market rate observed in the survey. (i.e., the relationship between the attached payment rates and the market rates observed in the survey). What additional facts (if any) were considered, in addition to the market rate survey, to set the attached payment rates?

Describe: _____

☐ **Option 3** – the Tribal Lead Agency provides alternative documentation in lieu of a local MRS. The Tribal Lead Agency must identify and meet at least one of the following two criteria listed below and provide a description to support its choice.

Please select only one criteria.

☐ **Criteria 1** – check if the Tribal Lead Agency:

- a) Provides CCDF direct services solely in Tribally operated facility(ies) and does not provide services through certificates/vouchers, grants, or contracts; **and/or**
- b) Funds CCDF direct services solely in unregulated home-based settings such as in-home care (i.e., care in the child's own home) or unregulated family child care homes, and does not fund any CCDF services in centers, regulated family child care homes or regulated group homes.

Describe how the Tribal Lead Agency funds CCDF services solely in Tribally operated facility(ies) and does not provide services through certificates, vouchers, grants, or



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contracts; or provides direct services solely in unregulated home-based settings and does not provide any services through centers or regulated homes.

Describe: _____

☐ **Criteria 2** – check if the Tribal Lead Agency:

- a) Documents that all child care providers in the service area that would potentially be included in a market rate survey (a) serve only children receiving CCDF subsidies, and (b) serve no private-pay children.

Describe how the Tribal Lead Agency determined that all providers serve only children receiving CCDF subsidies and serve no private-pay children, including a description of all relevant providers' types (i.e., centers, family child care, etc.) that were examined.

Describe: _____

3.7.4. For Non-Exempt Tribes Only – If the payment rates do not reflect for the full range of providers – center-based, group home, family child care home, and in-home care—explain how the choice of the full range of providers is made available to parents.

Describe: _____

3.7.5. Tiered Reimbursement - Will the Tribal Lead Agency provide any type of tiered reimbursement or differential rates on top of its base reimbursement rates for providing care for subsidized children?

☒ No.

☐ Yes. Check all types of tiered reimbursement or differential rates the Tribal Lead Agency has chosen to provide.

☐ Nontraditional hours. Describe: _____

☐ Children with special needs as defined by the Tribe: Describe: _____

☐ Infants and toddlers. Describe: _____

☐ School-age programs. Describe: _____

☐ Higher quality as defined by the Tribe. Describe: _____

☐ Other Rate. Describe: Special care rate is designated for children under the age of 19 and is physically and/or mentally incapable for caring for him or herself. Child(ren) who are clinically diagnosed or developmentally delayed, or children who being assessed for physical or mental incapacities, as verified by a competent medical/health agency, is also considered.



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Section 3.8. Sliding Fee Scale(s)

CCDF requires families to share in the cost of subsidized child care (658(E)(5), 98.42). The Tribal Lead Agency must establish a sliding fee scale that details each family's contribution(s) (i.e., "co-payment"). The sliding fee scale must vary based on **income and the size of the family**.

3.8.1. Attach a copy of the sliding fee scale (Enter Attachment # D)

Will the attached sliding fee scale be used in all parts of the service area?

☒ Yes. Effective date: October 1, 2013

☐ No. If No, attach other sliding fee scales and their effective date(s).
Enter Attachment # _____

3.8.2. Does the Tribal Lead Agency use other factors in addition to income and family size to determine each family's contribution to the cost of child care? (658E(c)(3)(B), 98.42(b))

☐ Yes. Describe those additional factors: _____

☒ No.

3.8.3. The Tribal Lead Agency may waive co-payments for families whose incomes are at or below the poverty level for a family of the same size. (98.42(c). The poverty level used by a Tribal Lead Agency for a family of 3 is \$3256. Check which option the Tribal Lead Agency has chosen to use: Arizona SMI for FFY 2013 as stated in the 2013 Poverty Guidelines, Federal Register, Vol. 78, No. 16 (January 13, 2013)

Reminder: Tribal Lead Agencies are reminded that the co-payments may be waived for only two circumstances – for families at or below the poverty level or on a case-by-case basis for children falling under the definition of "protective services" (as defined in 3.5.4).

☐ ALL families, including those with incomes at or below the poverty level ARE required to pay a fee.

☒ NO families with income at or below the poverty level for a family of the same size are required to pay a fee.

☐ SOME families with income at or below the poverty ARE NOT required to pay a fee. The Lead Agency waives the fee for the following families: _____

3.8.4. The following is a description of how the co-payments required by the Tribal Lead Agency's sliding fee scale(s) are affordable. (98.43(b)(3))

Describe: Families with a net income of less than or equal to 100% Federal Poverty Level is not required to pay a fee fee. Family with an income in level 2 is required to pay 4%-6%; level 3 is required to pay 6% 8% and level 4 is required to pay 8% 10%. The levels of income are referenced in Attachment D.



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The lead agency did not apply 10% bench mark as copayment fee to support families that meet the higher income level, above the 100% National Poverty Level. since many families reside in rural areas and have to travel great distance to their employment sites. Additionally, the increased cost of food, gasoline and other costs contributed to setting the copayment amount. The incremental percentage of copayment fee for each level is to assist the families in become more self reliant and non-dependent on public assistance.

Part 4 – Procedures for Parents

In this section, the Tribal Lead Agency should provide a complete description of the application process for families, the procedures for providing parents with unlimited access to their children while they are in the care of a CCDF provider. Including how the Tribal Lead Agency maintains substantiated parental complaints and how such information is made available to the public upon request. (658E(c)(2)(D), 658D(b)(1)(A), 658E (c)(2)(C), 658E(c)(3)(B), 98.16(h), 98.30, 98.32).

Section 4.1. How Families Apply for CCDF

4.1.1. How are parents informed of the availability of child care assistance services under CCDF? (658E(c)(2)(A), 98.30(a))

- ☒ Tribal Lead Agency
- ☐ Public schools
- ☐ Early Head Start/Head Start
- ☐ Health Clinics
- ☒ TANF offices
- ☒ Other tribal offices
- ☒ Other governmental offices
- ☒ Community outreach meetings workshops or other in-person meetings
- ☒ Radio and/or television
- ☒ Internet (provide website): www.nnccdf.org (The website is not fully developed).
- ☒ Other: Describe: Public recruitments to serve families and providers is by setting information booths at community events, Tribal/State/Federal program events, conferences, training, workshops, tribal fairs, health fairs, and job fairs.

4.1.2 How can parents apply for CCDF services? Check all application methods used by the Tribal Lead Agency.

- ☒ In Person interview or orientation (necessary for first time applicants)
- ☒ By Mail (Only applies for parents to submit recertification documents)
- ☐ By Phone/Fax
- ☐ Through the Internet, (provide website): _____
- ☐ By Email
- ☐ Other: Describe: _____



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4.1.3. Describe how the Tribal Lead Agency documents and verifies the applicant information.
(658K(a)(1), 98.70(a), 98.71(a))

Describe: The lead agency documents and verifies the applicant's information by obtaining copies of information on child's age, tribal enrollment, immunization and residency. Income is verified by employer's statement. Student enrollment is verified by course schedule and, if applicable, a formal statement on child's protective services situation.

4.1.4. TANF Agency's Criteria/Definitions Regarding Inability to Obtain Care

The regulations at 98.33(b) require the Tribal Lead Agency to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age. Lead Agencies must coordinate with TANF programs to ensure, that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth in the TANF statute and Plan.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency—which include both the Tribal TANF agency and the State TANF agency—to determine whether the parent has a demonstrated inability to obtain needed child care:

Reminder: The TANF agency, not the Child Care Tribal Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record. This question is for informational purposes.

a) Identify the TANF agency(ies) that established these criteria or definitions:

State(s) TANF Agency: State of Arizona's Department of Economic Security (AZDES); State of New Mexico's Children, Youth and Families Department (NMCYFD); and State of Utah Department of Workforce Services (UTDWS).

Tribal TANF Agency: The lead agency's casework staff provides information to the TANF clientele about the exception to the individual's penalties associated with the TANF's work requirement. A single custodial parent will not penalized for his/her inability to obtain child care for his/her child under six years of age. The lead agency will make every effort to assist the single custodial parent by sharing a list of potential child care provider available near their home area. The Navajo Department Program for Self Reliance (Tribal TANF) and the lead agency will coordinate on the parent's plan to become self reliant.

b) Provide the following definitions established by the TANF agency.

- "Appropriate child care": The provider is licensed, certified or registered by the a state or tribal child care agency for the tribal various types of child care, i.e. in home care, relative provider, etc. The provider will provided an environment that is clean, safe and provide adequate nutrition and protection for any and all kinds of harm and is acceptable to the parent(s) or caretaker(s) of the child.



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- “Reasonable distance”: The time it take for a PSR client to travel to the child care provider must be an hour or less.
- “Unsuitability of informal child care”: Child care is deemed unsuitable or unacceptable by the customer and is expressed in writing, due to the health and safety concerns of the child or situations that places the child at risk.
- “Affordable child care arrangements”: Child care that is available at a cost that is equal to or less than the amount the Navajo Nation child Care and Development Fund (CCDF) will pay or an informal child care at a cost which is acceptable to parents papers without causing undue financial hardship upon the client.

c) How are parents who receive TANF benefits informed about the exception to individual penalties associated with the TANF work requirements?

☐ In writing

☒ Verbally

☒ Other: If the client is unable to meet TANF requirements such as Personal Responsibility Plan, the customer may be informed that they may be exempted from such penalties. Exemption from penalties may be obtained as long as the client is able to document why they are unable to meet such requirements. For example, if child care is a barrier, the participant must provide verification as to their inability to obtained child care and should be able to provide answers to the following questions.

4.1.5. Is the application process for child care under CCDF different for families receiving TANF?
98.16(g)(4)

☐ Yes. If Yes, describe: _____

☒ No.

Section 4.2. Description of Procedures for Unlimited Parental Access

The Lead Agency shall have procedures to ensure that providers receiving CCDF funds afford parents unlimited access to their children, and access to the providers caring for their children, during normal hours of provider operation and whenever the children are in the care of the provider. (658E(c)(2)(B), 98.31, 98.16(n))

Describe how the Lead Agency ensures that parents have unlimited access: Parents are informed of their rights and responsibilities when they complete an Application for Child Care Assistance. The application states “you have the right to unlimited access to your child(ren) while under the provider’s care. This is referenced in Attachment E. However, in the event of a court order, contact with a parent will be limited. The legal document may be a restraining order because of domestic violence or child protection order or child custody orders. Court documents are maintained in the family case file record and a copy is shared with the child care provider.



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The family home and in-home child care providers acknowledge on the Child Care Service Agreement in Section III, No. 4, which states, CCDF eligible parent(s)/legal guardian(s) have unlimited access to their child during the time of performing child care service". Child Care Service Agreement is referenced in Attachment B.

CCDF Tribally-Operated Child Care Supervisors are required to inform CCDF staff that the parents have unlimited access to their child(ren) while under their care. According to the Navajo CCDF Internal/Administrative Policy and Procedures for Child Care Center Services, Section IV.C (Description of Services) states "Parent(s)/guardian(s) are offered unlimited access to their child(ren) and the provider(s) during the time the child care center is in operation. In the event of a court order, contact with parent(s)/guardian(s) may be disallowed and/or limited. Courts documents may include restraining/domestic violence protection orders.

Additionally, parents are informed of the unlimited parental/provider access during the orientation. Signs are posted within the child care facility which states parents have unlimited parental/provider access. Parent(s)/guardian(s) will sign in/out on all visits." (page 4).

The unlimited parental access requirement that currently guides the independent child care providers is recorded in the Navajo Nation CCDBG Program/Division of Social Services' program policies and procedures. In this, every independent providers are required to acknowledge the Child Care Provider's Registration Agreement form and consent to Section E. Professional Responsibilities which include No. 4, i.e. Parents/legal guardians shall be provided unlimited access to their children and the provider, during the normal hours of operation and whenever such children are in the care of such providers.

Section 4.3. Record of Substantiated Parental Complaints

- a) Describe in detail how the Tribe maintains a record of substantiated parental complaints. (658E(c)(2)(C), 98.32, 98.16(m))

Describe: CCDBG Program's Policies and Procedures No. 11 states, provider eligibility is required to "Not engage in or have an ongoing history of behaviors which are harmful or may endanger the health, safety and morals of children. Where there is a conviction for, or admission of, or substantial evidence of crimes against children, crimes involving intentional body harm, crimes involving the illegal use of controlled substances or crimes involving moral turpitude by the caregiver or any other household members, the CCDBG program will not approve or allow any approval to remain in effect, if such information becomes known to the CCDBF program." (Pg. K-2)

When the lead agency receives a complaint, the complainant is required to put their concerns in writing. Depending on information received, the lead agency may choose to conduct an investigation. If there is suspected child abuse or neglect, the complaints are forwarded to the appropriate agencies for investigation. The lead agency reports all cases of suspected child abuse and neglect to both the child protective services or local law enforcement agency.

Each complaint is reviewed and prioritized for investigation. Complaints regarding the health and safety of the child is regarded as the highest priority and local authorities are notified immediately to begin their investigation. Other complaints which constitute less severe complaints such as payment issues are investigated within ten working days.



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The investigation outcome includes a written response that details the results of the investigation. The letter is forwarded to the subject of the complaint and complainant. If the outcome is unsubstantiated, CCDF will not take further action. If the outcome is determined substantiated, the lead agency will require the child care provider to provide a written corrective action plan. If the child provider does not comply, the lead agency can impose sanctions by suspending, revoking or place limitation on the provider's services. The involved agencies can impose additional sanctions such as imposing criminal charges and pursuing other legal remedies.

All substantiated records are maintained in the Program Manager's Office at CCDF Central Administrative Office. Records are filed in the provider's individual case file for security and confidentially purposes and to abide with the privacy act regulation. Substantiated records are incidents or complaints which have been investigated and corrective action are determined by professional staff.

- b) Describe in detail how the substantiated parental complaints are available to the public on request, including who should be contacted to receive them. (658E(c)(2)(C), 98.32, 98.16(m))

Describe: Records maintained by the lead agency for child care providers are available to the public for review and copying. Personal information related to the child and parent is kept confidential. Disclosure of information about the child and parent will only be released by court order or by a parent's consent. It can be released to a law enforcement agency as required for official purposes.

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Part 5 – Activities and Services to Improve the Quality of Child Care

In this section, Tribal Lead Agencies are asked to describe their needs, goals and activities for the implementation of child care quality improvement activities. Core elements of CCDF include quality investments and support systems for programs and staff. Tribes are encouraged, regardless of size, to take an intentional approach to quality improvement – assessing the current quality of care available and the training and technical assistance needs of providers; investing their quality funds and efforts in accordance with the needs; and reviewing the success of their activities to improve quality and making adjustments as necessary.

The Tribal Lead Agency should consider its goals for a child care quality improvement system for all families, not just those receiving assistance under CCDF. (658G, 658E(c)(3)(B), 98.16(h), 98.51, 98.83(f))

Reminder: CCDF regulations require non-exempt Lead Agencies (those receiving \$500,000 or more) to spend at least 4 percent on quality activities. These activities may include, but are not limited to; activities designed to provide comprehensive consumer education, increased parental choice, and to improve the availability and quality of child care services.

Exempt Lead Agencies (those receiving less than \$500,000) are strongly encouraged to spend CCDF funds on quality activities but are not required to meet the 4 percent provision.

Section 5.1. Quality Improvement Needs

5.1.1. How does the Tribal Lead Agency learn about the quality of care currently offered and the training needs of providers?

Note: Tribes make their own decisions about how to determine their needs and make investments. For technical assistance purposes, ACF would like to learn how Tribes perform these functions – from the use of formal tools to determine the quality of programs to more informal methods to learn about the needs of caregivers.

Describe: The lead agency reviews, update and implement its strategic plans on an annual basis. The review is done on a quarterly basis. All the administrative components of the lead agency's goal and objectives are reviewed and recommendations are made. Once these are finalized, they are implemented.

A professional development assessment was conducted by the State of Arizona, First Things First, Quality First in collaboration with the lead agency's. Direct child care workers and independent providers were involve in the assessment and provided feedback on their classroom performances. The assessment was instrumental in producing more qualified child care professional. This was accomplished through the recruitment of qualified trainers who provided training to develop more "qualified" child care workers. Any array on early child development, culture-based teaching, curriculum development, nutrition, how to provide a more nurturing environment, supervision, development of lesson plan, develop a safe child



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care environment, language develop and literacy and other trainings is done on a quarterly basis.

A strategic planning work session was conducted to develop plan for their respective unit, i.e. eligibility issues for Casework unit, building preventive maintenance services, fiscal/property management, monitoring services and human resources. Professional trainers were recruited to improve each unit's functions (the intent is continue to operate a stronger program based on integrity and accountability). Other units include accountability in subsidy payments, child focused services, and customer services improvements. As a result, types of training was identified and implemented. The topics include tribal, state, and federal policies and procedures, program/organizational development, procurement and contracts, teamwork, decision making, casework services, fiscal and property management, policy development, health and safety standards, program evaluation and others. The training was intended to strengthen the staff and provider's skills. The training schedule was implemented and the training was conducted on a monthly basis.

Assessment is ongoing on the independent provider's child care setting (family, in-home and relative providers). When the assessment was completed, health and safety training was developed and implemented. Minimum assistance with equipment and supplies such as fire extinguishers, fingerprinting/background checks, nutrition (food/snacks) and other supplies are provided to the independent providers; this is done to enhance the child care setting.

Technical assistance to independent providers was provided through training and provisions. The training focused on brain development, social competency and a nurturing learning environment. Part of the support is to provide basic learning supplies. This was to promote children's physical, cognitive, social and emotional development.

The Indian Health Services' Office of Environmental Health provides evaluation reports on every child care centers. The reports includes findings or recommendations to improve health and safety concerns which may include heating and ventilation.

The lead agency may also contract with specialized or professional services to improve quality issues, i.e. landscaping, fencing, appropriate age-related playground, sewage and waste disposal and others to comply with health standards. The maintenance unit conducts preventive services as a result of OEH's evaluation reports. Additionally, assessment on the maintenance unit is conducted periodically to ensure that the personnel is knowledgeable on how maintain the building and the surrounding physical premises.

Section 5.2. Quality Improvement Goals

In the upcoming Biennium, describe the Tribal Lead Agency's goals for improving the quality of care in your program. (Responses will be used to guide future training and technical assistance provided by OCC.)

Describe: The health and safety trainings identified in Tribal Plan Part VI will be required on biennium basis for all providers. Exemption to the biennium timeline is the childcare center policy that mandates different timelines for trainings. Exemption to the biennium timeline applies to state operated childcare centers as training timelines may vary according to their state statute.

Section 5.3. Quality Improvement Activities



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Identify the quality improvement activities the Tribal Lead Agency intends to implement during this plan period. As this list is not exclusive, Tribal Lead Agencies can use the "Other" box for additional activities. Tribal Lead Agencies can also choose to include a description of each activity checked using the Other box.

a) Quality Training Activities

Training Topics

- ☒ Child development
- ☒ Infant and toddler child care
- ☒ Physical activity and nutrition
- ☒ Language and literacy
- ☐ Inclusive child care for special needs children
- ☒ Health and safety
- ☒ Social-emotional development
- ☐ Fiscal management
- ☒ Administration and program management
- ☐ Curriculum development and instruction
- ☒ Child Care as a business
- ☒ Other topic(s): Educational computer games provided to the Before and After school children to use technology to improve in th subjects of literacy, social studies, science, vocabulary and mathematics.

Optional: Describe any of the activities checked above: _____

Strategies for Making Training Accessible

- ☒ Grants or stipends for attending training events
- ☒ Time off to attend training
- ☐ Make substitute providers available
- ☐ Other: Describe: Provide individual training on site such as the Caseworker Provider training, provided quarterly.

Optional: Describe any of the activities checked above: _____

Training Outcomes

- ☒ Certificate
- ☐ Credential
- ☒ Degree
- ☐ Credit towards required training hours
- ☒ Other: Describe: Sign-in Sheets.

Optional: Describe any of the activities checked above: _____

b) Assisting Providers in meeting Licensing and Health and Safety Standards



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- ☒ Provide health and safety materials/equipment
- ☒ Grants/mini-grants for health and safety equipment/materials
- ☒ Classroom materials and resources
- ☒ Financial assistance in meeting licensing requirements
- ☐ Other: Describe: _____

Optional: Describe any of the activities checked above: _____

c) Consumer Education

- ☒ Resource and referral services
- ☒ Resource library for parents and providers
- ☐ Newsletters for providers and parents
- ☒ Parent handbooks
- ☐ Toy lending library
- ☒ Internet-based consumer education on quality child care
- ☒ Other: Describe: Policy and procedures training.

Optional: Describe any of the activities checked above: _____

d) Staff Compensation & Financial Incentives for Programs

- ☒ Supplement wages of staff
- ☒ Bonuses to recruit providers caring for infants/toddlers or other areas of provider shortages
- ☐ Increase staff compensation in blended Child Care/Head Start programs
- ☐ Bonuses to higher quality programs
- ☐ Implement cash and non-cash career-ladder incentives
- ☐ Other: Describe: _____

Optional: Describe any of the activities checked above: _____

e) School-Age Child Care Activities

- ☒ Cultural activities with elders (e.g., regalia making)
- ☐ Culturally-based summer youth programs
- ☐ Mentoring program
- ☐ Drug prevention program
- ☐ Teen pregnancy prevention programs
- ☒ Other: Describe: Cultural activities in general.

Optional: Describe any of the activities checked above: _____



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f) Culturally Relevant Activities

- ☐ Tribal language immersion programs
- ☒ Integration of storytellers in child care programs
- ☐ Cultural training opportunities for parents and providers
- ☐ Cultural training to non-Native providers
- ☐ Other: Describe: _____

Optional: Describe any of the activities checked above: _____

g) Quality Support for Programs

- ☐ Grants to programs to expand quality activities
- ☒ Health Consultation or other related activities
- ☒ Assessment of classroom practice
- ☐ Integrating children with special needs (creating inclusive child care settings)
- ☐ Higher rates for programs caring for infants and toddlers
- ☒ Other: Describe: Quality First, as administered in collaboration with the State of Arizona, First Things First, Navajo Nation Regional Partnership Council.

Optional: Describe any of the activities checked above: _____

5.4. Quality Improvement Initiatives for Relative Caregivers or other Small Home-based Providers

Does Tribal Lead Agency have quality improvement initiatives specifically for relative caregivers or other small home-based providers that are not described in your answers above?

- ☒ Yes. If Yes, describe: The relative providers are provided consumer educational brochures and can participate in trainings on health and safety awareness and learn about early childhood development.

The lead agency collaborated with the state of Arizona to initiate a "Family, Friend, Neighbor" care. The collaboration will allow CCDF to hire two educational specialist; their job is to provide technical assistance to relative providers and small, home-based child care providers. The technical assistance will provide consumer educational materials, develop a child care schedule which will describe an array of activities. The intent is to coach providers to they can provide a higher level of child care.

☐ No.

5.5. School-Age Care and Resource and Referral Activities

Tribal Lead Agencies are required to spend a specific amount on developing and improving School-Age Care activities and/or Resource and Referral services.

How does the Tribal Lead Agency intend to use these funds?



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Describe: The lead agency provides "after school" program in several child care centers which tutoring and home work periods are provided. Additionally, computers are made available to after school children.

5.6. Child and Adult Care Food Program (CACFP)

The US Department of Agriculture's Child and Adult Care Food Program (CACFP) plays a vital role in improving the quality of care for children by providing financial support for meals served in child care settings.

a) Does the Tribal Lead Agency participate in the Child and Adult Care Food Program (CACFP)?

☐ Yes. Identify which programs participate, for example Centers, Family Child Care, etc. _____

☒ No

b) If the answer to 5.6.(a) is no, please indicate reasons why the Tribal Lead Agency does not participate in CACFP.

☐ No CACFP sponsoring agency locally

☒ Difficult to complete initial CACFP application

☐ Difficult to maintain required CACFP documentation

☐ Not eligible to participate for the following reason(s): _____

☒ Do not have enough information about CACFP

☐ Not Interested

☒ Other, describe: Headstart is the lead agency. The Lead Agency will collaborate with the States of Arizona and New Mexico to access assistance from the Child and Adult Care Food Program (CACFP). An initiative with the Navajo Nation Head Start is to establish memorandum of agreements, this is to access CACFP for childcare services administered by the Lead Agency, and this will include only those CCDF centers that are jointly in the same building with Head Start.



Part 6 – Health and Safety Requirements for Providers

Activities to Ensure the Health and Safety of Children in Child Care

This section is intended to collect information on how Tribal Lead Agencies meet the statutory and regulatory provisions related to health and safety and how these requirements are effectively enforced. In the following pages, provide the appropriate responses for each category of care offered addressing the CCDF health and safety requirements.

The CCDF health and safety requirements at 98.41 require Lead Agencies to have health and safety requirements in the following areas:

- Prevention and Control of Infectious Disease (including immunizations)
- Building and Physical Premises Safety; and
- Health and Safety training.

CCDF identifies and defines four categories of care: child care centers, family child care homes, group child care homes and in-home child care providers (§98.2). The CCDF definition for each category is listed below.

Center-Based Child Care: Center-based child care providers are defined as a provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless care in excess of 24 hours is due to the nature of the parent(s)' work.

Group Home Child Care: Group home child care provider is defined as two or more individuals who provide child care services for fewer than 24 hours per day per child, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work.

Family Child Care: Family child care provider is defined as one individual who provides child care services for fewer than 24 hours per day per child, as the sole caregiver, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)'s work.

In-Home Care: In-home child care provider is defined as an individual who provides child care services in the child's own home.

6.1. Health and Safety Requirements - Centers

Prevention and Control of Infectious Disease - Centers

Check the health and safety requirements for prevention and control of infectious disease. (658E(c)(2)(F)(i), 98.41(a)(1)).

Table 6.1.1 Prevention and Control of Infectious Disease - Centers		
Topics	Check if required for providers	Check if required for children
<input checked="" type="checkbox"/> Physical exam or health statement	<input checked="" type="checkbox"/> For providers	<input type="checkbox"/> For children
<input checked="" type="checkbox"/> Tuberculosis check	<input checked="" type="checkbox"/> For providers	<input type="checkbox"/> For children



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Table 6.1.1 Prevention and Control of Infectious Disease - Centers		
Topics	Check if required for providers	Check if required for children
<input checked="" type="checkbox"/> Immunizations	<input checked="" type="checkbox"/> For providers	<input checked="" type="checkbox"/> For children
<input checked="" type="checkbox"/> Hand-washing policy	<input checked="" type="checkbox"/> For providers	<input type="checkbox"/> For children
<input checked="" type="checkbox"/> Diapering policy and procedures		
<input type="checkbox"/> Providers required to submit a self-certification or complete health and safety checklist		
<input checked="" type="checkbox"/> Other. Describe <u>Navajo Nation CCDF Child Care Center employees/providers to obtain prevention and control of infectious diseases requirements within 90 days of hire.</u>		
<u>Navajo Nation CCDF will accept state licensing standards as verified by the state operating license.</u>		

6.1.2 Building and Physical Premises - Centers

Check the health and safety requirements for building and physical premises safety.
(658E(c)(2)(F)(ii), 98.41(a)(2))

- ☐ Building inspection
- ☐ Fire inspection, safety and evacuation policy
- ☐ Accessibility for people with disabilities
- ☐ Health inspection
- ☐ Toxic substances policy
- ☐ Lead paint policy
- ☐ Transportation policy
- ☐ Safety policy for bodies of water, including swimming pools
- ☐ Safe sleep policy, including SIDS prevention
- ☐ Providers to submit a self-certification or complete health and safety checklist
- ☐ Tobacco exposure reduction
- ☐ Group size limits based on age of children
- ☐ Staff child ratio based on ages of children
- ☒ Other: Describe Navajo Nation CCDF utilizes the Tribal Head Start Model Health and Safety Code. The Navajo Nation also utilizes the Caring for Our Children, National Health and Safety Performance Standards, Guidelines for Early Care and Education Programs. The lead agency accepts state licensing standards that verifies for off-reservation childcare centers to operate with a state license.

6.1.3 Health and Safety Training – Centers

Check the health and safety requirements for **health and safety training**. Tribal Lead Agencies have the flexibility to define these terms, for this question, “pre-service” refers to any training that happens prior to a person starting or shortly thereafter (e.g., first week, etc). “On-going” would be some type of routine occurrence.
(658E(c)(2)(F)(iii), 98.41(a)(3))

Table 6.1.3. Health and Safety Training - Centers		
Topics	Pre-Service	On-Going
<input checked="" type="checkbox"/> Cardiopulmonary resuscitation (CPR)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> First Aid	<input type="checkbox"/>	<input checked="" type="checkbox"/>



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Table 6.1.3. Health and Safety Training - Centers

<input checked="" type="checkbox"/> Training on Infectious Diseases	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> SIDS Prevention (i.e., Safe Sleep)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Medication Administration	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Mandatory Reporting of Suspected Abuse or Neglect	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Child Development	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Supervision of Children	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Behavior Management	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Nutrition	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tobacco Exposure Reduction	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Physical Activity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Working with Children with Special Needs or Disabilities	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Emergency Preparedness and Response	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Other. Describe <u>Navajo Nation CCDF Child Care Center employees/providers to obtain health and safety training requirements within 90 days of hire.</u>		
<u>Navajo Nation CCDF will accept state licensing standards as verified by the state operating license.</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

6.1.3.a Training Hours - Centers

Does the Tribal Lead Agency require child care center directors and providers to complete a specific number of training hours per year?

☐ Yes. If "Yes", indicate the requirements for directors and providers below.
Indicate requirements for directors:

- ☐ At least 30 training hours required in first year
- ☐ At least 24 training hours per year after first year
- ☐ Other: _____

Indicate requirements for providers:

- ☐ At least 30 training hours required in first year
- ☐ At least 24 training hours per year after first year
- ☐ Other: _____

☒ No.

6.2. Health and Safety Requirements - Group Home Child Care

Check the health and safety requirements for **prevention and control of infectious disease.** (658E(c)(2)(F)(i), 98.41(a)(1)).



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Table 6.2.1 Prevention and Control of Infectious Disease – Group Home Child Care		
Topics	Check if required for providers	Check if required for children
<input checked="" type="checkbox"/> Physical exam or health statement	<input checked="" type="checkbox"/> For providers	<input type="checkbox"/> For children
<input checked="" type="checkbox"/> Tuberculosis check	<input checked="" type="checkbox"/> For providers	<input type="checkbox"/> For children
<input checked="" type="checkbox"/> Immunizations	<input checked="" type="checkbox"/> For providers	<input checked="" type="checkbox"/> For children
<input checked="" type="checkbox"/> Hand-washing policy	<input checked="" type="checkbox"/> For providers	<input type="checkbox"/> For children
<input checked="" type="checkbox"/> Diapering policy and procedures		
<input type="checkbox"/> Providers required to submit a self-certification or complete health and safety checklist		
<input checked="" type="checkbox"/> Other. Describe <u>The lead agency accepts State Licensing Standards as verified by the State operating license.</u>		

6.2.2 Building and Premises Safety – Group Home Child Care

Check the health and safety requirements for **building and physical premises safety**.
(658E(c)(2)(F)(ii), 98.41(a)(2))

- ☒ Building inspection
- ☒ Fire inspection, safety and evacuation policy
- ☒ Accessibility for people with disabilities
- ☒ Health inspection
- ☐ Toxic substances policy
- ☐ Lead paint policy
- ☐ Transportation policy
- ☐ Safety policy for bodies of water, including swimming pools
- ☒ Safe sleep policy, including SIDS prevention
- ☐ Providers to submit a self-certification or complete health and safety checklist
- ☐ Tobacco exposure reduction
- ☐ Group size limits based on age of children
- ☒ Staff child ratio based on ages of children
- ☒ Other: Describe The lead agency accepts State Licensing Standards as verified by the State operating license.

6.2.3 Health and Safety Training – Group Home Child Care

Check the health and safety requirements for **health and safety training**. Tribal Lead Agencies have the flexibility to define these terms, for this question, “pre-service” refers to any training that happens prior to a person starting or shortly thereafter (e.g., first week, etc). “On-going” would be some type of routine occurrence.
(658E(c)(2)(F)(iii), 98.41(a)(3))

Table 6.2.3 Health and Safety Training – Group Home Child Care		
Topics	Pre-Service	On-Going
<input checked="" type="checkbox"/> Cardiopulmonary resuscitation (CPR)	<input type="checkbox"/>	<input checked="" type="checkbox"/>



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Table 6.2.3 Health and Safety Training – Group Home Child Care

<input checked="" type="checkbox"/> First Aid	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Training on Infectious Diseases	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> SIDS Prevention (i.e., Safe Sleep)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Medication Administration	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Mandatory Reporting of Suspected Abuse or Neglect	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Child Development	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Supervision of Children	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Behavior Management	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Nutrition	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tobacco Exposure Reduction	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Physical Activity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Working with Children with Special Needs or Disabilities	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Emergency Preparedness and Response	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Other. Describe <u>Navajo Nation CCDF will accept state's licensing standards, as verified by the state operating license.</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

6.2.3.a Training Hours – Group Home Child Care

Does the Tribal Lead Agency require group home child care providers to complete a specific number of training hours per year

☐ Yes. If "Yes", indicate the requirements for group child care home providers below.

Indicate requirements for directors:

- ☐ At least 30 training hours required in first year
- ☐ At least 24 training hours per year after first year
- ☐ Other: _____

Indicate requirements for providers:

- ☐ At least 30 training hours required in first year
- ☐ At least 24 training hours per year after first year
- ☐ Other: _____

☒ No.

6.3 Health and Safety Requirements – Family Child Care Homes (Care in the provider's home)

Check the health and safety requirements for **prevention and control of infectious disease.**
(658E(c)(2)(F)(i), 98.41(a)(1)).



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Table 6.3.1 Prevention and Control of Infectious Disease – Family Child Care Homes		
Topics	Check if required for providers	Check if required for children
<input checked="" type="checkbox"/> Physical exam or health statement	<input checked="" type="checkbox"/> For providers	<input type="checkbox"/> For children
<input checked="" type="checkbox"/> Tuberculosis check	<input checked="" type="checkbox"/> For providers	<input type="checkbox"/> For children
<input checked="" type="checkbox"/> Immunizations	<input checked="" type="checkbox"/> For providers	<input checked="" type="checkbox"/> For children
<input checked="" type="checkbox"/> Hand-washing policy	<input checked="" type="checkbox"/> For providers	<input type="checkbox"/> For children
<input checked="" type="checkbox"/> Diapering policy and procedures		
<input type="checkbox"/> Providers required to submit a self-certification or complete health and safety checklist		
<input checked="" type="checkbox"/> Other. Describe <u>Relative providers will be required to submit self certification. Unregulated relative child care providers would be waived through the issuance of the Health and Safety self-certification form.</u>		

6.3.2 Building and Premises Safety – Family Child Care Homes

Check the health and safety requirements for **building and physical premises safety**.

(658E(c)(2)(F)(ii), 98.41(a)(2))

- ☐ Building inspection
- ☐ Fire inspection, safety and evacuation policy
- ☐ Accessibility for people with disabilities
- ☐ Health inspection
- ☐ Toxic substances policy
- ☐ Lead paint policy
- ☐ Transportation policy
- ☐ Safety policy for bodies of water, including swimming pools
- ☐ Safe sleep policy, including SIDS prevention
- ☐ Providers to submit a self-certification or complete health and safety checklist
- ☐ Tobacco exposure reduction
- ☐ Group size limits based on age of children
- ☐ Staff child ratio based on ages of children
- ☒ Other: Describe Navajo Nation CCDF utilizes the Annual Health and Safety Inspection for family home and in-home regulated child care provider. Unregulated relative child care providers would be waived through the issuance of the Health and Safety self-certification form.

6.3.3 Health and Safety Training – Family Child Care Homes

Check the health and safety requirements for **health and safety training**. Tribal Lead Agencies have the flexibility to define these terms, for this question, “pre-service” refers to any training that happens prior to a person starting or shortly thereafter (e.g., first week, etc). “On-going” would be some type of routine occurrence.

(658E(c)(2)(F)(iii), 98.41(a)(3))



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Table 6.3.3. Health and Safety Training – Family Child Care Homes		
Health and safety training requirements	Pre-Service	On-Going
<input checked="" type="checkbox"/> Cardiopulmonary resuscitation (CPR)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> First Aid	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Training on Infectious Diseases	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> SIDS Prevention (i.e., Safe Sleep)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Medication Administration	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Mandatory Reporting of Suspected Abuse or Neglect	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Child Development	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Supervision of Children	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Behavior Management	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Nutrition	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tobacco Exposure Reduction	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Physical Activity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Working with Children with Special Needs or Disabilities	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Emergency Preparedness and Response	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Other: Describe <u>Unregulated relative child care provider's certification would be waived through the issuance of the Health and Safety self-certification form.</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

6.3.3.a Training Hours – Family Child Care Homes

Does the Tribal Lead Agency require family child care home providers to complete a specific number of training hours per year?

☐ Yes. If "Yes", indicate the requirements for family child care home providers below.

Indicate requirements for providers:

- ☐ At least 30 training hours required in first year
- ☐ At least 24 training hours per year after first year
- ☐ Other: _____

☒ No.

6.4. Health and Safety Requirements – In-Home Child Care (Care in the child's home)

Check the health and safety requirements for **prevention and control of infectious disease**. (658E(c)(2)(F)(i), 98.41(a)(1)).

Table 6.4.1 Prevention and Control of Infectious Disease		
Topics	Check if required for providers	Check if required for children
<input checked="" type="checkbox"/> Physical exam or health statement	<input checked="" type="checkbox"/> For providers	<input type="checkbox"/> For children
<input checked="" type="checkbox"/> Tuberculosis check	<input checked="" type="checkbox"/> For providers	<input type="checkbox"/> For children
<input checked="" type="checkbox"/> Immunizations	<input checked="" type="checkbox"/> For providers	<input checked="" type="checkbox"/> For children



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Table 6.4.1 Prevention and Control of Infectious Disease		
Topics	Check if required for providers	Check if required for children
<input checked="" type="checkbox"/> Hand-washing policy	<input checked="" type="checkbox"/> For providers	<input type="checkbox"/> For children
<input checked="" type="checkbox"/> Diapering policy and procedures		
<input type="checkbox"/> Providers required to submit a self-certification or complete health and safety checklist		
<input checked="" type="checkbox"/> Other. Describe <u>Relative providers will be required to submit self certification. Unregulated relative child care providers would be waived through the issuance of the Health and Safety self-certification form.</u>		

6.4.2 Building and Premises Safety – In-Home Child Care

Check the health and safety requirements for **building and physical premises safety**.
(658E(c)(2)(F)(ii), 98.41(a)(2))

- ☐ Building inspection
- ☐ Fire inspection, safety and evacuation policy
- ☐ Accessibility for people with disabilities
- ☐ Health inspection
- ☐ Toxic substances policy
- ☐ Lead paint policy
- ☐ Transportation policy
- ☐ Safety policy for bodies of water, including swimming pools
- ☐ Safe sleep policy, including SIDS prevention
- ☐ Providers to submit a self-certification or complete health and safety checklist
- ☐ Tobacco exposure reduction
- ☐ Group size limits based on age of children
- ☐ Staff child ratio based on ages of children
- ☒ Other: Describe Navajo Nation CCDF utilizes the Annual Health and Safety Inspection for family home and in-home regulated child care provider. Unregulated relative child care providers would be waived through the issuance of the Health and Safety self-certification form.

6.4.3 Health and Safety Training – In-Home Child Care

Check the health and safety requirements for **health and safety training**. Tribal Lead Agencies have the flexibility to define these terms, for this question, “pre-service” refers to any training that happens prior to a person starting or shortly thereafter (e.g., first week, etc). “On-going” would be some type of routine occurrence.
(658E(c)(2)(F)(iii), 98.41(a)(3))



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Table 6.4.3 Health and Safety Requirements – In-Home Child Care

Health and safety training requirements	Pre-Service	On-Going
<input checked="" type="checkbox"/> Cardiopulmonary resuscitation (CPR)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> First Aid	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Training on Infectious Diseases	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> SIDS Prevention (i.e., Safe Sleep)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Medication Administration	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Mandatory Reporting of Suspected Abuse or Neglect	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Child Development	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Supervision of Children	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Behavior Management	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Nutrition	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tobacco Exposure Reduction	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Physical Activity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Working with Children with Special Needs or Disabilities	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Emergency Preparedness and Response	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Other. Describe <u>Relative providers will be required to submit self certification. Unregulated relative child care providers would be waived through the issuance of the Health and Safety self-certification form.</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

6.4.3.a Training Hours – In-Home Child Care

Does the Tribal Lead Agency require in-home child care providers to complete a specific number of training hours per year?

☐ Yes. If "Yes", indicate the requirements for In-Home child care home providers below.

Indicate requirements for providers:

- ☐ At least 30 training hours required in first year
☐ At least 24 training hours per year after first year
☐ Other: _____

☒ No.

6.5. Exemptions for Relative Providers

A Tribal Lead Agency has the option to exempt the following relatives from some or all of its health and safety requirements: grandparents, great-grandparents, siblings (if living in a separate residence), aunts, and uncles.

Does the Tribal Lead Agency exempt relative providers from the health and safety requirements described in 6.1- 6.4 (658)(4)(B), 98.41(e)).



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- ☐ Yes, all relative providers are exempt from all health and safety requirements
- ☒ Some or all relative providers are subject to different health and safety requirements from those described in Section 6.1 - 6.4 and the following describes those different requirement and which relatives they apply to;

Describe: All relative providers are required to complete a FBI criminal background check and are exempt from all other health and safety requirements. The Lead Agency defines Relative Care as kin by first-blood line relationships, or kin as established through court decree to the eligible child. Relatives are the child's and the parent's immediate grandparents, aunts, uncles, cousins, or siblings. (Siblings have to live in separate residence from the eligible child).

- ☐ No, all relative providers are subject to the same requirements as described in Section 6.1 - 6.4 as appropriate; there are no exemptions for relatives or different requirements for them.

Section 6.6. Monitoring and Enforcement of Health and Safety Requirements

The Tribal Lead Agency is required to certify that procedures are in effect to ensure that child care providers caring for children receiving CCDF services comply with the applicable health and safety requirements. (658E(c)(2)(E), 658E(c)(2)(G), 98.40(a)(2), 98.41(d))

In this section, use the series of questions below to describe how the Tribal Lead Agency effectively enforces the applicable health and safety requirements. Check the appropriate box below that best describes monitoring visits (announced and unannounced), background checks and any other enforcement policies and practices that govern Tribal child care programs.

6.6.1. Monitoring Visits – Announced and Unannounced

Does the Tribal Lead Agency include **announced** and/or **unannounced** monitoring visits in its policies as a way to effectively enforce the applicable child care requirements?

- ☒ Yes. If "Yes" please refer to the chart 6.6.1 below and check all that apply.
- ☐ No.

Table 6.6.1 Information on Monitoring and Inspections		
Provider Categories	Frequency of Routine Announced Visits	Frequency of Routine Unannounced Visits
<input checked="" type="checkbox"/> Center-Based	<input checked="" type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input checked="" type="checkbox"/> Other: Describe: <u>Navajo Nation CCDF will accept state licensing standards as verified by the state operating license. The Navajo Nation Department of Health, Office of Environmental Health/Code Enforcement</u>	<input checked="" type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input checked="" type="checkbox"/> Other: Describe: <u>Navajo Nation CCDF will accept state licensing standards as verified by the state operating license. The Navajo Nation Department of Health, Office of Environmental Health/Code Enforcement conducts an annual</u>



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Table 6.6.1 Information on Monitoring and Inspections

Provider Categories	Frequency of Routine Announced Visits	Frequency of Routine Unannounced Visits
	<u>conducts an annual building and kitchen/sanitation inspection and issues permits to operate Navajo Nation childcare service.</u>	<u>building and kitchen/sanitation inspection and issues permits to operate Navajo Nation childcare service.</u>
<input checked="" type="checkbox"/> Family Child Care Home	<input checked="" type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input checked="" type="checkbox"/> Other: Describe: <u>Navajo Nation CCDF will accept state licensing standards as verified by the state operating license.</u>	<input checked="" type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input checked="" type="checkbox"/> Other: Describe: <u>Navajo Nation CCDF will accept state licensing standards as verified by the state operating license.</u>
<input checked="" type="checkbox"/> Group Home	<input checked="" type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input checked="" type="checkbox"/> Other: Describe: <u>Navajo Nation CCDF will accept state licensing standards as verified by the state operating license. The Navajo Nation Department of Health, Office of Environmental Health/Code Enforcement conducts an annual building and kitchen/sanitation inspection and issues permits to operate Navajo Nation childcare service.</u>	<input checked="" type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input checked="" type="checkbox"/> Other: Describe: <u>Navajo Nation CCDF will accept state licensing standards as verified by the state operating license. The Navajo Nation Department of Health, Office of Environmental Health/Code Enforcement conducts an annual building and kitchen/sanitation inspection and issues permits to operate Navajo Nation childcare service.</u>
<input checked="" type="checkbox"/> In-Home Care	<input checked="" type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input checked="" type="checkbox"/> Other: Describe: <u>Navajo Nation CCDF will accept state licensing standards as verified by the state operating license.</u>	<input checked="" type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input checked="" type="checkbox"/> Other: Describe: <u>Navajo Nation CCDF will accept state licensing standards as verified by the state operating license.</u>

6.6.2 Background Checks

Tribal Lead Agencies may have agreements with Federal, State, or Tribal entities that conduct background checks of providers and employees. Some Tribal Lead Agencies have entered into agreements with Tribal law enforcement to conduct background checks.

Does the Tribal Lead Agency use background checks as a way to effectively enforce health and safety requirements?



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☒ Yes. If Yes, please refer to the chart below and check all that apply.

☐ No.

Table 6.6.2 Background Checks (Check all that apply)

Check all requirements that the Lead Agency has chosen to implement:	For each requirement checked, identify which providers must meet the requirement.			
	Center-based	Group Family Child Care home	Family Child Care home	In-home
Child Abuse Registry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tribal Criminal Background <input type="checkbox"/> Check if the Tribal background checks include fingerprints.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Criminal Background <input type="checkbox"/> Check if the State background checks include fingerprints.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FBI Criminal Background	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sex Offender Registry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: Describe: <u>Navajo Nation CCDF will accept state licensing standards as verified by the state operating license. The Navajo Nation collaborates with the Navajo Nation Office of Background Investigation to conduct federal/state/tribal background investigation and provides clearance letter on CCDF tribal staff.</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

6.6.3 Enforcement of Health and Safety Standards

What methods does the Tribal Lead Agency use to effectively enforce CCDF health and safety requirements?

- ☒ Conduct regular training on the Health and Safety requirements
- ☒ Develop corrective action plan to address issues
- ☐ Conduct follow up to monitor corrective action progress
- ☐ Fines
- ☐ Injunctions through court
- ☐ Emergency or immediate closure not through court action
- ☒ License or certificate revocation, probation, or non-renewal
- ☒ Other: Describe: In the event of improper payment, corrective action will be implemented which may include payment adjustments or non-payment.

6.6.4 Does the Tribal Lead Agency disseminate information to parents and the public, about child care program compliance records?



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☐ Yes. If Yes, describe: _____

☒ No.

6.7 Tribal Licensing Requirements

Many Tribes have adopted policies and licensing standards from a variety of sources. In some cases, these policies may serve as the Tribe's licensing standards. In other cases, the Tribe may use only portions of the policies. Indicate below whether the Tribe uses policies or licensing standards from the sources listed below and whether the policies serve as the tribal licensing standards or have been adapted by the Tribe in some way.

Table 6.7 Tribal Licensing Requirements		
Source	Serves as Tribal Licensing Standards	Tribe Adapted Portions from the Source
Minimum Tribal Child Care Standards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Caring for Our Children or Stepping Stones	<input type="checkbox"/>	<input checked="" type="checkbox"/>
State licensing standards. If so, list state(s): <u>Arizona, New Mexico, Utah</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other. Describe <u>Navajo Nation Department of Health, Office of Environmental Health/Code Enforcement standards.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



APPENDIX 1

CCDF PROGRAM ASSURANCES AND CERTIFICATIONS

The Tribal Lead Agency is designated by the Tribe (or Tribal consortium) to represent the Tribe (or Tribal organization).

The Tribal Lead Agency agrees to follow the Federal laws and regulations that apply to the CCDF program and to follow this Plan, when approved, including the following assurances and certifications.

The Tribal Lead Agency assures that:

- (1) Upon approval, it will have in effect a program that complies with the provisions of the Plan printed herein, and is administered in accordance with the Child Care and Development Block Grant Act of 1990 as amended, Section 418 of the Social Security Act, and all other applicable Federal laws and regulations. (658D(b), 658E(a), 98.15(a)(1))
- (2) The parent(s) of each eligible child within the Tribe or Tribal service area who receives or is offered child care services for which financial assistance is provided is given the option either to enroll such child with a child care provider that has a grant or contract for the provision of the service or to receive a child care certificate. (658E(c)(2)(A)(i), 98.2, 98.30, 98.15(a)(2)) **[Exempt Tribal Lead Agencies are not required to operate certificate programs.]**
- (3) In cases in which the parent(s) elect(s) to enroll the child with a provider that has a grant or contract with the Tribal Lead Agency, the child will be enrolled with the eligible provider selected by the parent to the maximum extent practicable. (658E(c)(2)(A)(ii), 98.15(a)(3), 98.30)
- (4) The child care certificate offered to parents shall be of a value commensurate with the subsidy value of child care services provided under a grant or contract. (658E(c)(2)(A)(iii), 98.15(a)(4), 98.30) **[Exempt Tribal Lead Agencies are not required to operate certificate programs.]**
- (5) The Tribe, or Tribal consortium, will coordinate, to the maximum extent feasible, with the Tribal Lead Agency(ies) in the State(s) in which the child care programs or activities will be carried out. (98.12, 98.14(a)&(b), 98.81(b)(3)(i), 98.82)
- (6) Tribal Child Care and Development Fund (CCDF) programs and activities will be carried out for the benefit of Indian children on an Indian reservation (except for Programs located in Alaska, California, or Oklahoma). (98.81(b)(3)(ii), 98.83(b))
- (7) With respect to State and local regulatory requirements (or Tribal regulatory requirements), health and safety requirements, payment rates, and registration requirements, State or local (or Tribal) rules, procedures or other requirements promulgated for the purpose of the CCDF will not significantly restrict parental choice from among categories of care or types of providers. (658E(c)(2)(A), 98.15(a)(5), 98.15(p), 98.30(e)&(f), 98.40(b)(2), 98.41(b), 98.43(d), 98.45(d))



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The Tribal Lead Agency certifies that:

- (1) It has procedures in place to ensure that providers of child care services for which assistance is provided under the Child Care and Development Fund (CCDF) afford parents unlimited access to their children and to the providers caring for their children during the normal hours of operations and whenever such children are in the care of such providers. (658E(c)(2)(B), 98.15(b)(1), 98.31)
- (2) It maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request. (658E(c)(2)(C), 98.15(b)(2), 98.32)
- (3) It will collect and disseminate to parents of eligible children and the general public, consumer education information that will promote informed child care choices. (658E(c)(2)(D), 98.15(b)(3), 98.33)
- (4) There are licensing requirements in effect that are applicable to child care services provided within the area served by the Tribal Lead Agency pursuant to 98.40. (98.15(b)(4), 98.40)
- (5) There are—under Tribal, local, or State law—requirements in effect designed to protect the health and safety of children; these requirements are applicable to child care providers that provide services for which assistance is made available under the CCDF. (658E(c)(2)(F), 98.15(b)(5), 98.41)
- (6) Procedures are in effect to ensure that child care providers that provide services for which assistance is provided under the CCDF comply with all applicable health and safety requirements. (658E(c)(2)(G), 98.15(b)(6), 98.41)
- (7) Payment rates under the CCDF for the provision of child care services will be sufficient to ensure equal access for eligible children to comparable child care services in the Tribe or Tribal service area that are provided to children whose parents are not eligible to receive assistance under this program or under any other Federal or State child care assistance programs. (658E(c)(4)(A), 98.15(b)(7), 98.43)
- (8) By the end of each three-year funding period (expenditure period for each Federal fiscal year's grant funding), the Tribe must have expenditures that are equal to grant funds received for that fiscal year. (98.67(c))



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APPENDIX 2

CHILD COUNT DECLARATION

Federal Fiscal Year: _____

Name of Tribe/Tribal Lead Agency:

This certifies that the number of Indian children under age 13 who reside on or near the reservation or service area is: _____ (number)

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

This count shows the number of Indian children under age 13 as of (date) _____

Official Signature of Individual Authorized to Act for the Tribe

Date: ____/____/____

Type or Write Name and Title



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CHILD COUNT DECLARATION
(P.L. 102-477 Tribe)

Federal Fiscal Year: 2014

Name of Tribe/Tribal Lead Agency:
Navajo Nation

This certifies that the number of Indian children under age 13 (as defined in the CCDF section of the 102-477 plan) who reside on or near the reservation or service area (as defined in the CCDF section of the 102-477 plan) is: _____ (number)

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

This count shows the number of Indian children under age 13 as of date: 06/25/2013

Official Signature of Individual Authorized to Act for the Tribe

Date: ____/____/____

Ben Shelly, President, Navajo Nation
Type or Write Name and Title

REQUEST FOR REALLOTTED TRIBAL DISCRETIONARY FUNDS

The Tribe named above requests Discretionary Funds that may be available through the reallocation process.

☐ Yes ☐ No



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APPENDIX 3

AMENDMENTS LOG

Child Care and Development Fund Plan
For the period: 10/1/2013 –9/30/2015

Tribal Lead Agencies are required to request approval from Administration for Children and Families (ACF) whenever a "substantial" change in the Tribal Lead Agency's approved CCDF plan occurs. Please refer to the ACF Program Instruction regarding CCDF Plan amendments for more information.

Plan amendments must be submitted to ACF within 60 days of the effective date of the change. Under the regulation, the plan amendment must be approved no later than the 90th day following the date on which the amendment is received by ACF unless the Lead Agency and ACF mutually agree in writing to extend the period. (§98.18 (b)).

ACF encourages Tribal Lead Agencies to contact the Child Care program staff in the appropriate ACF Regional Office to discuss any proposed amendment as early as possible.

Instructions:

- (1) Tribal Lead Agency completes the first 3 columns and sends a photocopy of this log (showing the latest amendment sent to ACF) and the amended section(s) to the ACF Regional contact. A copy of the log, showing the latest amendment pending in ACF, is retained in the Tribal Lead Agency's Plan.
- (2) ACF completes column 4 and returns a photocopy of the log to the Tribal Lead Agency.
- (3) The Tribal Lead Agency replaces this page in the Plan with the copy of the log received from ACF showing the approval date.
- (4) Program Instruction CCDF-ACF-PI-2009-01 provides specific details and timelines specific to the plan amendment process.

Reminder: This process depends on repeated subsequent use of the same log page over the life of the Plan. At any time the log should reflect all amendments, both approved and pending in ACF. The Tribal Lead Agency is advised to retain those "old" plan pages that are superseded by amendments in a separate appendix to its Plan.



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CHILD CARE & DEVELOPMENT FUND
Plan Period 10/1/13 - 9/30/156

Table: Appendix 3 – Amendment Log

Tribal Lead Agency: Navajo Nation Division of Social Services

Section Amended	Proposed Effective Date	Grantee Signature and Date Submitted to ACF	ACF Approving Official's Signature and Date
<u>1.1.1.b.</u>	<u>08.03.2015</u>		
<u>1.1.3.a.4.</u>	<u>08.03.2015</u>		
<u>1.4.1</u>	<u>08.03.2015</u>		
<u>1.4.3</u>	<u>08.03.2015</u>		
<u>1.6.1</u>	<u>08.03.2015</u>		
<u>2.3.1.a.</u>	<u>08.03.2015</u>		
<u>2.3.1.b.</u>	<u>08.03.2015</u>		
<u>2.4.1.</u>	<u>08.03.2015</u>		
<u>3.2.1.d.</u>	<u>08.03.2015</u>		
<u>3.2.2.</u>	<u>08.03.2015</u>		
<u>3.3.1.b</u>	<u>08.03.2015</u>		
<u>3.4.1.</u>	<u>08.03.2015</u>		
<u>3.5.2.a.</u>	<u>08.03.2015</u>		
<u>3.5.3.a.</u>	<u>08.03.2015</u>		
<u>3.5.3.b.</u>	<u>08.03.2015</u>		
<u>3.5.3.c.</u>	<u>08.03.2015</u>		
<u>3.5.4.a.</u>	<u>08.03.2015</u>		



PLAN FOR: NAVAJO NATION
CHILD CARE & DEVELOPMENT FUND
Plan Period 10/1/13 - 9/30/156

Section Amended	Proposed Effective Date	Grantee Signature and Date Submitted to ACF	ACF Approving Official's Signature and Date
<u>3.5.4.d.</u>	<u>08.03.2015</u>		
<u>3.5.5.</u>	<u>08.03.2015</u>		
<u>3.5.5.c.</u>	<u>08.03.2015</u>		
<u>3.6.1.a.</u>	<u>08.03.2015</u>		
<u>3.6.2.a.</u>	<u>08.03.2015</u>		
<u>3.7.1.</u>	<u>08.03.2015</u>		
<u>3.7.3.</u>	<u>08.03.2015</u>		
<u>3.7.5.</u>	<u>08.03.2015</u>		
<u>3.8.4.</u>	<u>08.03.2015</u>		
<u>4.1.1.</u>	<u>08.03.2015</u>		
<u>4.1.2.</u>	<u>08.03.2015</u>		
<u>4.1.4.a.</u>	<u>08.03.2015</u>		
<u>5.1.1.</u>	<u>08.03.2015</u>		
<u>5.2.</u>	<u>08.03.2015</u>		
<u>5.3.g.</u>	<u>08.03.2015</u>		
<u>5.4.</u>	<u>08.03.2015</u>		
<u>5.6.b.</u>	<u>08.03.2015</u>		
<u>6.1.1.</u>	<u>08.03.2015</u>		
<u>6.1.2.</u>	<u>08.03.2015</u>		
<u>6.1.3.</u>	<u>08.03.2015</u>		



PLAN FOR: NAVAJO NATION
CHILD CARE & DEVELOPMENT FUND
Plan Period 10/1/13 – 9/30/156

Section Amended	Proposed Effective Date	Grantee Signature and Date Submitted to ACF	ACF Approving Official's Signature and Date
<u>6.2.1</u>	<u>08.03.2015</u>		
<u>6.2.2.</u>	<u>08.03.2015</u>		
<u>6.2.3.</u>	<u>08.03.2015</u>		
<u>6.3.1.</u>	<u>08.03.2015</u>		
<u>6.3.2.</u>	<u>08.03.2015</u>		
<u>6.3.3.</u>	<u>08.03.2015</u>		
<u>6.4.1.</u>	<u>08.03.2015</u>		
<u>6.4.2.</u>	<u>08.03.2015</u>		
<u>6.4.3.</u>	<u>08.03.2015</u>		
<u>6.5.</u>	<u>08.03.2015</u>		
<u>6.6.1.</u>	<u>08.03.2015</u>		
<u>6.6.2.</u>	<u>08.03.2015</u>		
<u>6.7</u>	<u>08.03.2015</u>		



APPENDIX 4

LIST OF CERTIFICATIONS

CCDF Regulations 45 CFR §98.13(b)(2)-(6) require the following certifications.

1. Assurance of compliance with Title VI of the Civil Rights Act of 1964
2. Certification regarding debarment
3. HHS certification regarding drug-free workplace requirements
4. Certification of Compliance with the Pro-Children Act of 1994

These certifications were obtained in the previous approved Plan and need not be collected again if there has been no change in the Tribal Lead Agency. If there has been a change in the Tribal Lead Agency, these certifications must be completed and submitted with the Plan. New Tribal Lead Agencies must submit all required Certifications.

NAVAJO NATION DIVISION OF SOCIAL SERVICES
Child Care & Development Fund Program

NAVAJO NATION PAYMENT RATES
For Tribal Plan 2014-2015

FULL DAY RATE	AGE OF CHILD	CENTER	GROUP HOME	FAMILY & IN-HOME	RELATIVE CAREGIVER <small>Self-certification</small>
	1-12 Months Old	27.00	23.00	20.00	13.00
	12-36 Months Old	26.00	23.00	20.00	13.00
	3-5 Years Old	25.00	20.00	16.00	13.00
	5-13 Years Old	18.00	17.00	16.00	13.00

PART DAY RATE	AGE OF CHILD	CENTER	GROUP HOME	FAMILY & IN-HOME	RELATIVE CAREGIVER <small>Self-certification</small>
	1-12 Months Old	21.00	18.00	16.00	8.00
	12-36 Months Old	20.00	18.00	16.00	8.00
	3-5 Years Old	19.00	15.00	11.00	8.00
	5-13 Years Old	13.00	12.00	11.00	8.00

The maximum weekly benefits is authorized for payment up to five (5) full-time or part-time days.

Full-Day Rate: Six (6) or more hours of child care per day.

Part-Day Rate: One (1) or more hours and less than six (6) hours of child care per day.

Regulated/Licensed centers, group, family, and In-home on Navajo Nation and near Navajo Nation (pursuant to HHSC-AU-40-89) are subject to use this subsidy payment rate.

If the provider's rate is less than the CCDF Rate, the provider's rate will be approved.

If the provider's rate is higher than the CCDF rate, the CCDF Rate will be approved.

Parent(s)/Legal Guardian(s) will be responsible for paying the cost difference between what the provider's rate are and what the CCDF program's approved rates are.

Children who require nontraditional hours of care i.e. care provided to children at times outside of the traditional work day, between 6:00 pm and 7:00 am, and between 7:00 am and 6:00 pm on Saturday and Sunday are paid at a full time or part time rate.

NAVAJO NATION INCOME MATRIX & SLIDING FEE SCALE

ACF - 700 Data Field; applied 2015 Federal Poverty Level (FPL)

ACF-700 Data Field	7a: At or below poverty threshold*	7b: Above threshold but below 150% of threshold	7c: Above 150% of threshold and below 200% of threshold	7d: Above 200% of threshold and below 85% AZ SMI
Calculation	Less than or equal to the number in the table	Multiply Threshold under 7a x 1.5	Range between 7b & 7d	Multiply Threshold under 7a x 2
Family Size	Level 1	Level 2	Level 3	Level 4
1	1 - 11,770	11,771 - 17,655	17,656 - 23,540	23,541 - 28,094
2	1 - 15,930	15,931 - 23,895	23,896 - 31,860	31,861 - 36,738
3	1 - 20,090	20,091 - 30,135	30,136 - 40,180	40,181 - 45,382
4	1 - 24,250	24,251 - 36,375	36,376 - 48,500	48,501 - 54,026
5	1 - 28,410	28,411 - 42,615	42,616 - 56,820	56,821 - 62,670
6	1 - 32,570	32,571 - 48,855	48,856 - 65,140	65,141 - 71,314
7	1 - 36,730	36,731 - 55,095	55,096 - 73,460	73,461 - 72,935
8	1 - 40,890	40,891 - 61,335	61,336 - 74,556	Not Eligible
9	1 - 45,050	45,051 - 67,575	67,576 - 76,177	Not Eligible
10	1 - 49,210	49,211 - 73,815	73,816 - 77,797	Not Eligible

Monthly Net Income Matrix for Eligibility Determination

	Level 1	Level 2	Level 3	Level 4
Family Size	Less than or equal to 100% FPL*	Above 100% FPL to 150% FPL	Above 150% FPL to 200% FPL	Above 200% FPL and below 85% of **AZ SMI for FFY2015
1	1 - 981	982 - 1,471	1,472 - 1,962	1,963 - 2,341
2	1 - 1,328	1,329 - 1,991	1,992 - 2,655	2,656 - 3,061
3	1 - 1,674	1,675 - 2,511	2,512 - 3,348	3,349 - 3,782
4	1 - 2,021	2,022 - 3,031	3,032 - 4,042	4,043 - 4,502
5	1 - 2,368	2,369 - 3,551	3,552 - 4,735	4,736 - 5,223
6	1 - 2,714	2,715 - 4,071	4,072 - 5,428	5,429 - 5,943
7	1 - 3,061	3,062 - 4,591	4,592 - 6,122	6,123 - 6,078
8	1 - 3,408	3,409 - 5,111	5,112 - 6,213	Not Eligible
9	1 - 3,754	3,755 - 5,631	5,632 - 6,348	Not Eligible
10	1 - 4,101	4,102 - 6,151	6,152 - 6,483	Not Eligible

Sliding Fee Scale for Co-Pay Fee

	Level 1	Level 2	Level 3	Level 4
	Less than or equal to 100% FPL*	Above 100% FPL to 150% FPL	Above 150% FPL to 200% FPL	Above 200% FPL and below 85% of AZ SMI
	No Copayment required for Level 1 Category.	6% of Family Unit Net Income is required as Co-payment.	8% of Family Unit Net Income is required as Co-payment.	10% of Family Unit Net Income is required as Co-payment.

References:

* 2015 Poverty Guidelines,
Federal Register
Vol. 80, No. 14
Thursday, January 22, 2015
Notices; pp 3236 - 3237

**Arizona State Median Income for
FFY 2015
Federal Register
Vol. 79, No. 138
Monday, July 21, 2014

Revised: 02.06.2015 sbc

Sample of calculation base on percentage for Co-Payment is below:

(Note: be careful to enter the correct percentage amount for Level of Eligibility)

A. Family Unit Size	Example: 5
B. Total Family Unit - Net Monthly Income (NMI)	Example: \$2,863.00
Family qualifies for Income Level, chose from the table above. Example: Level 2	
C. Apply Percentage base on Level of Category for Family Unit	
Required CoPay, Multiply NMI X 6% = Example: \$2,863.00*.06=\$171.78	
D. Monthly CoPay Rate for each eligible child	
Required CoPay Rate from "C" divide by number of children with subsidy. Example: \$171.78/3 children=\$57.26 (Monthly CoPay Rate per child)	
E. Daily CoPay Rate for each eligible child	
Each child's CoPay Rate from "D" is divided by 22 monthly average days = Per Child Daily CoPayment Rate. Example: \$57.26/22 days=\$2.60 (Daily CoPay Rate)	
F. Payment to the Child Care Provider:	
Daily CoPayment Rate per child x No. of days of child care service = Payment to Provider Example: \$2.60*20 days=\$52.00	



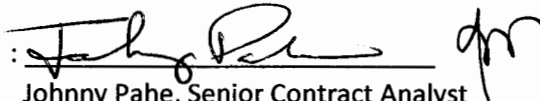
THE NAVAJO NATION

RUSSELL BEGAYE PRESIDENT
JONATHAN NEZ VICE PRESIDENT

2/25/2016

MEMORANDUM

TO : 164 Reviewers

FROM : 
Johnny Pahe, Senior Contract Analyst
Contracts and Grants Section, OMB

SUBJECT : Doc. #005426 Amendment to Tribal Plan for CCDF Program

This memo is in reference to my review and concern of Document No. 005426 being submitted as grant application. As of my review I consider this packet as a final Tribal Plan to be signed by the NN President for acceptance/approval by the Department of Health & Human Services/Administration for Children and Families/Office of Child Care (DHHS/ACF/OOC) Program Instruction (CCDF-ACF-PI-2015-03). The Navajo Nation CCDF Program is requesting for amendment to extend the Approved FY' 14-15 Tribal Plan for one year to September 30, 2016 for FY'16 funding. A grant application is SF 424 form to be fill out by program to apply for federal funds under federal requirements. It is very stringent to determined this document as a grant application. Therefore, I consider this as a Tribal Work Plan through 164 review process within "Executive Official Review" under **other** to be surnamed as "sufficient" by CGS/OMB.

Your understanding is appreciated. If there should be any questions feel free to call me at extension 6033.

cc: file

Grace Boyne, Program Manager II, NNCCDF Program
Terrelene Massey, Division Director, NNDSS





THE NAVAJO NATION
DSS/CHILD CARE & DEVELOPMENT FUND PROGRAM
CENTRAL ADMINISTRATION
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RUSSELL BEGAYE
PRESIDENT

JONATHAN NEZ
VICE-PRESIDENT

MEMORANDUM

TO : 164 Reviewers
Navajo Nation

FROM : Grace M. Boyne
Grace M. Boyne, Program Manager II
NDSS/Child Care and Development Fund Program

DATE : February 5, 2016

SUBJECT : **Child Care and Development Fund Program Tribal Plan – FY 2014-2015**
Re: CCDF Extension of Grant to End September 30, 2016 &
CCDF Approval Request to Amend CCDF Tribal Plan

The Navajo Nation Division of Social Services/Child Care and Development Fund (NDSS/CCDF) Program is requesting an approval in accordance to the Department of Health & Human Services/Administration for Children and Families/Office of Child Care (DHHS/ACF/OOC) Program Instruction (CCDF-ACF-PI-2015-03). The Navajo Nation CCDF Program Tribal Plan will be extending the approved Fiscal Year 2014-2015 for one year with a new ending date of September 30, 2016.

In addition to the extension, CCDF Program is requesting approval to submit a plan amendment for Page 18, Section 3.5.2.a, Page 25, Section 3.6.2.a, and Page 50, Section 6.5. This is in response to a prior amendment request. The attached cover letter and amendment logs requires the Navajo Nation President's signatures and once acquired, the program will forward the signed documents to DHHS/ACF/OOC Region IX office for approval.

These documents are vital to the CCDF Program and has been delayed due to circumstances beyond the programs control. The program would like to appreciate your positive considerations and approvals to continue this process in advance. If there should be any questions or concerns, please don't hesitate to contact the CCDF Office at (928) 871-6629.

XC: CCDF Admin File

2/5/16
JN