

Comparison of the CCDBG Reauthorization Act of 2022 to Current Law

Summary - Among other changes, the CCDBG Reauthorization Act of 2022 would:

- Authorize funding of \$6,165,330,000 for FY2022, and such sums as may be necessary for each of FY2023 through 2026.
 - *\$6,165,330,000 is current funding for FY2022, an increase of \$254,330,000 over FY2021.*
- Allow families earning up to 150% state median income (SMI) if a state ensures families earning 85% SMI, have had “an appropriate opportunity” to receive services, to receive CCDBG services.
 - *85% of SMI is the current limit for CCDBG eligibility. States can set income eligibility anywhere below that ceiling.*
- Establish a sliding scale for copayments in which families earning less than 75% of SMI would pay no copayment. For families earning 75-100% SMI, the copayment would be between 0-2% of income; for 100-125% SMI, a copayment of 2-4%; and for 125-150% SMI, a copayment of 4-7%.
 - *Current law requires states to establish a sliding fee scale for family cost sharing, but does not specify that the fee be in proportion to family income.*
- Amend the definition of “eligible child care provider” to include a provider 18 years of age or older who provides child care services only to eligible children who are the child (if the spouse of such provider is engaged in an eligible activity) of such provider, if such provider complies with any applicable requirements that govern child care provided by the relative involved.
 - *The definition currently includes grandchildren, great-grandchildren, siblings living in another home, and nieces and nephews.*
- Change the duration of state plans from 3 to 5 years.
- Add “public health emergencies” to provisions concerning health and safety and emergency preparedness requirements.
- Require states to undertake a review of state and local health and safety requirements (including requirements for CCDBG inspections and the CACFP) to determine redundancies and oversights that may exist.
- Require state plans to describe how they will “support child care business technical assistance,” including:
 - provision of strategies to support management coaching and the use of core best business practices;
 - development and use of shared services initiatives including initiatives involving provider networks such as child care center alliances and family child care provider networks; and
 - coordination of activities with programs of the Small Business Administration, programs of the Department of Agriculture, and other Federal, State, and local programs supporting child care businesses.
 - *State plans are now required to describe how a state will develop and implement strategies to strengthen providers’ business practices.*
- Require states to develop and use a valid and reliable cost estimation model to determine provider payment rates. In addition to current stakeholders, states would be required to consult with eligible child care providers in developing the model. The model would be revised every 2 years and must reflect:

- The costs of service delivery, including fixed costs, operating expenses, and staff salaries and benefits necessary to recruit, train, and retain qualified staff.
- Variations in the costs of service delivery by submarket, type of provider, and children served, including by geographic area; ages of children; whether the children have particular needs (such as needs of children with disabilities and children served by child protective services); whether the providers provide services during weekend and other nontraditional hours; and quality of child care provider as determined by the State. The bill prohibits HHS from requiring adoption of a particular cost estimation model or element of a particular cost estimation model.
- *Currently, states may use a survey of child care market rate or an alternative methodology, such as a cost estimation model. The law allows states to differentiate payment rates based on factors nearly identical to those identified above.*
- Expand the allowed uses of state quality improvement funds (a minimum of 9% of funding) related to professional development and workforce recruitment and retention, including allowing funds to be used to assist with credential and postsecondary degree attainment; recruitment, professional development, and retention of staff who have attained such credentials or degrees; and the development and implementation of apprenticeship programs.
 - *Current law allows quality funds to be used to support the training and professional development of the child care workforce through activities such as those included under §9858c(c)(2)(G) (concerning the requirements for training and professional development in state plans, summarized below), and to connect staff with available financial aid or other resources to assist them in pursuing relevant postsecondary training.*
- Appropriate “such sums as may be necessary in FY2023-2025” for grants to expand the supply and capacity of child care providers to expand the supply and capacity of child care providers and ensure child care facilities are designed and equipped to keep children healthy and safe and to enhance children’s physical, cognitive and behavioral development. Subgrants would be awarded to “qualified child care providers” for startup and supply expansion and facilities with priority given to those serving or who would serve priority populations of children.
- Specify licensed, regulated, or registered child care providers are exempt from a Department of Agriculture prohibition on funds being used to purchase or construct buildings that are “largely or in part specifically designed to accommodate a business or income-producing enterprise.”

The table to follow compares the changes proposed in the CCDBG Reauthorization Act of 2022 to current law. **Highlighted text aims to show differences from current law.** Sections that would not be amended are not summarized below.



Statutory Text	The Child Care and Development Block Grant (CCDBG) Act of 2014	<u>The Child Care and Development Block Grant (CCDBG) Act of 2022</u>
<p><u>§ 9857. Short title and purposes</u></p>	<p>States the purposes of the CCDBG Act are to:</p> <p>(b)(1) allow each state maximum flexibility in developing child care programs and policies that best suit the needs of children and parents within that state;</p> <p>(2) promote parental choice to empower working parents to make their own decisions regarding the child care services that best suit their family’s needs;</p> <p>(3) encourage states to provide consumer education information to help parents make informed choices about child care services and to promote involvement by parents and family members in the development of their children in child care settings;</p> <p>(4) assist states in delivering high-quality, coordinated early childhood care and education services to maximize parents’ options and support parents trying to achieve independence from public assistance;</p> <p>(5) assist states in improving the overall quality of child care services and programs by implementing the health, safety, licensing, training, and oversight standards established in this subchapter and in state law (including state regulations);</p> <p>(6) improve child care and development of participating children; and</p> <p>(7) increase the number and percentage of low-income children in high-quality child care settings.</p>	<p>Sec. 2. States the purposes of the CCDBG Act are to:</p> <p>(1) allow each state maximum flexibility in developing a mixed delivery system to provide child care that best suits the needs of children and working parents within that state;</p> <p>(2) promote parental choice to empower working parents to make their own decisions regarding the child care services that best suit their family’s needs;</p> <p>(3) encourage states to provide consumer education information to help parents make informed choices about child care services and to promote involvement by parents and family members in the development of their children in child care settings;</p> <p>(4) assist states in delivering high-quality, coordinated child care services to maximize parents’ options to cover the full workday and full work year, to support continuity of care for children, and to support parents trying to achieve independence from public assistance;</p> <p>(5) assist states in improving the overall quality of child care by implementing the health, safety, licensing, early learning and development, professional, and oversight standards established in this subchapter and in state law (including state regulations);</p> <p>(6) to assist States (A) in supporting the education and professional development of child care staff; and (B) in supporting child care providers in the recruitment of, professional development for, and retention of a qualified child care workforce; and</p> <p>(7) to increase the number and percentage of low-income children in high-quality child care settings.</p> <p>(c) Specifies “child “care” includes preschool, prekindergarten, and early childhood education for children birth to 5 and before school, after school,</p>



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		and summer care for school-age children
<p>§ 9858n. Definitions</p>	<p>For the purposes of the CCDBG Act, defines:</p> <p>(1) "caregiver" as an individual who provides a service directly to an eligible child on a person-to-person basis.</p> <p>(2) "child care certificate" as a certificate (that may be a check or other disbursement) that is issued by a state or local government under the CCDBG Act directly to a parent who may use such certificate only as payment for child care services or as a deposit for child care services if such a deposit is required of other children being cared for by the provider. Nothing in the CCDBG Act shall preclude the use of such certificates for sectarian child care services if freely chosen by the parent. For purposes of the CCDBG Act, child care certificates shall not be considered to be grants or contracts.</p> <p>(3) "child with a disability" as a child:</p> <p>(A) with a disability, as defined in §602 of the IDEA (20 U.S.C. 1401);</p> <p>(B) who is eligible for early intervention services under IDEA Part C;</p> <p>(C) who is less than 13 years of age and eligible for services under 29 U.S.C. §794; and</p> <p>(D) with a disability, as defined by the state involved.</p> <p>(4) "eligible child" as an individual—</p> <p>(A) who is less than 13 years of age;</p> <p>(B) whose family income does not exceed 85% SMI for a family of the same size, and whose family assets do not exceed \$1,000,000 (as certified by a member of such family); and</p>	<p>Sec. 3. For the purposes of the CCDBG Act, defines:</p> <p>New (2). "child care" to include preschool, prekindergarten, and early childhood education for children birth to 5 and before school, after school, and summer care for school-age children.</p> <p>(4) "child with a disability" as a child:</p> <p>(A) with a disability, as defined in §602 of the IDEA (20 U.S.C. 1401);</p> <p>(B) who is eligible for early intervention services under IDEA Part C; and</p> <p>(C) who is less than 13 years of age and eligible for services under 29 U.S.C. §794; and</p> <p>(D) with a disability, as defined by the state involved.</p> <p>(6) "eligible child" as an individual</p> <p>(A) who is less than 13 years of age;</p> <p>(B) whose family income doesn't exceed 85% SMI <i>or, if the state has determined it is necessary to serve additional children after ensuring such children have had an appropriate opportunity to receive services, whose family income does not exceed 150% SMI</i> and whose family assets do not exceed \$1,000,000</p>



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	<p>(C) who—</p> <ul style="list-style-type: none"> (i) resides with a parent or parents who are working or attending a job training or educational program; or (ii) is receiving, or needs to receive, protective services and resides with a parent or parents not described in clause (i). <p>(5) “English learner” as an individual who is an English learner, as defined in 20 U.S.C. §7801, or who is limited English proficient, as defined in §9832.</p> <p>(6) “eligible child care provider” as—</p> <ul style="list-style-type: none"> (A) a center-based child care provider, a group home child care provider, a family child care provider, or other provider of child care services for compensation that— <ul style="list-style-type: none"> (i) is licensed, regulated, or registered under state law as described in §9858c(c)(2)(F); and (ii) satisfies the state and local requirements, including those referred to in §9858c(c)(2)(I); applicable to the child care services it provides; or (B) a child care provider 18 years of age or older who provides child care services only to eligible children who are, by affinity or consanguinity, or by court decree, the grandchild, great grandchild, sibling (if such provider lives in a separate residence), niece, 	<p>(C) Who</p> <ul style="list-style-type: none"> (i) resides with a parent or parents participating in an eligible activity (defined below) (ii) <i>is experiencing homelessness, a child in kinship care</i>, or is receiving or needs to receive child protective services. (iii) <i>resides with a parent more than 65 years of age</i> <p>(5) “eligible activity” as full-time or part-time employment; self-employment; job search activities; job training; secondary, postsecondary, or adult education; health treatment; activities to prevent child abuse or neglect or family violence prevention or intervention activities; SNAP or WIOA employment and training activities; TANF-related work activities; or taking FMLA leave.</p> <p>(8) “eligible child care provider” as—</p> <ul style="list-style-type: none"> (A) a center-based child care provider, a group home child care provider, a family child care provider, or other provider of child care services for compensation that— <ul style="list-style-type: none"> (i) is licensed, regulated, or registered under state law as described in §9858c(c)(2)(F); and (ii) satisfies the state and local requirements, including those referred to in §9858c(c)(2)(I); applicable to the child care services it provides; (B) a child care provider 18 years of age or older who provides child care services only to eligible children who are, by affinity or consanguinity, or by court decree, <i>the child (if the spouse of such provider is engaged in an eligible activity)</i>, the grandchild, great grandchild, sibling (if such provider lives in a



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	<p>or nephew of such provider, if such provider complies with any applicable requirements that govern child care provided by the relative involved.</p> <p>(7) “family child care provider” as an individual who provides child care services for fewer than 24 hours per day, as the sole caregiver, and in a private residence.</p> <p>(8) “Indian tribe” has the meaning given it in 25 U.S.C. §5304(e).</p> <p>(9) “lead agency” as the agency designated or established under §9858b(a).</p> <p>(10) “parent” includes a legal guardian, foster parent, or other person standing in loco parentis.</p> <p>(11) “scientifically valid research” includes applied research, basic research, and field-initiated research, for which the rationale, design, and interpretation are soundly developed in accordance with principles of scientific research.</p> <p>(12) “Secretary” as the Secretary of Health and Human Services unless the context specifies otherwise.</p> <p>(13) “sliding fee scale” as a system of cost sharing by a family based on income and size of the family.</p> <p>(14) “state” as any of the several states, the District of</p>	<p>separate residence), niece, or nephew of such provider, if such provider complies with any applicable requirements that govern child care provided by the relative involved; or <i>(C) notwithstanding section 645(a)(1)(B) of the Head Start Act (42 U.S.C. 4 9840(a)(1)(B)), a Head Start agency.’</i></p> <p>(9) ‘family child care provider’ means an individual who provides child care services in a private residence— (A) for fewer than 24 hours per day per child; or (B) for 24 hours per day per child due to the nature of the work of the parent involved.</p> <p>(10) ‘homeless child’ as an individual described in section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)).</p> <p>(11) “Indian Tribe” or “Indian tribe” has the meaning given it in 25 U.S.C. §5304(e).</p> <p>(13) “mixed delivery system” as a system of child care services that (A) promotes parental choice to empower working parents to make their own decisions regarding the child care services that best suit their family’s needs; (B) delivers services through a combination of programs offered by eligible child care providers (including faith-based and community-based child care providers) in a variety of settings (including family child care homes, child care centers, Head Start centers, and public and private schools; and (C) is supported with a combination of public and private funds.</p> <p>(16) “Secretary” as the Secretary of Health and Human Services <i>except as otherwise specified unless the context specifies otherwise.</i></p>



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	<p>Columbia, the Virgin Islands of the United States, the Commonwealth of Puerto Rico, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.</p> <p>(15)(A) “tribal organization” has the meaning given it in 25 U.S.C. §5304(l).</p> <p>(B) Such term includes a Native Hawaiian Organization, as defined in 20 U.S.C. §4909(4) and a private nonprofit organization established for the purpose of serving youth who are Indians or Native Hawaiians.</p>	<p>(19)(A) “Tribal organization” or “tribal organization” has the meaning given it in 25 U.S.C. §5304(l).</p>
<p><u>§ 9858. Appropriations</u></p>	<p>\$2,360,000,000 in FY2015; \$2,478,000,000 in FY2016; \$2,539,950,000 in FY2017; \$2,603,448,750 in FY2018; \$2,668,534,969 in FY2019; and \$2,748,591,018 in FY2020.</p>	<p>\$6,165,330,000 for FY2022, and such sums as may be necessary for each of FY2023 through 2026.</p> <p><i>[Level with FY2022 funding, an increase of \$254,330,000 over FY2021]</i></p>
<p><u>§ 9858b. Lead agency</u></p>	<p>(a) Requires governors to designate an agency (may be an appropriate collaborative agency) or establish a joint interagency office to serve as the lead agency for the state.</p> <p>(b)(1) Requires lead agencies to:</p> <p>(A) administer, directly or through other governmental or nongovernmental agencies, the financial assistance the state receives;</p> <p>(D) coordinate the provision of services under the CCDBG Act with other Federal, state and local child care and early childhood development programs; and</p> <p>(1)(B)-(C), (E), (2) develop the state plan in consultation with appropriate representatives of units of general purpose local government and hold at least 1 hearing with sufficient time and statewide distribution of the notice of such hearing, to give the public an opportunity to comment on</p>	<p>Sec. 5</p> <p>(b)(2) Requires lead agencies to develop the state plan in meaningful consultation with parents of eligible children, including children in a priority population; eligible child care providers that represent the various geographic areas and types of providers in the state; employers of various</p>



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	<p>the state plan. At the option of an Indian tribe or tribal organization in the state, the lead agency must also collaborate and coordinate with such Indian tribe or tribal organization in the development of the state plan in a timely manner.</p>	<p>sizes and with various hours and days of operations whose employees rely on reliable and accessible child care to work; and appropriate representatives of units of general purpose local government and, as appropriate, of Indian Tribes and Tribal organizations.</p>
<p>§ 9858c. Application and plan</p>	<p>(a)-(b) To be eligible for assistance, requires states to prepare and submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary shall by rule require, including an assurance that the state will comply with CCDBG requirements and a 3-year state plan that meets the requirements outlined below. The Secretary shall approve an application that satisfies these requirements.</p> <p>(c) Requires the state plan to:</p> <p>(1) Identify the lead agency.</p> <p>(2)(A) Provide assurances that and describe how parents will have the option either to enroll with a provider that has a grant or contract for the provision of such services (selected by the parent to the maximum extent practicable); OR receive a child care certificate, the value of which is commensurate with the subsidy value of child care services provided under a grant or contract.</p> <p>(2)(B) Certify and describe in detail procedures in effect to ensure participating providers afford parents unlimited access to their children and the providers caring for them during normal operating hours and whenever their children are in their care.</p> <p>(2)(C) Certify the state maintains a record of substantiated parental complaints and makes information regarding such parental complaints</p>	<p>Sec. 6.</p> <p>(b) Changes the duration of state plans from 3 to 5 years.</p>



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	<p>available to the public on request and provide a detailed description of how such record is maintained and made available.</p> <p>(2)(D) Certify that within 1 year of adopting policies and practices to license or regulate participating providers and their facilities, the state will publish the results of monitoring and inspection reports electronically in a consumer-friendly and easily accessible format, organized by provider, including those due to major substantiated complaints about failure to comply, as well as the number of deaths, serious injuries, and instances of substantiated child abuse that occurred in child care settings each year, for eligible providers within the state. The results shall also include information on the date of such inspection and information on corrective action taken, if any.</p> <p>(2)(E) Certify the state will collect and disseminate to parents of eligible children, the general public, and, where applicable, providers (through CCR&Rs or other means determined by the state, except as otherwise specified) —</p> <ul style="list-style-type: none"> (i) information about the availability of the full diversity of child care services that will promote informed child care choices and that concerns— <ul style="list-style-type: none"> (I) the availability of CCDBG-authorized child care programs and, if feasible, other state-provided child care services and programs a family may be eligible for, as well as the availability of financial assistance to obtain child care; (II) the quality of providers, as determined by the state, that can be provided through a Quality Rating and 	<p>(2)(D) Certify that within 1 year of adopting policies and practices to license or regulate participating providers and their facilities, the state will publish the results of monitoring and inspection reports electronically in a consumer-friendly and easily accessible format, organized by provider, including those due to major substantiated complaints about failure to comply, as well as the number of deaths, serious injuries, and instances of substantiated child abuse that occurred in child care settings each year, for eligible providers within the state. The results shall also include information on the date of such inspection and information on corrective action taken, if any.</p> <ul style="list-style-type: none"> (i) information about the availability of the full diversity of child care services, <i>offered through a mixed delivery system</i>, that will promote informed child care choices and that concerns— <ul style="list-style-type: none"> (I) the availability of CCDBG-authorized child care programs (<i>including information on the hours and days of operations and ages served</i>) and, if feasible, other state-provided child care services and programs a family may be eligible for, as well as the availability of financial assistance to obtain child care;



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	<p>Improvement System (QRIS) (if available);</p> <p>(III) the process for licensing providers, conducting background checks, and provider monitoring and inspections, and the offenses that prevent individuals and entities from serving as providers (posted on a state website);</p> <p>(IV) other programs families receiving subsidies child care services may be eligible for, including TANF, Head Start and Early Head Start, LIHEAP, SNAP, WIC, CACFP, and Medicaid and state CHIP programs;</p> <p>(V) IDEA Part C and Part B, Sec. 619 programs;</p> <p>(VI) research and best practices concerning children’s development, including social and emotional development, early childhood development, and meaningful parent and family engagement, and physical health and development (particularly healthy eating and physical activity); and</p> <p>(VII) state policies regarding the social-emotional behavioral health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children, in early childhood programs receiving CCDBG assistance; and</p> <p>(ii) information on developmental screenings, including—</p> <p>(I) resources and services available when</p>	<p>(II) the quality of providers, as determined by the state, that can be provided through a Quality Rating and Improvement System (QRIS) (if available) <i>or a national accrediting body with demonstrated, valid, and reliable program standards for high quality;</i></p> <p>(IV) other programs families receiving subsidies child care services may be eligible for, including TANF, Head Start and Early Head Start, LIHEAP, SNAP, WIC, CACFP, <i>MIECHV</i>, and Medicaid and state CHIP programs;</p>



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	<p>the plan is submitted to conduct developmental screenings and provide referrals to services, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) for children enrolled in Medicaid and developmental screening services available under IDEA Part C and Part B, Sec. 619; and</p> <p>(II) how a family or eligible provider may utilize such resources and services to obtain developmental screenings for children receiving subsidies who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays.</p> <p>(2)(F) Certify and describe in detail licensing requirements the state has in effect applicable to child care services and how such requirements are effectively enforced. If states use CCDBG funds to support providers exempt from such requirements, the plan shall describe why such exemption does not endanger the health, safety, or development of children</p> <p>(2)(G)(i) Describe the training and professional development requirements in effect and applicable to participating providers to enable them to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce.</p> <p>(ii) Provide an assurance that such training and professional development—</p> <p>(I) is conducted on an ongoing basis,</p>	<p>(2)(G)(i) Describe the training and professional development requirements in effect and applicable to participating providers to enable them to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce.</p> <p>(ii) Provide an assurance that such training and professional development—</p>



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	<p>provide for a progression of professional development (which may include encouraging the pursuit of postsecondary education), reflect current research and best practices relating to the skills necessary for the child care workforce to meet the developmental needs of participating children, and improve the quality of, and stability within, the child care workforce;</p> <p>(II) is developed in consultation with the State Advisory Council on Early Childhood Education and Care (State Advisory Council), designated or established pursuant to the Head Start Act, and may engage training providers in aligning training opportunities with the state’s training framework;</p> <p>(III) incorporates knowledge and application of the state’s early learning and developmental guidelines, if any; the state’s health and safety standards; and incorporates social-emotional behavior intervention models, which may include positive behavior intervention and support models;</p> <p>(IV) is accessible to providers supported through Indian tribes or tribal organizations that receive CCDBG assistance; and</p> <p>(V) to the extent practicable, is appropriate for a population of children that includes—</p>	<p>(II) is developed in consultation with the State Advisory Council on Early Childhood Education and Care (State Advisory Council), designated or established pursuant to the Head Start Act, and may engage training providers in aligning training opportunities with the state’s training framework;</p>



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	<p>(aa) different age groups; (bb) English learners; (cc) children with disabilities; and (dd) Native Americans, including Indians and Alaska Natives, and Native Hawaiians.</p> <p>(iii) Include the number of hours of training required for eligible providers and caregivers to engage in annually, as determined by the state.</p> <p>(iv) Specifies the Secretary shall not require a CCDBG provider to acquire a credential, however, a state may require a credential.</p> <p>(2)(H)(i) Describe child care standards for CCDBG services appropriate to the type of child care setting involved, to provide for the safety and developmental needs of the children served, that address state-determined (I) group size limits for specific age populations; (II) the appropriate ratio between the number of children and the number of providers by age of the children; and (III) required qualifications for such providers.</p> <p>(ii) Allows the Secretary to offer guidance to states on child-to-provider ratios according to setting and age group, but prohibits requirements to maintain specific group size limits for specific age populations or child-to-provider ratios for CCDBG providers.</p> <p>(2)(I) Certify there are state or local requirements designed to protect the health and safety of children that are applicable to CCDBG providers that—</p> <p>(i) Relate to health and safety, including—</p> <p>(I) prevention and control of infectious diseases (including immunization) and</p>	<p>(iii) Include the number of hours of <i>professional development training</i> required for eligible providers and caregivers to engage in annually, as determined by the state.</p>



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	<p>grace periods that allow homeless children and children in foster care to receive CCDBG services while taking necessary action to comply with immunization and other health and safety requirements;</p> <p>(II) prevention of sudden infant death syndrome and use of safe sleeping practices;</p> <p>(III) the administration of medication, consistent with standards for parental consent;</p> <p>(IV) prevention of and response to emergencies due to food and allergic reactions;</p> <p>(V) building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic;</p> <p>(VI) prevention of shaken baby syndrome and abusive head trauma;</p> <p>(VII) emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility);</p> <p>(VIII) the handling and storage of hazardous materials and the appropriate disposal of biocontaminants;</p> <p>(IX) if a provider offers transportation, appropriate precautions in transporting children;</p> <p>(X) first aid and cardiopulmonary</p>	<p>(VII) emergency preparedness and response planning for (aa) emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility); <i>and</i> (bb) a public health emergency declared by the Secretary pursuant to section 319 of the Public Health Service Act (42 U.S.C. 247d);</p>



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	<p>resuscitation; and</p> <p>(XI) minimum health and safety training, to be completed pre-service or during an orientation period in addition to ongoing training, appropriate to the provider setting involved that addresses each of the requirements relating to matters described in subclauses (I) through (X); and</p> <p>(ii) May include requirements relating to nutrition, access to physical activity, or other subject areas determined necessary by the state to promote child development or protect children’s health and safety.</p> <p>(2)(J) Certify procedures are in effect to ensure CCDBG providers comply with all applicable state and local health and safety requirements as described in subparagraph (I).</p> <p>(2)(K)(i) Certify the state has in effect policies and practices, applicable to licensing or regulating CCDBG providers and the facilities of those providers, that—</p> <p>(I) ensure individuals who are hired as licensing inspectors are qualified to inspect those providers and facilities, have received training in related health and safety requirements, and are trained in all aspects of the state’s licensure requirements;</p> <p>(II) require licensing inspectors (or qualified inspectors designated by the lead agency) of those providers and facilities to perform inspections, with—</p> <p>(aa) not less than 1 precensure inspection, for compliance with health, safety, and fire standards,</p>	<p>(2)(J) Certify</p> <p>(i) procedures are in effect to ensure CCDBG providers comply with all applicable state and local health and safety requirements as described in subparagraph (I); and</p> <p>(ii) <i>the State will undertake a review of State and local health and safety requirements (including requirements for inspections under this subchapter and the CACFP (42 16 U.S.C. 1766)) to determine redundancies and oversights that may exist, to ensure— (I) children receive child care services in healthy and safe environments; and (II) child care providers can easily identify, understand, and comply with applicable health and safety requirements.</i></p>



Statutory Text	The Child Care and Development Block Grant (CCDBG) Act of 2014	The Child Care and Development Block Grant (CCDBG) Act of 2022
	<p>of each such provider and facility in the state; and</p> <p>(bb) not less than annually, an unannounced inspection of each such provider and facility in the state for compliance with all child care licensing standards, which shall include an inspection for compliance with health, safety, and fire standards (inspectors may inspect for compliance with all 3 standards at the same time);</p> <p>(III) require the ratio of licensing inspectors to such providers and facilities to be at a level sufficient to enable the state to conduct inspections of such providers and facilities on a timely basis in accordance with Federal, state, and local law; and</p> <p>(IV) require licensing inspectors (or qualified inspectors designated by the lead agency) of providers and facilities to perform an annual inspection of each license-exempt CCDBG provider (unless the provider is an eligible provider as described in §9858n(6)(B)) for compliance with health, safety, and fire standards, at a time the state determines.</p> <p>(ii) At the state’s request, allows the Secretary to offer guidance on a research-based minimum standard regarding ratios described in clause (i)(III) and provide technical assistance (TA) to the state on meeting the minimum standard within a reasonable time period, but prohibits a</p>	



Statutory Text	The Child Care and Development Block Grant (CCDBG) Act of 2014	The Child Care and Development Block Grant (CCDBG) Act of 2022
	<p>particular ratio requirement.</p> <p>(2)(L) Certify providers will comply with federal child abuse reporting requirements.</p> <p>(2)(M) Describe how the state will develop and implement strategies (which may include alternative reimbursement rates to providers, the provision of direct contracts or grants to community-based organizations, offering child care certificates to parents, or other means determined by the state) to increase the supply and improve the quality of child care services for (i) children in underserved areas; (ii) infants and toddlers; (iii) children with disabilities, as defined by the state; and (iv) children who receive care during nontraditional hours.</p> <p>(2)(N)(i)(I) Demonstrate that each child who receives CCDBG assistance will be considered eligible and receive such assistance for at least 12 months before redetermining eligibility regardless of a temporary change in the ongoing status of the child’s parent as working or attending a job training or educational program or a change in family income for the child’s family, if that family income does not exceed 85% of SMI.</p> <p style="padding-left: 40px;">(II) Demonstrate how the processes for initial determination and redetermination of eligibility take into account irregular fluctuations in earnings.</p> <p>(ii) Describe the procedures and policies in place to ensure working parents (especially parents in families receiving TANF assistance) are not required to unduly disrupt their employment to comply with redetermination of eligibility.</p>	<p>(2)(M) Describe how the state will develop and implement strategies (which may include alternative reimbursement rates to providers, the provision of direct contracts or grants to community-based organizations, offering child care certificates to parents, or other means determined by the state) to increase the supply and improve the quality of child care services for (i) children in underserved areas, <i>including areas that have significant concentrations of poverty and unemployment and that do not have a supply of eligible child care providers</i>; (ii) <i>children in rural areas</i>; (iii) infants and toddlers; (iii) children with disabilities, as defined by the state; and (iv) children who receive care during nontraditional hours.</p> <p>(2)(N) Replaces 85% with 150% SMI</p>



Statutory Text	The Child Care and Development Block Grant (CCDBG) Act of 2014	The Child Care and Development Block Grant (CCDBG) Act of 2022
	<p>(iii) At the option of the state, demonstrate it will not terminate assistance based on a factor consisting of a parent's loss of work or cessation of attendance at a job training or educational program for which the family was receiving the assistance without continuing the assistance for a reasonable period of time (at least 3 months) after such loss or cessation in order for the parent to engage in a job search and resume work, or resume attendance at a job training or educational program, as soon as possible.</p> <p>(iv) Describe the policies and procedures in place to allow for provision of continued assistance at the beginning of a new eligibility period under clause (i)(I), for parents working or attending a job training or educational program whose family income exceeds the state's income limit (if the family income does not exceed 85% SMI).</p> <p>(2)(O)(i) Describe how the state, in order to expand accessibility and continuity of care and assist children enrolled in early childhood programs to receive full-day services, will efficiently, and to the extent practicable, coordinate CCDBG services with Federal, state, and local preschool programs, tribal early childhood programs, and others, including those serving infants and toddlers with disabilities, homeless children, and children in foster care.</p> <p>(ii) If the state combines funding for CCDBG services with funding for any program described in clause (i), describe how it will combine and use the funding.</p> <p>(iii) Specifies nothing in clause (i) shall be</p>	<p>(2)(O)(i) Describe how the state, in order to expand accessibility and continuity of care and assist children enrolled in early childhood programs to receive full-day services <i>full workday and full year services</i>, will efficiently, and to the extent practicable, coordinate CCDBG services with Federal, state, and local preschool programs, tribal early childhood programs, and others, including those serving infants and toddlers with disabilities, homeless children, and children in foster care.</p>



Statutory Text	The Child Care and Development Block Grant (CCDBG) Act of 2014	<u>The Child Care and Development Block Grant (CCDBG) Act of 2022</u>
	<p>construed to affect the priority of such children to receive full-day prekindergarten or Head Start program services.</p> <p>(2)(P) Demonstrate how the state encourages partnerships among state agencies, other public agencies, Indian tribes and tribal organizations, and private entities, including faith-based and community-based organizations, to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services for children under 13, such as by implementing voluntary shared services alliance models.</p> <p>(2)(Q) In investments made to increase access to high-quality child care and development services, describe how the state will prioritize children of families in areas with significant concentrations of poverty and unemployment and without access to such programs.</p> <p>(2)(R) Certify the state has developed the plan in consultation with the State Advisory Council.</p> <p>(2)(S) Include—</p> <ul style="list-style-type: none"> (i) A certification that the payment practices of CCDBG providers reflect generally accepted payment practices of providers who do not receive CCDBG assistance, so as to provide stability of funding and encourage more providers to serve children who receive CCDBG assistance; and (ii) An assurance the state will, to the extent practicable, implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider reimbursement rates from an eligible child’s occasional absences due to holidays or unforeseen circumstances such 	<ul style="list-style-type: none"> (ii) An assurance the state will to the extent practicable, implement enrollment and eligibility policies that support the fixed <i>and operational costs</i> of providing child care services by delinking provider reimbursement rates from an eligible child’s occasional absences due to holidays or



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	<p>as illness.</p> <p>(2)(T)(i) Include an assurance the state will maintain or implement early learning and developmental guidelines appropriate for children from birth to kindergarten entry, describing what such children should know and be able to do, and covering the essential domains of early childhood development for use statewide by providers. Such guidelines shall be—</p> <ul style="list-style-type: none"> (I) Research-based, developmentally appropriate, and aligned with entry to kindergarten; (II) Implemented in consultation with the state educational agency and the State Advisory Council; and (III) Be updated as determined by the state. <p>(ii) Include an assurance that CCDBG funds will not be used to develop or implement an assessment for children that will be used:</p> <ul style="list-style-type: none"> (I) As the sole basis for a provider being determined ineligible to participate in CCDBG; (II) As the primary or sole basis to provide a reward or sanction to an individual provider; (III) As the primary or sole method for assessing program effectiveness; or (IV) To deny children eligibility to participate in CCDBG. <p>(iii) Specifies nothing in the CCDBG Act shall preclude the state from using a single assessment as determined by the state for children for—</p> <ul style="list-style-type: none"> (I) Supporting learning or improving a classroom environment; 	<p>unforeseen circumstances such as illness.</p> <p>(2)(T)(i) Include an assurance the state will maintain or implement early learning and developmental guidelines appropriate for children from birth to kindergarten entry, describing what such children should know and be able to do, and covering the essential domains of early childhood development for use statewide by providers.</p>



Statutory Text	The Child Care and Development Block Grant (CCDBG) Act of 2014	The Child Care and Development Block Grant (CCDBG) Act of 2022
	<ul style="list-style-type: none"> (II) Targeting professional development to a provider; (III) Determining the need for health, mental health, disability, developmental delay, or family support services; (IV) Obtaining information for the quality improvement process at the state level; or (V) Conducting a program evaluation for the purposes of providing program improvement and parent information. <p>(iv) Specifies nothing in the CCDBG Act allows an officer or employee of the Federal Government to:</p> <ul style="list-style-type: none"> (I) Mandate, direct, control, or place conditions (outside of what is required by the CCDBG Act) around adopting a state’s early learning and developmental guidelines developed in accordance with this section; (II) Establish criteria that specifies, defines, prescribes, or places conditions (outside of what is required by the CCDBG Act) on a state adopting standards or measures that a state uses to establish, implement, or improve such guidelines, related accountability systems, or alignment of such guidelines with education standards; or (III) Require a state to submit such guidelines for review. <p>(2)(U)(i) Demonstrate the manner in which the state will address the needs of children receiving CCDBG services, including the need for</p>	<p>(2)(U)(i) Demonstrate the manner in which the state will address the needs of children receiving CCDBG services, including the need for</p>



Statutory Text	The Child Care and Development Block Grant (CCDBG) Act of 2014	<u>The Child Care and Development Block Grant (CCDBG) Act of 2022</u>
	<p>safe child care, for the period before, during, and after a state of emergency declared by the Governor or a major disaster or emergency.</p> <p>(ii) Include a statewide child care disaster plan for coordination of activities and collaboration, in the event of such an emergency or disaster, among the state lead agency; the state agencies with jurisdiction over human services, state emergency planning and licensing of providers; the local CCR&Rs; the state resource and referral system; and the State Advisory Council.</p> <p>(iii) The disaster plan shall include—</p> <p>(I) evacuation, relocation, shelter-in-place, and lock-down procedures, and procedures for communication and reunification with families, continuity of operations, and accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions;</p> <p>(II) guidelines for the continuation of child care services in the period following the emergency or disaster, which may include the provision of emergency and temporary child care services and temporary operating standards for providers during that period; and</p> <p>(III) procedures for staff and volunteer emergency preparedness training and practice drills.</p> <p>(2)(V) Describe how the state will develop and implement strategies to strengthen the business practices of providers to expand the supply and</p>	<p>safe child care, for the period before, during, and after a state of emergency declared by the Governor, a major disaster or emergency, <i>or a public health emergency declared by the Secretary pursuant to section 319 of the Public Health Service Act (42 U.S.C. 247d).</i></p> <p>(ii) Include a statewide child care disaster plan for coordination of activities and collaboration, in the event of such an emergency or disaster, among the state lead agency; the state agencies with jurisdiction over human services, state emergency planning and licensing of providers; <i>state and local health agencies;</i> the local CCR&Rs; the state resource and referral system; and the State Advisory Council.</p> <p>(II) guidelines for the continuation of child care services in the period <i>during and following the emergency or disaster, which may include, which shall include guidelines</i> for the provision of emergency and temporary child care services and temporary operating standards for providers during that period; and</p> <p>(2)(V) Describe how the state will <i>develop and implement strategies to strengthen the business practices of providers to expand the supply and</i></p>



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	<p>improve the quality of child care services.</p> <p>(3)(A) Provide that the state will use CCDBG funds in accordance with subparagraphs (B)-(D):</p> <p>(3)(B)(i) For child care services on a sliding fee scale basis; activities that improve the quality or availability of such services; activities that improve access to child care services, including procedures to permit enrollment (after an initial eligibility determination) of homeless children while required documentation is obtained, training and TA on identifying and serving homeless children and their families, and specific outreach to homeless families; and any other activity the state determines appropriate to meet the purposes of the CCDBG Act (which may include an activity described in clause (ii)), with priority for children of families with very low family incomes and children with special needs.</p> <p>(ii)(I) By Sept. 30 of each fiscal year, the Secretary (acting through the Assistant Secretary for Children and Families of the Department of Health and Human Services) shall prepare a report determining whether each state uses amounts in accordance with such priorities.</p> <p>(II) If a state has failed to prioritize services as required, the Secretary shall—</p> <p>(aa) inform the state it has 6 months from when the report was issued to fully comply;</p> <p>(bb) allow the state to modify its state plan to be consistent with the requirements and resubmit it within that timeframe; and</p> <p>(cc) if the state does not comply,</p>	<p>improve the quality of child care services <i>support child care business technical assistance, including supporting</i></p> <p>(I) <i>provision of strategies to support management coaching and the use of core best business practices</i></p> <p>(II) <i>development and use of shared services initiatives including initiatives involving provider networks such as child care center alliances and family child care provider networks; and</i></p> <p>(III) <i>coordination of activities with programs of the Small Business Administration, programs of the Department of Agriculture, and other Federal, State, and local programs supporting child care businesses.</i></p>



Statutory Text	The Child Care and Development Block Grant (CCDBG) Act of 2014	The Child Care and Development Block Grant (CCDBG) Act of 2022
	<p style="text-align: center;">withhold 5% of the funds the following fiscal year.</p> <p>(III) In extraordinary circumstances, such as a natural disaster, the Secretary may grant a 1-year waiver to the 5% penalty and, within 30 days of granting such waiver, submit a report to the appropriate congressional committees on the circumstances of the waiver, including the stated reason for the need for a waiver, the expected impact of the waiver on children served, and any other relevant information the Secretary deems necessary.</p> <p>(iii)(I) To establish or support a system of local or regional child care resource and referral organizations (CCR&R) that is coordinated, to the extent determined appropriate by the state, by a statewide public or private nonprofit, community-based or regionally based, lead CCR&R.</p> <p>(II) The local or regional CCR&R shall—</p> <p style="padding-left: 20px;">(aa) provide parents with consumer education information referred to in paragraph (2)(E) (except as otherwise provided in that paragraph), concerning the full range of child care options (including faith-based and community-based providers), analyzed by provider, including child care provided during nontraditional hours and through emergency child care centers, in their political subdivisions or regions;</p>	



Statutory Text	The Child Care and Development Block Grant (CCDBG) Act of 2014	The Child Care and Development Block Grant (CCDBG) Act of 2022
	<p>(bb) to the extent practicable, work directly with families receiving CCDBG assistance to offer support and assistance (using information described in (aa)) to make an informed decision about which providers they will use in an effort to ensure they are enrolling their children in a high-quality setting that suits their needs;</p> <p>(cc) collect data and provide information on the coordination of services and supports, including services under IDEA Part C, and Part B §619, for children with disabilities;</p> <p>(dd) collect data and provide information on the supply of and demand for child care services in political subdivisions or regions within the state and submit such information to the state;</p> <p>(ee) work to establish partnerships with public agencies and private entities, including faith-based and community-based providers, to increase the supply and quality of child care services in the state; and</p> <p>(ff) as appropriate, coordinate their activities with the activities of the state lead agency and local agencies that administer CCDBG funds.</p> <p>(3)(C) For administrative costs (not including the cost of providing direct services), up to 5% of total</p>	



Statutory Text	The Child Care and Development Block Grant (CCDBG) Act of 2014	<u>The Child Care and Development Block Grant (CCDBG) Act of 2022</u>
	<p>CCDBG annual funds.</p> <p>(3)(D) To provide assistance to low-income working families including or in addition to families with children described in clause (i), (ii), (iii), or (iv) of paragraph (2)(M).</p> <p>(3)(E)(i) Reserve the required funds for activities to improve the quality of child care services and for administrative costs (as outlined in §9858e); and</p> <p>(ii) Use at least 70% of the remaining funds to fund direct services in accordance with paragraph (2)(A).</p> <p>(4)(A) Certify payment rates are sufficient to ensure eligible children have equal access to services comparable to services provided to children whose parents are not eligible for CCDBG or any other state or federal child care assistance and summarize the facts relied on to determine such rates are sufficient.</p> <p>(4)(B)(i) Demonstrate the state has, after consulting with the State Advisory Council, local child care program administrators, local CCR&Rs, and other appropriate entities, developed and conducted (and within 2 years of submitting the state plan) a statistically valid and reliable survey of the market rates for child care services that reflects variations in the cost of services by geographic area, type of provider, and age of child or an alternative methodology, such as a cost estimation model, developed by the lead agency;</p> <p>(ii) Demonstrate the state prepared a detailed report containing the results of its market rates survey or alternative methodology and</p>	<p>(3)(D) To provide assistance to low-income working families including or in addition to families with children <i>in priority populations</i> described in clause (i), (ii), (iii), or (iv) of paragraph (2)(M).</p> <p>(4)(A) Certify, not later than October 1, 2024, that payment rates for the provision of CCDBG services are sufficient to meet the cost of providing the child care services, including the fixed and operational costs of providing the child care services, and are set and paid in accordance with a cost estimation model described in subparagraph (B).</p> <p>(4)(B)(i) Demonstrate that the state, after consulting with <i>eligible child care providers</i>, the State Advisory Council, local child care program administrators, local CCR&Rs, and other appropriate entities, has developed and uses a statistically valid and reliable cost estimation model for the payment rates for providers of child care services that—</p> <p>(I) <i>reflects the costs of service delivery, including fixed costs, operating expenses, and staff salaries and benefits necessary to recruit, train, and retain qualified staff;</i></p> <p>(II) <i>reflects variations in the costs of service delivery by submarket, type of</i></p>



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	<p>made the results of the survey or alternative methodology widely available (not later than 30 days after the completion of such survey or alternative methodology) through periodic means, including posting the results online;</p> <p>(iii) Describe how the state will set payment rates for CCDBG child care services—</p> <p>(I) in accordance with the results of the market rates survey or alternative methodology;</p> <p>(II) taking into consideration the cost of providing higher quality child care services than were provided before Nov. 19, 2014; and</p> <p>(III) without, to the extent practicable, reducing the number of families receiving CCDBG assistance relative to the number of such families on Nov. 19, 2014; and</p> <p>(iv) Describe how the state will provide for timely payment for child care services.</p> <p>(4)(C)(i) Specifies nothing in this paragraph shall be construed to create a private right of action if the state acted in accordance with this paragraph.</p> <p>(ii) Specifies nothing in the CCDBG Act shall be construed to prevent a state from differentiating the payment rates described in subparagraph (B)(iii) on the basis of such factors as—</p>	<p>provider, and children served, including by—</p> <p>(aa) geographic area (such as location in a urban or rural area);</p> <p>(bb) ages of children;</p> <p>(cc) whether the children have particular needs (such as needs of children with disabilities and children served by child protective services);</p> <p>(dd) whether the providers provide services during weekend and other nontraditional hours; and</p> <p>(ee) quality of child care provider as determined by the State; and</p> <p>(III) is reviewed not less often than once every 2 years and adjusted as may be necessary to—</p> <p>(aa) ensure payment rates remain sufficient to meet the requirements of this subchapter; and</p> <p>(bb) provide a cost of living increase to maintain the level of services provided during the year prior to the review; and</p> <p>(ii) describe how the State will provide for timely payments, set in accordance with the model described in clause (i), for CCDBG services.</p> <p>(4)(D) The Secretary may offer guidance to States on cost estimation models described in subparagraph (B), but shall not require a State to adopt a particular cost estimation model or element of a particular cost estimation model.</p>



Statutory Text	The Child Care and Development Block Grant (CCDBG) Act of 2014	The Child Care and Development Block Grant (CCDBG) Act of 2022
	<ul style="list-style-type: none"> (I) geographic location of providers (such as location in an urban or rural area); (II) the age or particular needs of children (such as the needs of children with disabilities and children served by child protective services); (III) whether the providers offer services during nontraditional hours; or (IV) the state's determination that such differentiated payment rates allow a parent to choose high-quality child care that best fits the parent's needs. <p>(5) Provides that the state will establish and periodically revise, by rule, a sliding fee scale that provides for family cost sharing (that is not a barrier to families receiving CCDBG assistance).</p>	<p>(5)(A) Provides that the State will establish and periodically revise a sliding fee scale to determine a full copayment for a family receiving assistance under this subchapter (or, for a family receiving part-time care, a reduced copayment that is the proportionate amount of the full copayment) that shall be set in accordance with subparagraph (B) and that is not a barrier to families receiving CCDBG assistance.</p> <p>(B)(i) Requires states to ensure the sliding fee scale results in a full copayment, toward the cost of the child care involved for all eligible children in the family for a family receiving assistance under the subchapter, that shall be set, for a family with a family income—</p> <ul style="list-style-type: none"> (I) of not more than 75 percent of the State median income for a family of the same size, to be 0 percent of that family income; (II) of more than 75 percent but not more than 100 percent of the State median income for a family of the same size, to be more than 0 but not more than 2 percent of that family income; (III) of more than 100 percent but not more than



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		<p>125 percent of the State median income for a family of the same size, to be more than 2 but not more than 4 percent of that family income; and</p> <p>(IV) of more than 125 percent but not more than 150 percent of the State median income for a family of the same size, to be more than 4 but not more than 7 percent of that family income.</p> <p>(ii) Requires states to ensure the sliding fee scale results in a reduced copayment toward the cost specified in clause (i), for a family receiving part-time care, that shall be the proportionate amount of the full copayment under clause (i).</p>
<p>§ 9858e. Activities to improve the quality of child care</p>	<p>(a) Requires states to reserve 1) a minimum percentage of funds (9% after 5-year phase in) for activities provided directly, or through grants or contracts with local CCR&Rs or other appropriate entities, designed to improve the quality of child care services and increase parental options for and access to high-quality child care, in alignment with a statewide needs assessment for such services and care; 2) 3% of funds for such activities as they relate to the quality of care for infants and toddlers. States may reserve a larger percentage of funds for these purposes.</p> <p>(b) Requires states to use quality improvement funds to carry out 1 or more of the following activities:</p> <p>(1) Supporting the training and professional development of the child care workforce through activities such as those included under §9858c(c)(2)(G), in addition to—</p>	<p>Sec. 7. (a)(2)(A) Requires states to reserve at least 9% of funds for the activities described in (1).</p> <p>(b) Requires states to use quality improvement funds to carry out 1 or more of the following activities (<i>which shall include activities selected by the State to carry out paragraph (1)</i>): <i>[replace current (1)]</i></p> <p>(1) <i>Supporting the education and professional development of child care staff and supporting child care providers in the recruitment of, professional development for, and retention of a qualified child care workforce, through activities</i></p>



Statutory Text	The Child Care and Development Block Grant (CCDBG) Act of 2014	The Child Care and Development Block Grant (CCDBG) Act of 2022
		<p><i>selected by the State such as—</i></p> <ul style="list-style-type: none"> (A) the development and expansion of initiatives to assist child care staff in the attainment of postsecondary credentials and degrees; (B) the provision of financial assistance (including through bonuses, retention grants, and wage supplements)— <ul style="list-style-type: none"> (i) for child care staff to pursue a postsecondary credential or degree; and (ii) for child care providers to recruit, provide professional development for, and retain child care staff who have attained such credentials or degrees; (C) the development and implementation of apprenticeship programs that equip apprentices with specialized knowledge, skills, and competencies required to work in child care, which programs may include activities to— <ul style="list-style-type: none"> (i) increase the number of individuals (including the number of individuals seeking to work with priority populations of children described in section 658E(c)(2)(M)) who complete an apprenticeship program and obtain a credential or degree; (ii) promote the recruitment and retention of apprentices through strategies for (I) supervising and mentoring apprentices; and (II) providing pathways to career advancement for apprentices; and (iii) support partnerships between institutions of higher education, eligible child care providers (or a consortium of eligible child care providers), and other entities participating in an apprenticeship program to provide for—



Statutory Text	The Child Care and Development Block Grant (CCDBG) Act of 2014	<u>The Child Care and Development Block Grant (CCDBG) Act of 2022</u>
	<p>(A) offering training and professional development opportunities for providers related to the use of scientifically-based, developmentally-appropriate and age-appropriate strategies to promote children’s social, emotional, physical, and cognitive development, including those related to nutrition and physical activity, and offering specialized training for providers caring for those populations prioritized in §9858c(c)(2)(Q) and children with disabilities;</p> <p>(B) incorporating the effective use of data to guide program improvement;</p> <p>(C) including effective behavior management strategies and training, including positive behavior interventions and support models, that promote positive social and emotional development and reduce challenging behaviors, including reducing expulsions of preschool-aged children for such behaviors;</p> <p>(E) providing training and outreach on engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children’s positive development;</p> <p>(F) providing training corresponding to children’s nutritional and physical activity needs to promote healthy development;</p> <p>(G) providing training or professional development</p>	<p>(I) the award of postsecondary academic credit for related instruction or on-the-job training provided through the apprenticeship; and</p> <p>(II) the application of such credit toward a credential or degree from an institution in the partnership;</p> <p>(D) professional development opportunities for child care providers that relate to—</p> <p>(i) the use of scientifically-based, developmentally-appropriate and age appropriate strategies to promote the social, emotional, physical, and cognitive development of children, including specialized professional development for child care providers caring for those priority populations of children described in section 658E(c)(2)(M);</p> <p>(ii) the use of effective behavior management strategies, including positive behavior interventions and support models, that promote positive social and emotional development and reduce challenging behaviors, including reducing expulsions of preschool-aged children for such behaviors;</p> <p>(iii) the nutritional and physical activity needs of young children to promote healthy development; and</p> <p>(iv) the use of strategies for engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to support their children’s development;</p>



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	<p>regarding children’s early neurological development; and</p> <p>(H) connecting staff with available financial aid or other resources to assist them in pursuing relevant postsecondary training.</p> <p>(2) Improving the development or implementation of the early learning and developmental guidelines described in §9858c(c)(2)(T) by providing TA to eligible providers that enhances the cognitive, physical, social and emotional development, including early childhood development, of participating preschool and school-aged children and supports their overall well-being.</p> <p>(3) Developing, implementing, or enhancing a tiered quality rating system for providers and services, which may—</p> <p>(A) support and assess provider quality;</p> <p>(B) build on state licensing standards and other state regulatory standards for such providers;</p> <p>(C) be designed to improve the quality of different types of providers and services;</p> <p>(D) describe the safety of child care facilities;</p> <p>(E) build the capacity of state early childhood programs and communities to promote parents’ and families’ understanding of the state’s early childhood system and the ratings of the programs in which the child is enrolled;</p> <p>(F) provide, to the extent practicable, financial incentives and other supports designed to expand the full diversity of child care options</p>	<p>(2) Improving the development or implementation of the early learning and developmental guidelines described in §9858c(c)(2)(T) by providing TA to eligible providers that enhances the cognitive, physical, social and emotional development, including early childhood development, of participating preschool and school-aged children and supports their overall well-being.</p> <p>(2) Developing, implementing, or enhancing a tiered quality rating system for providers and services, which may—</p> <p>(A) support and assess the quality of child care providers in the State, <i>which may include supporting child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality;</i></p> <p>(B) build on state licensing standards and other state regulatory standards for such providers;</p> <p>(C) be designed to improve the quality of different types of child care providers and services, <i>including child care centers and family child care providers, and which shall be appropriate for providers serving different age groups of children and for providers serving children during nontraditional hours of operation;</i></p>



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	<p>and help providers improve quality; and</p> <p>(G) accommodate a variety of distinctive approaches to early childhood education and care, including but not limited to, those practiced in faith-based settings, community-based settings, child-centered settings, or similar settings that offer a distinctive approach to early childhood development.</p> <p>(4) Improving the supply and quality of infant and toddlers care through activities that may include:</p> <p>(A) establishing or expanding high-quality community or neighborhood-based family and child development centers, which may serve as resources to providers to improve the quality of services provided to infants and toddlers from low-income families and to help eligible providers improve their capacity to offer them high-quality, age-appropriate care;</p> <p>(B) establishing or expanding community or neighborhood-based family child care networks;</p> <p>(C) promoting and expanding providers' ability to provide developmentally appropriate services for infants and toddlers through training and professional development; coaching and TA on this age group's unique needs from statewide networks of qualified infant-toddler specialists; and improved coordination with early intervention specialists who provide services under IDEA Part C;</p> <p>(D) if applicable, developing infant and toddler components within the state's quality rating system or the development of infant and toddler components in a state's child care licensing regulations or early learning and development guidelines;</p>	<p><i>[strike (4)-(6)]</i></p>



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	<p>(E) improving parents' ability to access transparent and easy to understand consumer information about high-quality infant and toddler care; and</p> <p>(F) carrying out other activities determined by the state to improve the quality of infant and toddler care and for which there is evidence the activities will lead to improved health and safety, cognitive and physical development, or well-being, including providing health and safety training (including training in safe sleep practices, first aid, and cardiopulmonary resuscitation) for providers and caregivers.</p> <p>(5) Establishing or expanding a statewide system of CCR&R services.</p> <p>(6) Facilitating compliance with state requirements for inspection, monitoring, training, and health and safety, and with state licensing standards.</p> <p>(7) Evaluating and assessing the quality and effectiveness of child care programs and services offered, including evaluating how such programs positively impact children.</p> <p>(8) Supporting providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality.</p> <p>(9) Supporting state or local efforts to develop or adopt high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.</p> <p>(10) Carrying out other activities determined by the state to improve the quality of child care services provided and for which measurement of outcomes relating to improved provider preparedness, child safety, child well-being, or entry to kindergarten is possible.</p> <p>(c) At the beginning of each fiscal year, requires the</p>	<p>(3) Establishing or expanding a statewide system of CCR&R services <i>to help parents make informed choices about child care services through transparent and easy-to-understand consumer information about high-quality care and education.</i></p> <p><i>[strike (8)-(9) - similar language concerning accreditation is included in new (b)(2)(A).]</i></p>



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	<p>state to submit to the Secretary a certification it was in compliance with subsection (a) during the preceding fiscal year and a description of how the state used such funds.</p> <p>(d) Requires the state to prepare and submit an annual report to the Secretary, which shall include information about 1) the amount of funds reserved; 2) the activities carried out; and 3) the measures the state will use to evaluate its progress in improving the quality of child care programs and services.</p> <p>(e) At the state’s request, requires the Secretary to offer TA in accordance with §9858g(a)(3), including through the use of grants or cooperative agreements, for quality improvement activities.</p> <p>(f) Specifies nothing in this section shall be construed as giving the Secretary authority to regulate, direct, dictate, or place conditions (outside of what is required by the CCDBG Act) on a state adopting specific state child care quality activities or progress in implementing those activities.</p>	
<p>§ 9858j. Reports, hotline, and Web site</p>	<p>(a) Every 2 years, requires the Secretary to prepare and submit to the House Education and Labor and Senate HELP Committees a report summarizing and analyzing the data and information submitted in the state reports, including an assessment, and where appropriate, recommendations, concerning efforts that should be undertaken to improve access to quality and affordable child care, and a determination of whether each state has complied with the priority for services described in §§ 9858c(c)(2)(Q) and 9858c(c)(3)(B).</p> <p>(b)(1) Requires the Secretary to operate, directly or through the use of grants or contracts, a national toll-free hotline and website, to—</p> <p>(A) develop and disseminate publicly available</p>	



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	<p>child care consumer education information for parents and help parents access safe and quality child care services in their community, with a range of price options, that best suits their family’s needs; and</p> <p>(B) to allow persons to report (anonymously if desired) suspected child abuse or neglect, or violations of health and safety requirements, by a CCDBG provider or a staff member.</p> <p>(2) Requires the hotline and website to:</p> <p>(A) be hosted by “childcare.gov” and enable consumers to enter a zip code and obtain a referral to local providers described in subparagraph (B) within a specified search radius.</p> <p>(B) provide directly or through linkages to state databases, at a minimum—</p> <p>(i) a localized list of all eligible providers, differentiating between licensed and license-exempt providers;</p> <p>(ii) provider-specific information from a QRIS or information about other quality indicators, to the extent the information is publicly available and to the extent practicable;</p> <p>(iii) other provider-specific information about compliance with licensing, and health and safety requirements to the extent the information is publicly available and is practicable;</p> <p>(iv) referrals to local CCR&Rs from which consumers can find out more about providers; and</p> <p>(v) information about other subsidy programs and financial supports available to families.</p> <p>(C) have the capacity to help families in every state and community in the Nation.</p>	<p>Sec. 9.</p> <p>(B)(ii) provider-specific information from a QRIS, or a <i>national accrediting body with demonstrated, valid, and reliable program standards for high quality</i>, or information about other quality indicators, to the extent the information is publicly available and to the extent practicable;</p>



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	<p>(D) provide access to information about child care services 24 hours a day.</p> <p>(E) ensure the widest possible access to services for non-English speaking families.</p> <p>(F) ensure families have access to easy-to-understand child care consumer education and referral services.</p> <p>(3) Specifies nothing in this subsection shall be construed to allow the Secretary to compel states to provide additional data and information that, as of Nov. 19, 2014, is not publicly available or not required by the CCDBG Act, unless such data are related to the purposes and scope of the CCDBG Act and subject to a notice and comment period of at least 90 days.</p>	
<p>Startup and Supply Expansion and Facilities Grants</p>		<p>Sec. 11. Appropriates such sums as may be necessary in FY2023-2025 for grants to states, territories, Indian Tribes, and Tribal Organizations to expand the supply and capacity of child care providers and ensure child care facilities are designed and equipped to keep children health and safe and to enhance children’s physical, cognitive and behavioral development. From the amount appropriated, 1% would be reserved for federal administration.</p> <p>States could reserve up to 10% of their allotment for state-level activities and use the remaining funds to award subgrants to “qualified child care providers” for startup and supply expansion and facilities.</p> <p>To receive funds, states would be required to submit a plan describing how it would use the funds; ensure qualified child care providers in urban, suburban, and rural areas can apply for and access funding; and prioritize subgrants (priority must be given to those</p>



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		serving or who would serve priority populations of children). Additionally, the plan must provide an assurance the state will provide notice of funding availability and the criteria for awarding subgrants. States would also be required to provide documentation of state expenditures and submit a report within 12 months that includes the increase in eligible child care providers and child care slots in the state; the number of awards and information about the amount of the grant, children served, and how funds were used.
		Sec. 12. Specifies licensed, regulated, or registered child care providers are exempt from a Department of Agriculture prohibition on funds being used to purchase or construct buildings that are “largely or in part specifically designed to accommodate a business or income-producing enterprise.”
<p>No amendments or only technical amendments proposed to the following sections:</p> <p>§ 9858a. Block grant program. § 9858d. Limitations on state allotments § 9858f. Criminal background checks § 9858g. Administration and enforcement § 9858h. Payments § 9858i. Reports and audits § 9858k. Limitations on use of financial assistance for certain purposes § 9858l. Nondiscrimination § 9858m. Amounts reserved; allotments § 9858o. Parental rights and responsibilities § 9858p. Severability § 9858q. Miscellaneous provisions § 9858r. Studies on waiting lists</p>		

