DRAFT FORM

ACF-901 – American Rescue Plan (ARP) Stabilization Grants Provider-Level Data		
OMB #: 0970-XXXX, Expires: MM/DD/YYYY		
Data Element Number	**Data Element**	**Response**
HEADER INFORMATION		
1	Start of Reporting Period	
2	End of Reporting Period	
3	Total Number of Providers Included *(right justified and padded with zeros)*	
4a	State Point of Contact – First Name	
4b	State Point of Contact – Middle Name	
4c	State Point of Contact – Last Name	
5a	State Point of Contact Phone Number	
5b	State Point of Contact Phone Type	1=Work 2=Mobile
6	State Point of Contact – Email Address	
PROVIDER CHARACTERISTICS		
7	Provider Unique State ID	
8	Provider FEIN	
9	Provider type	1=Licensed Family Home 2=Licensed Center 3=License-Exempt Family Home 4=License-Exempt Center 5=Child's Home
10	Provider Zip Code	
11	Gender	1=Male 2=Female 3=Non-binary 9=No response
12	Hispanic or Latino Ethnicity	0=No 1=Yes 9=No response
13	American Indian or Alaskan Native	0=No 1=Yes 9=No response
14	Asian	0=No 1=Yes 9=No response
15	Black or African American	0=No 1=Yes 9=No response
16	Native Hawaiian or Pacific Islander	0=No 1=Yes 9=No response
17	White	0=No 1=Yes 9=No response

ACF-901 – American Rescue Plan (ARP) Stabilization Grants Provider-Level Data		
OMB #: 0970-XXXX, Expires: MM/DD/YYYY		
Data Element Number	**Data Element**	**Response**
18	Total licensed or identified capacity	
19	Infant licensed or identified capacity	
20	Toddler licensed or identified capacity	
21	Preschooler licensed or identified capacity	
22	School-age children licensed or identified capacity	
23	Serving children who receive subsidy, at time of application	0=No 1=Yes
24	Provider temporarily closed	0=No 1=Yes
AWARD CHARACTERISTICS BASED ON PROVIDER'S APPLICATION		
25	Award amount *(rounded to the nearest dollar)*	
26	Date of award	
27	Personnel Costs	0=No 1=Yes
28	Rent/Mortgage/Utilities	0=No 1=Yes
29	Personal protective equipment	0=No 1=Yes
30	Purchases of or updates to equipment and supplies	0=No 1=Yes
31	Goods and services	0=No 1=Yes
32	Mental health supports	0=No 1=Yes

CHILD CARE AND DEVELOPMENT FUND
ACF-901 PROVIDER-LEVEL REPORTING FORM

Instructions

The American Rescue Plan (ARP) Act included approximately $24 billion funding for child care stabilization grants to stabilize the child care sector and do so in a way that builds back a stronger child care system that supports the developmental and learning needs of children, meets parents' needs and preferences with equal access to high-quality child care, and supports a professionalized workforce that is fairly and appropriately compensated for the essential skilled work that they do. Lead Agencies must spend stabilization funds as subgrants to qualified child care providers to support the stability of the child care sector during and after the COVID-19 public health emergency.

The Office of Child Care (OCC) established a new data collection form, the ACF-901 – American Rescue Plan (ARP) Stabilization Grants Provider-Level Data in order to collect information about the numbers and characteristics of child care providers receiving stabilization grant awards, including whether funds have been distributed equitably and are reaching historically underserved communities. All Lead Agencies in the States, the District of Columbia, and Territories (Puerto Rico, American Samoa, Guam, Northern Marianna Islands, and the U.S. Virgin Islands) are responsible for collecting and reporting provider-level stabilization grants data (ACF-901). Lead Agencies report the ACF-901 data quarterly, due 30 days after the end each quarter (i.e., October to December data will be due January 30). States submit their provider-level records electronically to the Child Care Automated Reporting System (currently under development).

OCC plans to provide additional technical format guidance to states and territories in the form of a Technical Bulletin, which will describe the format of each data element (such as, guidance on the format of a date field, or the length of a numeric field).

For more information and guidance on Federal reporting requirements, see the Office of Child Care's web site at: https://www.acf.hhs.gov/occ/resource/reporting.

RECORD HEADER INFORMATION

The following elements (items 1 - 6) refer to the header information.

1. **Start of Reporting Period:** This data element identifies the date of the start of the reporting period. For example, if the report covers October 1, 2021 to December 31, 2021, this element would be "20211001".

2. **End of Reporting Period:** This data element identifies the date of the end of the reporting period. For example, if the report covers October 1, 2021 to December 31, 2021, this element would be "20211231".

3. **Total Number of Providers Included:** The total number of providers included in this quarterly report, and who received at least one stabilization grant award during the quarter.

4. **A-C: State Point of Contact Name:** The point of contact who is designated to receive a report after the processing of this data. There are three fields, First Name, Middle Name, Last Name.

5. **A: State Point of Contact Phone Number:** The phone number of the point of contact.
   B: State Point of Contact Phone Type: 1=Work, 2=Mobile

6. **State Point of Contact E-mail Address:** The e-mail address of the point of contact.

PROVIDER CHARACTERISTICS RECEIVING STABILIZATION GRANT AWARDS

The following elements (items 7-26) refer to the provider who received stabilization grant award(s) during the reporting period. If a provider received more than one award during the reporting period, the State reports the multiple awards separately under the Stabilization Grant Award Characteristics information.

7. **Unique State Provider ID:** Indicate the provider's Unique State Provider ID. If the State does not have Unique State Provider IDs, leave field blank AND report the provider's Federal Employer Identification Number (FEIN). In the absence of a FEIN, the Office of Child Care requires that States assign a Unique State Provider ID to the provider. Furthermore, if the provider operates in multiple locations in the state, then the state is required to assign a Unique State Provider ID for each location who applied for a grant. The unique State Provider ID should never be "recycled" between different locations or different providers. This allows OCC to identify unique providers over time. If a record has neither a FEIN nor a Unique State Provider ID, the data related to the case cannot be processed. Social Security Numbers may <u>not</u> be used as the Unique State Provider ID.

8. **Provider Federal Employer Identification Number (FEIN):** Indicate the provider's FEIN. If a FEIN is unavailable, the State must provide a Unique State Provider ID in question 7. If the provider operates in multiple locations in the state, then the state should follow the instructions for question #7. Social Security Numbers may <u>not</u> be reported in lieu of FEINs.

9. **Provider Type:** Report the one-digit code indicating the type of child care setting. Provider types are divided into two broad categories: "licensed" and "license-exempt." License-exempt means facilities that are not required to meet "licensing or regulatory requirements" as defined in the CCDF regulations at 45 CFR 98.2. Associated terms include "legally exempt" and "legally operating without regulation." The "licensed" and "license-exempt" categories each include two types of providers (each State's definition of these terms apply): family home (which includes group home care), and centers. For Child's Home providers, the data should include both "licensed" and "license-exempt." The following codes specify the type of provider:

1 – Licensed family home (which includes group home care)
2 – Licensed center-based care
3 – License-exempt family home (which includes group home care)
4 – License-exempt center
5 – Child's home

10. **Zip Code:** Report the Zip Code of the provider receiving the award. This should be a location where child care services are actually delivered, not a location that is solely for administrative offices. If the provider operates in multiple locations in the state, then the zip code should represent the provider location receiving the stabilization grant.

11. **Gender:** Indicate the one-digit code of the gender for the center director or family child care owner. States are required to request information about gender. However, if a provider declines to provide gender information, the state should report "9". The following codes are available:

    1 – Male
    2 – Female
    3 – Non-binary
    9 – No response

12. **Hispanic or Latino Ethnicity:** Indicate the one-digit code for the Hispanic or Latino ethnicity of the center director or family child care owner. States are required to request information about ethnicity. However, if a provider declines to provide ethnicity information, the state should report "9".

    0 – No
    1 – Yes
    9 – No response

ITEMS 13–17: Race: Indicate the code for "yes" (1) or "no" (0) for each race listed below. Each provider could have at least one race coded "yes." ***Multi-racial providers should have a "1" in more than one race field.*** States are required to request information about race. However, if a provider declines to provide race information, the state should report "9".

13. American Indian or Alaska Native

0 – No
1 – Yes
9 – No response

14. Asian

0 – No
1 – Yes

9 – No response

15. Black or African American

0 – No
1 – Yes
9 – No response

16. Native Hawaiian or Other Pacific Islander

0 – No
1 – Yes
9 – No response

17. White

0 – No
1 – Yes
9 – No response

ITEMS 18-22 Provider Capacity: States are required to report information about the licensed or identified capacity by age group that the provider serves **based on the state's definition** of infants, toddlers, preschoolers, and school-age children. If the provider operates in multiple locations in the state, then questions #18-22 should represent the capacity of children served at the location receiving the stabilization grant.

18. **Total Provider Capacity:** States are required to report the provider's total licensed or identified capacity (i.e., total number of children they can serve). If the provider operates in multiple locations in the state, then question #18 should represent the provider capacity for the location receiving the stabilization grant.

19. **Infant licensed or identified capacity:** States are required to report the provider's infant licensed or identified capacity (i.e., total number of infants they can serve). If the provider operates in multiple locations in the state, then question #19 should represent the provider infant capacity for the location receiving the stabilization grant.

20. **Toddler licensed or identified capacity:** States are required to report the provider's toddler licensed or identified capacity (i.e., total number of toddlers they can serve). If the provider operates in multiple locations in the state, then question #20 should represent the provider toddler capacity for the location receiving the stabilization grant.

21. **Preschooler licensed or identified capacity:** States are required to report the provider's preschooler licensed or identified capacity (i.e., total number of preschoolers they can serve). If the provider operates in multiple locations in the state, then question #21 should represent the provider preschooler capacity for the location receiving the stabilization grant.

22. **School-age children licensed or identified capacity:** States are required to report the provider's school-age children licensed or identified capacity (i.e., total number of school

age children they can serve). If the provider operates in multiple locations in the state, then question #22 should represent the provider school-age children capacity for the location receiving the stabilization grant.

23. **Provider Served Children Who Received Subsidy at Time of Application:** States are required to identify the providers who, at the time of the application for stabilization funding, were already serving children who received Child Care and Development Fund (CCDF) subsidies. If the provider operates in multiple locations in the state, then the response should represent the location receiving the stabilization grant. The following codes should be used:

    0 – No
    1 – Yes

24. **Provider temporarily closed:** States are required to identify the providers who temporarily closed due to public health, financial hardship, or other reasons relating to COVID-19. If the provider operates in multiple locations in the state, then the response should represent that the location receiving the stabilization grant temporarily closed. The following codes should be used:

    0 – No
    1 – Yes

STABILIZATION GRANT AWARD CHARACTERISTICS BASED ON THE PROVIDER'S APPLICATION

This group of questions applies to the award(s) that a provider received during the reporting period. Include information for each award for each provider receiving a stabilization grant award.

25. **Award Amount:** The dollar stabilization grant award amount (rounded to the nearest dollar) the provider received. If the provider operates in multiple locations in the state, the response should represent the award amount for the specific location receiving the stabilization grant.

26. **Award Date:** The date the stabilization grant award was made available to the provider. If the provider operates in multiple locations in the state, the response should represent the award date for the specific location receiving the stabilization grant.

ITEMS 27-32 Uses of the Stabilization Grant: States are required to request information about the provider's uses of the stabilization grant. If the provider operates in multiple locations in the state, then questions #27-32 should represent the uses for the location receiving the stabilization grant. Indicate the code for "yes" (1) or "no" (0) for each purpose below. Select "yes" for as many uses as reported by the provider. Each provider should have at least one use coded "1."

27. **Personnel Costs:** Personnel Costs (including payroll and salaries or similar compensation for an employee --including any sole proprietor or independent contractor-- employee benefits, premium pay, or costs for employee recruitment and retention)
    0 – No
    1 – Yes

28. **Rent/Mortgage/Utilities:** Rent (including rent under a lease agreement) or payment on any mortgage obligation, utilities, facility maintenance or improvements, or insurance
    0 – No
    1 – Yes

29. **Personal protective equipment:** Personal protective equipment, cleaning and sanitization supplies and services, or training and professional development related to health and safety practices
    0 – No
    1 – Yes

30. **Purchases of or updates to equipment and supplies:** Purchases of or updates to equipment and supplies to respond to the COVID–19 public health emergency
    0 – No
    1 – Yes

31. **Goods and services:** Goods and services necessary to maintain or resume child care services
    0 – No
    1 – Yes

32. **Mental health supports**: Mental health supports for children and employees
    0 – No
    1 – Yes

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection, ACF is obtaining data from Child Care and Development Fund (CCDF) State and Territory Lead agencies on their efforts to award American Rescue Plan (ARP) stabilization grants to child care providers in their state/territory. Public reporting burden for this collection of information is estimated to average 20 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information that is related to and funded by the Child Care and Development Block Grant (CCDBG) Act (42 U.S.C. 9857 et seq.) and the American Rescue Plan (ARP) Act of 2021 (Sec. 2202, Public Law 117-2). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information, please contact Helen Papadopoulos, Office of Child Care, 330 C Street, SW, Washington, DC 20201.