**Child Care and Development Fund
ACF-801 Case-Level Data Standards**

*Technical Bulletin #3r-v3
REVISED: December 2009*

This Technical Bulletin lists the data standards for the ACF-801 Child Care Case Record Form. This Form, which is submitted by States and Territories to the Child Care Bureau, includes key case-level data required by the statute governing the Child Care and Development Fund (CCDF). The data standards described here serve as the principal guidance for identifying errors in case-level data and ensuring accurate data submissions.

This technical bulletin has been updated several times to reflect changes in the report elements and guidance. Earlier versions of the bulletin remain available for those users seeking historical information. New ACF-801 changes noted in this version of the Bulletin, and effective October 1, 2010, are:

- Data Element #6: remove two of the ten response categories from Reason for Receiving Care, i.e., the "Other" categories, to ensure that only CCDF eligible families and children are reported and reflected in the administrative data.

- Data Element #27 – revise the Total Monthly Amount Paid to Provider to require Lead Agencies to report only the subsidy amount without including the family co-payment amount (prior to October 1, 2010, the requirement was to include the co-payment).

See additional details about these report changes in Program Instruction CCDF-ACF-PI-2009-07 available online at: http://www.acf.hhs.gov/programs/ccb/law/guidance/current/pi2009-07/pi2009-07.htm.

The data standards for each item in the ACF-801 report are found in the table starting on page 3. Data Element numbers in this document reflect current requirements.

I., II. Data Element # and Name: The first two columns on the following table provide the number and name of each item that must be reported. These items reference the ACF-801 Child Care Case Record Form. For example, the first item of the table, "1. Sample Month/Year of Report Period," is the date of the reporting period. It is located in Section I, row 1 of the ACF-801 form.

III. Field Size: The third column lists the size (number of digits or characters) of the Data Element. Any response that does not use all of the available digits should be right aligned and padded with zeroes. For example, for the seventh row of the table, item "7", the Field Size is 4. If the value were $150, it would be entered as 0150 so that it contains 4 digits.

IV. **Missing Data Standard**: The fourth column indicates whether or not the Data Element is required.

V. **Out of Range Standard**: The fifth column indicates the acceptable range of data values. All values must occur within this range. For example, for data element #7: Total Monthly Child Care Copayment by Family, the reported value must be greater than or equal to 0 and less than or equal to 2000 ($0 - $2,000).

VI. **Internal Consistency Standard**: The sixth column lists the standards for consistency among related elements. These standards reflect intuitively logical relationships. For example, the value of element "1. Sample Month/Year of Report Period" must be later than or equal to the value of elements number 8 (Month/Year Child Care Assistance Started) and number 25 (Month/Year of Birth).

VII. Suggestions / Guidance: This column provides additional information related to each data element.

				Section I. HEAD OF FAMILY UNIT		
#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
1	Sample Month/Year of Report Period	6	Always required.	Format YYYYMM: 1998 <= YYYY <= current year 01 <= MM <= 12	This Element must be: - later than or equal to the date entered in Element 8 (Month/Year Child Care Assistance to Family Started) - later than or equal to the date entered Element 25 (Month/Year of Birth).	This element should be equal to the ACF-801 Monthly Summary Record's Report Period Field (See Technical Bulletin #4).
2	Unique State Identifier	15	Required if Element 3 (Family SSN) is not reported.	All characters allowed.	If Element 3 (Family SSN) is not reported, then this Element must be reported and must uniquely identify the family over time (i.e., each monthly submission).	If identifier is less than fifteen digits, use leading zeros. For example, 19056 should be coded as 000000000019056.

				Section I. HEAD OF FAMILY UNIT		
#	**Data Element Name**	**Field Size**	**Missing Data Standard**	**Out-of-Range Standard**	**Internal Consistency Standard**	**Suggestions / Guidance**
3	Social Security Number	9	Optional.	All valid SSNs allowed. --if child SSN, then all characters allowed Current rules on Invalid SSNs: No 000-xx-xxxx, 666-xx-xxxx, 800-xx-xxxx, 900-xx-xxxx, xxx-00-xxxx, xxx-xx-0000 SSNs; No SSNs between 728-xx-xxxx and 763-xx-xxxx; No SSNs between 766-xx-xxxx and 799-xx-xxxx.	No internal consistency standard.	States are reminded that CCDF eligibility may not be denied because a parent chooses not to provide their Social Security Number. (See ACYF-PI-CC-00-04 issued October 27, 2000). The Bureau requires that SSN's of children in protective service cases be reported in place of the head of the family (element #3), if a SSN is provided. If no SSN is provided, the unique identifier identifies the child, not the head of the family. This requirement ensures that the system will not generate missing data error messages and allows the system to match for longitudinal research studies.
4	FIPS Code	5	Always required.	Valid 5 digit FIPS code.	No internal consistency standard.	Enter the FIPS Code for the Family. Do not enter the FIPS Code for the Provider. If the address of the head of the family is unknown, leave the county FIPS code blank.

				Section I. HEAD OF FAMILY UNIT		
#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
5	Single Parent	1	Always required.	0 - 1, 9: 0 = No; 1 = Yes 9 = Not applicable; child is reported as head of household.	If this Element is coded 9, then the following internal consistency must hold: Element 6 (Reason for Receiving Care) is equal to 4 (protective services) or 9 (protective services during a Federal emergency).	Enter the one digit code indicating the "single" status of the head of the family receiving assistance based on whether or not that head is the only person in the household legally/financially responsible for the care of the child, not their marital status. Note that a zero is used for a specific reason; for "unknown/not reported" use a blank or space.

				Section I. HEAD OF FAMILY UNIT		
#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
6	Reason for Receiving Subsidized Child Care	1	Always required.	0-9: 1 = Employment, including on-the-job training, 2 = Training/Education; 3 = Both Employment and Training/Education; 4 = Protective Services; 5 = **Other;*** 6 = Federal Declared Emergency and Employment, including on-the-job training; 7 = Federal Declared Emergency and Training/Education; 8 = Federal Declared Emergency and Both Employment and Training/Education; 9 = Federal Declared Emergency and Protective Services; 0 = **Federal Declared Emergency and Other.*** *** Effective October 1, 2010 and after, codes #5 and #0 (other) no longer will be allowable choices.***	No internal consistency standard.	Enter the one digit code indicating the reason for receiving subsidized child care. If more than one category applies, chose the primary reason. **Effective October 1, 2010, the "other" categories no longer will be allowable reason for care options. This change ensures that only CCDF eligible families and children are reported and reflected in the administrative data. Federal regulations at 45 CFR 98.20 list only three reasons for care: (1) the parent is working; (2) the parent is attending a job training or educational program; and (3) the child is receiving, or needs to receive, protective services.** Except under some unusual circumstances, if Data Element 6 is 1, 3, 6, 8 (involving employment), Data Element 9 (Total Monthly Income for Determining Eligibility) should not be zero, and Data Element 10 (Employment Income, Including Self – Employment) should be 1. Note that a zero is used for a specific reason; for "unknown/not reported" use a blank or space

				Section I. HEAD OF FAMILY UNIT		
#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
7	Total Monthly Child Care Copayment by Family	4	A Response is required if Element #6 is 1, 2, 3, **5***, 6, 7, 8, or **0***. ** Effective October 1, 2010 and after, codes #5 and #0 (other) no longer will be allowable choices*	Greater than or equal to 0 and less than or equal to 2000	This field must be: - less than the sum of Element 27 (Total Expected Dollar Amount per Month to be Received by the Provider) for all the children in the family. -less than or equal to Element 9 (Total Monthly Income) *** October 1, 2010 and after:** **This field must be:** **-less than or equal to Element 9 (Total Monthly Income)**	Enter the total monthly dollar amount (to the nearest dollar) that the family receiving assistance must pay for child care services for the month being reported, using leading zeros as necessary. If co-pay is assigned by the state on a per-child basis, this element must be the sum of all the co-payments. Note that a zero is used for a specific reason – zero co-payment; if Element 7 (Total Monthly Child Care Copayment by Family) is "unknown/not reported" do not use zero fill - use a blank or space.
8	Month/Year Child Care Assistance to Family Started	6	Always required.	Format YYYYMM: 1970 <= YYYY <= current year 01 <= MM <= 12	This field must be earlier than or equal to the date entered in the Element 1 (Sample Month/Year of Report Period).	

#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
	Section II. FAMILY RECEIVING ASSISTANCE INCOME BY SOURCE					
9	Total Monthly Income (for Determining Eligibility)	5	A Response is required if Element #6 is 1, 2, 3, **5***, 6, 7, 8, or **0***. ** Effective October 1, 2010 and after, codes #5 and #0 (other) no longer will be allowable choices*	0 - to maximum allowed by the state.	This field must be greater than or equal to the amount entered in Element 7 (Total Monthly Child Care Copayment for the Family).	The dollar amount is rounded to the nearest dollar using leading zeros as necessary. Note that a zero is used for a specific reason – zero income; if Element 9 (Total Monthly Income for Determining Eligibility) is "unknown/not reported" do not use zero fill - use a blank or space.
10	Employment Income, Including Self - Employment (Yes/No)	1	A Response is required if Element #6 is 1, 2, 3, **5***, 6, 7, 8, or **0***. ** Effective October 1, 2010 and after, codes #5 and #0 (other) no longer will be allowable choices*	0 - 1: 0 = No; 1 = Yes.	No internal consistency standard.	Even if this source of income is disregarded for eligibility determination purposes, the correct answer is "yes" for a family that received income from this source in the reporting month. Note that a zero is used for a specific reason; for "unknown/not reported" use a blank or space.

				Section II. FAMILY RECEIVING ASSISTANCE INCOME BY SOURCE		
#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
11	Cash or Other Monetary Assistance under Title IV of the Social Security Act (TANF) (Yes/No)	1	A Response is required if Element #6 is 1, 2, 3, **5***, 6, 7, 8, or **0***. ** Effective October 1, 2010 and after, codes #5 and #0 (other) no longer will be allowable choices*	0 - 1: 0 = No; 1 = Yes.	No internal consistency standard.	Even if this source of income is disregarded for eligibility determination purposes, the correct answer is "yes" for a family that received income from this source in the reporting month. Note that a zero is used for a specific reason; for "unknown/not reported" use a blank or space.

				Section II. FAMILY RECEIVING ASSISTANCE INCOME BY SOURCE		
#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
12	State Program for which State Spending is Counted Towards TANF MOE (Yes/No)	1	A Response is required if Element #6 is 1, 2, 3, **5***, 6, 7, 8, or **0***. ** Effective October 1, 2010 and after, codes #5 and #0 (other) no longer will be allowable choices*	0 - 1: 0 = No; 1 = Yes.	No internal consistency standard.	Enter the one digit code indicating whether the family receives state spending money counted towards TANF MOE. States will need to consult with their TANF program to determine which programs are used for TANF MOE in their state, since these programs differ from state to state. Even if this source of income is disregarded for eligibility determination purposes, the correct answer is "yes" for a family that received income from this source in the reporting month. Note that a zero is used for a specific reason; for "unknown/not reported" use a blank or space.
13	Housing Voucher or Cash Assistance (Yes/No)	1	A Response is required if Element #6 is 1, 2, 3, **5***, 6, 7, 8, or **0***. ** Effective October 1, 2010 and after, codes #5 and #0 (other) no longer will be allowable choices*	0 - 1: 0 = No; 1 = Yes.	No internal consistency standard.	Even if this source of income is disregarded for eligibility determination purposes, the correct answer is "yes" for a family that received income from this source in the reporting month. Note that a zero is used for a specific reason; for "unknown/not reported" use a blank or space.

**Section II. FAMILY RECEIVING ASSISTANCE INCOME BY SOURCE**

#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
14	Assistance under the Food Stamps Act of 1977 (Yes/No)	1	A Response is required if Element #6 is 1, 2, 3, **5***, 6, 7, 8, or **0***. ** Effective October 1, 2010 and after, codes #5 and #0 (other) no longer will be allowable choices*	0 - 1: 0 = No; 1 = Yes.	No internal consistency standard.	Even if this source of income is disregarded for eligibility determination purposes, the correct answer is "yes" for a family that received income from this source in the reporting month. Note that a zero is used for a specific reason; for "unknown/not reported" use a blank or space**.**
15	Other Federal Cash Income Programs (for Example SSI) (Yes/No)	1	A Response is required if Element #6 is 1, 2, 3, **5***, 6, 7, 8, or **0***. ** Effective October 1, 2010 and after, codes #5 and #0 (other) no longer will be allowable choices*	0 - 1: 0 = No; 1 = Yes.	No internal consistency standard.	Even if this source of income is disregarded for eligibility determination purposes, the correct answer is "yes" for a family that received income from this source in the reporting month. Note that a zero is used for a specific reason; for "unknown/not reported" use a blank or space.

	Section II. FAMILY RECEIVING ASSISTANCE INCOME BY SOURCE					
#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
16	Family Size	2	Required.	1-99.	If Element 5 (Single Parent) = 9, then this Element must =1; If Element 5 (Single Parent) is not = 9, then this Element must be greater than or equal to the number of children receiving services + 1.	Enter the two digit value indicating the number in the eligible family. Except for unusual circumstances, if Element 5 (Single Parent) is 0 then this element should be greater than or equal to the number of children receiving services plus 2. Except for unusual circumstances, if Element 5 (Single Parent) is 1 then this element should be greater than or equal to the number of children receiving services plus 1.

	Section III. DEPENDENT CHILDREN RECEIVING CHILD CARE					
#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance

				Section III. DEPENDENT CHILDREN RECEIVING CHILD CARE		
#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
17	Child Social Security Number (*Optional Element*)	9	Not required.	All characters allowed.	No internal consistency standard.	The social security number uniquely identifies the child. Enter the nine digit Social Security Number of the child. In the absence of a child SSN, it is recommended that if there is a unique identifier less than or equal to 9 characters for the child, then that identifier should be entered in this field.
18	Hispanic or Latino (Ethnicity)	1	Always required.	0 - 1: 0 = No 1 = Yes	No internal consistency standard.	Enter the one digit code indicating whether or not the child is Hispanic or Latino. Ethnicity must be determined for every child. The child ethnicity and race definitions comply with the Census Bureau definitions of race published in the Federal Register of October 30, 1997. For further information concerning ethnicity, view the OMB Revision initiated in 1997. Note that a zero is used for a specific reason. Leave the field blank as "missing" data for those that refused to report their ethnicity. This is the same way "unknown" is reported.

Section III. DEPENDENT CHILDREN RECEIVING CHILD CARE						
#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
19	American Indian or Alaskan Native (race)	1	Always required.	0 - 1: 0 = No; 1 = Yes.	At least one of the race Elements 19 through 23 must be answered "Yes" (equal to 1). For multi-racial children, more than one of the race Elements 19-23 may be answered "yes" (equal to 1).	Enter the one digit code indicating whether the child's race is American Indian or Alaskan Native. Note that a zero is used for a specific reason; for "unknown/not reported" use a blank or space.
20	Asian (race)	1	Always required.	0 - 1: 0 = No; 1 = Yes.	At least one of the race Elements 19 through 23 must be answered "Yes" (equal to 1). For multi-racial children, more than one of the race Elements 19-23 may be answered "yes" (equal to 1).	Enter the one digit code indicating whether the child's race is Asian. Note that a zero is used for a specific reason; for "unknown/not reported" use a blank or space.
21	Black or African American (race)	1	Always required.	0 - 1: 0 = No; 1 = Yes.	At least one of the race Elements 19 through 23 must be answered "Yes" (equal to 1). For multi-racial children, more than one of the race Elements 19-23 may be answered "yes" (equal to 1).	Enter the one digit code indicating whether the child's race is Black or African American. Note that a zero is used for a specific reason; for "unknown/not reported" use a blank or space.
22	Native Hawaiian or Other Pacific Islander (race)	1	Always required.	0 - 1: 0 = No; 1 = Yes.	At least one of the race Elements 19 through 23 must be answered "Yes" (equal to 1). For multi-racial children, more than one of the race Elements 19-23 may be answered "yes" (equal to 1).	Enter the one digit code indicating whether the child's race is Native Hawaiian or other Pacific Islander. Note that a zero is used for a specific reason; for "unknown/not reported" use a blank or space.

#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
				Section III. DEPENDENT CHILDREN RECEIVING CHILD CARE		
23	White (race)	1	Always required.	0 - 1: 0 = No; 1 = Yes.	At least one of the race Elements 19 through 23 must be answered "Yes" (equal to 1). For multi-racial children, more than one of the race Elements 19-23 may be answered "yes" (equal to 1).	Enter the one digit code indicating whether the child's race is White. Note that a zero is used for a specific reason; for "unknown/not reported" use a blank or space.
24	Child's Gender	1	Always required.	1 - 2: 1 = Male; 2 = Female.	No internal consistency standard.	Enter the one digit code indicating whether the child is male or female.
25	Month/Year of Birth	6	Always required.	Format YYYYMM: $01 <= MM <= 12$ current year - Maximum age of child from State look-up table $<= YYYY <=$ current year	This Element must be earlier than or equal to the date entered in Element 1 (Sample Month/Year of Report Period).	The child's date of birth must be the same as or earlier than the date child care service was received.

				Section III. DEPENDENT CHILDREN RECEIVING CHILD CARE		
#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
26	Type of Child Care	2	Always required.	01 - 11: 01=Licensed/regulated in-home child care; 02=Licensed/regulated family child care; 03=Licensed/regulated group home child care; 04=Licensed/regulated center-based care; 05=Legally operating in-home care provided by a non-relative; 06=Legally operating in-home care provided by a relative; 07=Legally operating family child care provided by a non-relative; 08=Legally operating family child care provided by a relative; 09=Legally operating group home child care provided by a non-relative; 10=Legally operating group home child care provided by a relative; 11=Legally operating center-based care.	No internal consistency standard.	For reporting purposes, a legally operating, unregulated provider is one which, if not participating in the CCDF program, would not be subject to any state or local *child care* regulations. According to section 98.2(x) of the Child Care Development Block Grant regulations, *"Licensing or regulatory requirements* means requirements necessary for a provider to legally provide child care services in a state or locality, including registration requirements established under state, local or tribal law...."

Section III. DEPENDENT CHILDREN RECEIVING CHILD CARE						
#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
27	Total Monthly Amount Paid to Provider	4	Always required.	Greater than 0 and less than or equal to 2000	No internal consistency standard.	For each child receiving care, enter the total monthly dollar amount (round to the nearest dollar and use leading zeros as necessary) paid or expected to be paid to the provider for the care of the child that occurred during the report month including co-payment*. Round this amount to the nearest dollar. *** Effective October 1, 2010, the Total Monthly Amount Paid to Provider represents only the subsidy amount <u>without</u> including the family co-payment amount (which prior to October 2010 was included as a part of the total value).**
28	Total Hours of Child Care During the Month	3	Always required.	1 hour up to (12 times the number of days in reporting month)	No internal consistency standard.	Enter the number indicating the total number of service hours provided in the reporting period (round to the nearest whole number and use leading zeros as necessary). For example, September has 30 days, so the maximum acceptable total hours of child care for that month would be 12 x 30 = 360.