

ACF - 801 Child Care Monthly Case Record Form		OMB #: 0970-0167	Expires: <u>xx-xx-xxxx</u>
Head of Family Receiving Assistance			
1. Reporting Period	Month: ___ ___ Year: ___ ___ ___		
2. Unique State Identifier (required in absence of SSN#)	_____		
3. Social Security Number (optional)	____-____-____		
4. FIPS Code	State: ___ ___ County: ___ ___		
5. Single Parent	___		
6. Reason for Receiving Subsidized Child Care	___		
7. Total Monthly Child Care Co-payment by Family	\$ ___ , ___ ___		
8. Month/Year Child Care Assistance to the Family Started	Month: ___ ___ Year: ___ ___ ___		
9. Total Monthly Income	\$ ___ ___ , ___ ___		
10. Employment Including Self-Employment	___		
11. Cash or Other Assistance Under Title IV of the Social Security Act (TANF)	___		
12. State Program for Which State Spending Is Counted Towards TANF MOE	___		
13. Housing Voucher or Cash Assistance	___		
14. Supplemental Nutrition Assistance Program (formerly Food Stamps)	___		
15. Other Federal Cash Income Programs (such as SSI)	___		
16. Family Size Used to Determine Eligibility	___ ___		

<b>Dependent Children Receiving Child Care Assistance (One record per child)</b>	
17. Social Security Number ( <i>Optional</i> ) OR Unique State Identifier ( <i>Required in absence of SSN#</i> )	____-____-____-____
18. Hispanic or Latino Ethnicity	___
19. American Indian or Alaskan Native	___
20. Asian	___
21. Black or African American	___
22. Native Hawaiian or Other Pacific Islander	___
23. White	___
24. Gender	___
25. Month/Year of Birth	Month: ____ Year: ____
<b>Setting Information (One record for each setting for each child)</b>	
26. Type of Child Care	___
27. Total Monthly Amount Paid to Provider	____-____-____
28. Total Hours of Care Provided in Month	____-____-____
29. Provider FEIN	____-____-____ or ____-____-____
30. Provider Unique State ID	____-____-____-____-____-____
<b>Provider Information (One record for each provider)</b>	
31. Provider FEIN (same as item 29)	____-____-____ or ____-____-____

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	32. Provider Unique State ID (same as item 30)	-----
	33. QRIS Participation	---
	34. QRIS Rating	--- --
	35. Accreditation Status	---
	36. Provider is Subject to State Pre-K Standards	---
	37. Other State-defined Quality Measure	---

**CHILD CARE AND DEVELOPMENT FUND  
ACF-801 CASE-LEVEL REPORTING FORM**

**Instructions**

The ACF-801 case-level data are collected monthly and reported either monthly or quarterly. Quarterly data are reported 60 days after the end of each quarter and monthly data are due 90 days after the report month. All Lead Agencies in the States, the District of Columbia, and Territories (Puerto Rico, American Samoa, Guam, Northern Mariana Islands, and the US Virgin Islands) are responsible for collecting and reporting ACF-801 data. States submit their records electronically to the **Office of Child Care** Information System. Lead Agencies may submit either full population or a monthly sample (approximately 200 families) of subsidized child care recipients for the ACF-801. In addition to the ACF-801, States must submit aggregate data for all families and children in care annually on the ACF-800.

**Effective Date of New Elements:** Submission of the new data elements described below (Record Header Item C and Elements 29-37) will be mandatory beginning October 2013. However, beginning October 2012, States will have the option of using either the current ACF-801 format or the new format. States that are able to use the new format are strongly encouraged to do so during the optional year. In addition, while the new quality data elements offer a wide range of responses (including the ability to answer “NA” for any question), it is expected that the State will be able to report quality data (at least one of the quality data elements 33-37) for at least a portion of the provider population.

For more information and guidance on Federal reporting requirements, see the **Office of Child Care’s** website at: <http://www.acf/hhs/gov/programs/occ/report>

<b>Record Header Information</b>
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The following elements (items A - G) refer to the header information.

- A. Report Period: This data element identifies the month being reported. For example, if the report covers April 2008, this element would be “200804”.
- B. Families Receiving Subsidized Child Care: The number of families receiving subsidized child care for the report month. The number should be right-justified within the field and padded with zeros. For example, 25,387 would be formatted as “0025387”.
- C. Number of Providers Receiving Subsidy Payments: The number of providers receiving subsidized child care payments for the report month. The number should be right-justified within the field and padded with zeros. For example, 22,322 would be formatted as “0022322”.
- D. State Contact Name: The name of the child care contact who is designated to receive the Summary Assessment reports.

- E. State Contact Telephone Number: The telephone number of the named child care contact.
- F. State Contact Fax Number: The fax number of the named child care contact.
- G. State Contact E-mail Address: The e-mail address of the named child care contact.

### **Head of Family Receiving Assistance**

The following elements (items 1-20) refer to the head of the family receiving child care assistance. The "Head of Family Receiving Assistance," is the person for whom eligibility is determined. If the child is considered a family of one (i.e. a protective service case), then all items refer to the child.

1. Reporting Period: The month and year being reported. The report should include information about the families and children who actually received child care services during the reporting month, irrespective of when payment is made for those services.
2. Unique State Identifier: A unique identifying number, up to fifteen characters, assigned by the State to the family receiving child care assistance. States may use alphanumeric characters. The Social Security Number may not be required of families as a condition of eligibility. However, in the absence of the Social Security Number, the **Office of Child Care** requires that States use a Unique State Identifier to ensure that cases are unduplicated for reporting purposes in accordance with the Statute governing the Child Care and Development Fund. If a case has neither a Social Security Number nor a Unique State Identifier, the data related to the case cannot be processed.
3. Social Security Number: The Social Security Number of the head of the family. Again, 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). In cases in which care is being provided to a child as a family of one, the child's Social Security Number is used for this element.
4. Federal Information Processing Standards (FIPS) Code: The FIPS Code geographic identifier issued by the National Bureau of Standards to designate where the head of the family receiving assistance is residing. A list of all FIPS codes can be found at <http://www.census.gov/geo/www/fips/fips.html> or by contacting the Child Care Automation Technical Assistance Center (1-877-249-9117). This includes a two digit State code and a three digit county code.

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5. **Single Parent:** A single parent/adult who is legally/financially responsible for and living with a child where there is no other adult legally/financially responsible for the child in that eligible family. If there is someone else in the household who does not have legal/financial responsibility for the child, the legally/financially responsible applicant is still considered a single parent. A one-digit code indicates if the head of the family receiving assistance is single or not.

0 -- No

1 -- Yes

9 -- Not applicable; child is reported as head of household. (If “9” is selected, indicate the Child’s Social Security Number in Item 3).

6. **Reason for Receiving Subsidized Child Care:** The one-digit code indicating the reason for receiving subsidized child care. If more than one category applies, report the primary reason. States should report responses that correspond to the State’s definitions of “working”, “job training and educational program”, and “protective services” that are included in its approved CCDF Plan. Categories 6, 7, 8, and 9, should be used for families affected by a federally declared emergency.

Codes:

1 -- Employment

2 -- Training/Education

3 -- Both Employment and Training/Education

4 -- Protective Services

~~5 -- Other (response category eliminated effective October 1, 2010)~~

6 -- Federal Declared Emergency and Employment

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 (response category eliminated effective October 1, 2010)~~

7. **Total Monthly Child Care Co-payment by Family:** The monthly dollar amount the family receiving assistance must pay for child care services for the month being reported (the co-payment assigned by the Lead Agency or its designee).
8. **Month/Year Child Care Assistance to the Family Started:** The numbers for the month and year child care assistance started for the family receiving assistance. If there was a short interruption of up to three months in child care assistance (for reasons such as a vacation or illness) indicate the original month/year the assistance started, rather than when the assistance resumed.

9. Total Monthly Income: Report total monthly income amount received by the family. This is the total income that is used for determining eligibility and/or co-payment before any deductions that may be allowed are subtracted. The amount should be rounded to the nearest dollar.

**ITEMS 10-15: Family Income Sources:** Each item reports sources of income, and requires a “yes” (1) or “no” (0) answer as it relates to the family receiving assistance for the month being reported. Even if a source of income is disregarded for eligibility determination purposes, the correct answer is “yes” for a family that received income from that source in the reporting month. For Protective Services cases only, if on a case-by-case basis, income is not used to determine eligibility, and no income is reported, items 10-15 do not have to be completed.

- 10. Employment income, including self-employment.
  - 11. Cash or other monetary assistance under Title IV of the Social Security Act (TANF)
  - 12. State program for which State spending is counted towards TANF MOE
  - 13. Housing voucher or cash assistance
  - 14. Assistance under the Food Stamps Act of 1977
  - 15. Other Federal Cash Income Programs (such as SSI)
16. Family Size Used to Determine Eligibility: Number of family members upon which eligibility is based. The field size is two (2) with a required value within the range of 1 to 99.

<b>Dependent Children Receiving Child Care Assistance (One record per child)</b>
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Items 17 through 25 refer to dependent children in the family receiving child care assistance and indicate the demographic characteristics of children receiving care.

17. Child’s Social Security Number (*Optional*): Indicate the Social Security Number of the child receiving assistance.

States are required to request information about ethnicity and race. However, if a parent refuses to report ethnicity and/or race for their child, the field should be left blank.

18. Hispanic or Latino Ethnicity: Indicate the one digit code for the ethnicity of each child. (Ethnicity should be determined for every child in the family).
- 0 -- No
  - 1 -- Yes

**ITEMS 25-29: Race Of Child:** This item applies to each child receiving care. Indicate the code for yes (1) or no (0) for each race listed below. Select yes for as many races as reported by the family. (Each child should have at least one race coded yes. *Multi-racial children should have a “1” in more than one race field.*)

- 19. American Indian or Alaskan Native
- 20. Asian
- 21. Black or African American
- 22. Native Hawaiian or Other Pacific Islander
- 23. White

24. Child’s Gender: Indicate the one digit code for the gender of the child receiving care.

Codes:

1-- Male

2-- Female

25. Month/Year of Birth: Enter the numbers for the month and year of birth of the child receiving care.

**Child Care **Setting** (One record for each setting for each child)**

This group of questions applies to the child care provided to each child (**setting**). **Include all information for each setting** for each child in the family receiving care. The displayed form includes space for only two **settings**, but the number of **settings** may exceed this in the electronic submittal.

26. Type of Child Care: The two-digit code indicating the type of child care setting. Provider types are divided into two broad categories: “licensed/regulated” and “legally operating without regulation.” For reporting purposes, a legally operating, unregulated provider is a provider that, if not participating in the CCDF program, would not be subject to any State or local child care regulations. **In order to be counted as a regulated provider, the provider must meet state-established health and safety standards and be subject to monitoring (i.e. self-certification by the provider without documentation or verification is not sufficient).** The “licensed/regulated” and “legally operating without regulation” categories each include four types of providers (each State's definition of these terms apply): in-home, family home, group home, and centers. A relative provider is defined as being the grandparent, great-grandparent, aunt or uncle, or sibling (living outside of the child’s home) of the child in care. The following codes specify the type of care provided by each provider for each child during the report month.

Codes:

01 -- Licensed/regulated in-home child care

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- 02 -- Licensed/regulated family child care
- 03 -- Licensed/regulated group home child care
- 04 -- Licensed/regulated center-based care
- 05 -- In-home care provided by a non-relative in a setting legally operating without regulation
- 06 -- In-home care provided by a relative in a setting legally operating without regulation
- 07 -- Family home child care provided by a non-relative in a setting legally operating without regulation
- 08 -- Family home child care provided by a relative in a setting legally operating without regulation
- 09 -- Group home child care provided by a non-relative in a setting legally operating without regulation
- 10 -- Group home child care provided by a relative in a setting legally operating without regulation
- 11-- Child care center legally operating without regulation

- 27. Total Monthly Amount Paid to Provider: For each child receiving care, indicate the total monthly dollar amount (rounded to the nearest dollar) paid or to be paid to the provider for the care of the child. The Total Monthly Amount should include Federal, State, and locally funded amounts. This amount does not include the family co-payment and should reflect only the subsidy that is paid to the provider for services rendered.
- 28. Total Hours of Care Provided in Month: Indicate the total number of hours of care provided for the reporting period (rounded to the nearest whole number). **States must indicate in a footnote the type of hours being reported (e.g. actual, authorized, both, etc.).**
- 29. 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 questions 30.
- 30. Unique State Provider ID: Indicate the provider's Unique State ID. If the State does not have Unique State Provider IDs, report (99). In the absence of a FEIN, the Office of Child Care requires that States use a Unique State Identifier (which can be a Social Security Number, if the State chooses). If a case has neither a Federal Employer Identification Number nor a Unique State Identifier, the data related to the case cannot be processed.

The Office of Child Care encourages States to use a unique identifier that can be linked, as appropriate, with other early care and education programs (e.g. Head Start, Early Head Start, State Pre-K) for purposes of integrated data and service coordination.

**Note:** Questions 29 and 30 are repeated as questions 31 and 32. This duplication is necessary to connect the Child record above to the Provider Record below.

**Child Care Provider (One record for each provider)**

This group of questions applies to the child care provider. The State should include all providers receiving subsidies during the report month and include one record for each provider. This set of data elements 31-37 is not included in the child or case level record (with elements 1-30), but is a separate provider record.

31. Federal Employer Identification Number (FEIN): Indicate the provider's FEIN. (same as #29)
32. Unique State Provider ID: Indicate the provider's unique State ID. If the State does not have Unique State Provider IDs, report (99). (same as #30)
33. QRIS Participation: Indicate one of the following codes.
  - 0- No: Provider is eligible, but does not participate in the QRIS
  - 1- Yes: Provider does participate in the QRIS
  - 7- NA: The Provider is not eligible to participate in the QRIS
  - 8: NA: The State does not have an operating QRIS
  - 9- NA: The State has an operating QRIS, but information is currently unavailable at the provider level
34. QRIS Rating: This is the QRIS rating for the provider. The State should choose and enter a three digit code of alphanumeric characters to correspond with the appropriate level of QRIS rating. The State should also provide a key explaining the code for quality levels in a footnote. If the Lead Agency did not answer "Yes" to question 34, report (999).
35. Accreditation Status: Indicate one of the following codes.
  - 0- No
  - 1- Yes: National Accreditation
  - 2- Yes: State Accreditation
  - 3- Yes: Other Accreditation (Not National or State Level)
  - 4- Yes: Level/Type of Accreditation Unavailable
  - 9- NA: Information Currently Unavailable
36. Provider is subject to State or Local Pre-K Standards: Indicate one of the following codes. If there are multiple Pre-k Standards, the State does need not specify which particular standard applies to the

provider. An answer of “Yes” indicates that the provider is subject to at least one set of standards.

0- No

1-Yes

9-NA

37. Provider Meets Other State-defined Quality Measure: Indicate one of the following codes. If the State answers “Yes,” it must provide a brief footnote describing the quality measure.

0- No

1-Yes

9-NA