



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

**Technical Bulletin #3r-v7**  
**January 2016**

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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 Office of Child Care (OCC), 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 and correcting 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. Recent changes to the report implement provisions of the recently enacted reauthorization of the Child Care and Development Block Grant Act of 2014 (Public Law 113-186) and make other revisions to strengthen administrative data reporting. These changes directly impact the formatting of the ACF-801 file. **Note: Please refer to Technical Bulletin #4 for information on current file formatting requirements.**

**The following new data elements have been incorporated in the ACF-801 report requirements:**

- Family Homeless Status (#16a)
- Family Zip Code (#16b)
- Military Service (#16c)
- Primary Language (#16d)
- Child Disability (#25a)
- Provider subject to Head Start/Early Head Start Standards (#38)
- Provider Zip Code (#39)
- Date of most recent Health and Safety Inspection (#40) -- not reported until October 2017.

In addition to the new elements noted above, effective with the **October 2015** report month, OCC no longer collects Social Security numbers and they may no longer be used to identify families, children, or providers in the ACF-801 report. Elements #3 (Family SSN) and #17 (Child SSN) should be left blank and a Unique State Identifier (#2) is required for families. Further, SSNs may not be used in lieu of the FEIN (Elements #29 and #31) or as the Unique State Provider ID (Elements #30 and #32).

**Effective Dates:**

Beginning with the **October 2015** report month, submission of Family Homeless Status (#16a) is mandatory.

Beginning with the **October 2016** report month, submission of the following new data elements will be mandatory: Family Zip Code (#16b), Military Service (#16c), Primary Language Spoken at Home (#16d), Child Disability (#25a), and Provider Zip Code (#39).

Effective with the **October 2017** report, grantees will be required to begin reporting the date of the most recent health and safety inspection (#40) for each provider. In addition, all grantees with a Quality Rating and Improvement System (QRIS) will be required to report Elements #33 and #34 regarding provider participation and rating level. Grantees without a QRIS will be required to answer at least one of the Elements #35 to #38 to describe the quality of providers in other ways. Using report code “9” (NA) for all of these elements no longer will be acceptable. Note: Element #38, Provider Meets Head Start/Early Head Start Standards, is a new option for reporting on provider quality.

Regardless of the required reporting date, grantees must incorporate the formatting for all of these new elements (with the exception of Element #40--most recent health and safety inspection) beginning with the October 2015 report and are encouraged to begin reporting the data at this time. While the format must be in place, elements can be left blank until the grantee begins reporting those elements.

See additional details about these report changes in Program Instruction CCDF-ACF-PI-2016-02 available online at: <http://www.acf.hhs.gov/programs/occ/resource/pi-2016-02>.

The data standards for each item in the ACF-801 report are found in the table starting on page three.

- 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. 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, on 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 Data Element #1 (Month/Year of Report Period) must be later than or equal to the value of Data Elements #8 (Month/Year Child Care Assistance Started) and #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	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 in 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	All alphanumeric characters allowed.		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.
3	Filler  (Formerly Social Security Number)	9	Leave Blank			
4	FIPS Code	5	Always required.	Valid 5 digit FIPS code.  See: <a href="http://www.epa.gov/enviro/html/codes/state.html">http://www.epa.gov/enviro/html/codes/state.html</a> for a list of valid FIPS codes for each grantee jurisdiction.	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.
6	Reason for Receiving Subsidized Child Care	1	Always required.	1-4 and 6-9:  1 = Employment, including on-the-job training, 2 = Training/Education; 3 = Both Employment and Training/Education; 4 = Protective Services; 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;	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.  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, 6, 7, or 8.	Greater than or equal to 0 and less than or equal to 2000	This field must be less than or equal to Element #9 (Total Monthly Income)	<p>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/territory on a per-child basis, this element must be the sum of all the co-payments.</p> <p>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 a zero filler - use a blank or space.</p>
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).	

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

#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
9	Total Monthly Income (for Determining Eligibility)	5	A Response is required if Element #6 is 1, 2, 3, 6, 7, or 8.	0 - to maximum allowed by the State/Territory.	This value must be greater than or equal to the amount entered in Element #7 (Total Monthly Child Care Copayment for the Family).	<p>The dollar amount is rounded to the nearest dollar using leading zeros as necessary.</p> <p>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.</p> <p>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 a zero filler - use a blank or space.</p>
10	Family Income Sources  Employment Income, Including Self - Employment (Yes/No)	1	A Response is required if Element #6 is 1, 2, 3, 6, 7, or 8.	0 - 1: 0 = No; 1 = Yes.	No internal consistency standard.	<p>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.</p> <p>Except under some unusual circumstances, if Data Element #6 is 1, 3, 6, 8 (involving employment), Data Element #10 (Employment Income, Including Self – Employment) should be 1.</p> <p>Note that a zero is used for a</p>

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

#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
						specific reason; for “unknown/not reported” use a blank or space
11	Family Income Sources  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, 6, 7, or 8.	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.
12	Family Income Sources  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, 6, 7, or 8.	0 - 1:  0 = No; 1 = Yes.	No internal consistency standard.	Enter the one digit code indicating whether the family receives cash assistance from a state-funded initiative that counts toward 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.

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

#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
13	Family Income Sources  Housing Voucher or Cash Assistance (Yes/No)	1	A Response is required if Element #6 is 1, 2, 3, 6, 7, or 8.	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.
14	Family Income Sources  Supplemental Nutrition Assistance Program –SNAP (formerly known as Food Stamps) (Yes/No)	1	A Response is required if Element #6 is 1, 2, 3, 6, 7, or 8.	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	Family Income Sources  Other Federal Cash Income Programs (for Example SSI) (Yes/No)	1	A Response is required if Element #6 is 1, 2, 3, 6, 7, or 8.	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 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.	<p>If Element #5 (Single Parent) = 9 (child is reported as Head of Household), then this Element must =1;</p> <p>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.</p>	<p>Enter the two digit value indicating the number in the eligible family.</p> <p>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 + 2.</p> <p>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 +1.</p>
16a	Family Homeless Status	1	Always required	<p>0 - 1:</p> <p>0 = No; 1 = Yes.</p>	No internal consistency standard.	<p>Report whether the family receiving assistance is homeless. Report the family as homeless if homeless for one or more days during the month. In reporting this element, Lead Agencies must use the term homeless as defined in section 725 of subtitle VII-B of the McKinney-Vento Act.</p>
16b	Family Zip Code	5	Always required	<p>Use 5-digit postal codes used by the U.S. Postal Service (USPS):</p> <p><a href="https://tools.usps.com/go/ZipLookupAction!input.action">https://tools.usps.com/go/ZipLookupAction!input.action</a></p>	No internal consistency standard.	

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

#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
16c	Military Service	1	Always required	<p><b>0-2:</b></p> <p>0 = No            1 = Yes, Active Duty U.S. Military            2 - Yes, National Guard Military Reserve</p>		<p>Indicate if a parent is currently active duty (i.e. serving full-time) in the U.S. Military or a member of either a National Guard unit or a Military Reserve unit. This should reflect the parent's status during the report month.</p> <p>Report the current status for either parent.</p>

**Section III. FAMILY RECEIVING ASSISTANCE BY SOURCE**

#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
16d	Primary Language	2	Always Required	01-12:  01=English 02=Spanish 03=Native Central, South American, and Mexican languages (e.g., Mixteco, Quichean) 04=Caribbean Languages (e.g., Haitian-Creole, Patois) 05=Middle Eastern and South Asian Languages (e.g., Arabic, Hebrew, Hindi, Urdu, Bengali) 06=East Asian Languages (e.g., Chinese, Vietnamese, Tagalog) 07=Native North American/Alaska Native Languages 08=Pacific Island Languages (e.g., Palauan, Fijian) 09=European and Slavic Languages (e.g., German, French, Italian, Croatian, Yiddish, Portuguese, Russian) 10=African Languages (e.g., Swahili, Wolof) 11=Other (e.g., American Sign Language) 12=Unspecified (Unknown or head of household declined to identify home language)	No internal consistency standard	Indicate which language is the primary language spoken at home

**Section III. FAMILY RECEIVING ASSISTANCE BY SOURCE**

#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
17	Filler  (Formerly Child Social Security Number)	9	Leave Blank			
18	Hispanic or Latino (Ethnicity)	1	Always required.	0 - 1:  0 = No 1 = Yes	No internal consistency standard for Ethnicity.	<p>Enter the one digit code indicating whether the child is Hispanic or Latino. Ethnicity must be determined for every child.</p> <p>The child ethnicity and race definitions comply with the Census Bureau definitions of race published in the Federal Register of October 30, 1997.</p> <p>For further information concerning ethnicity, view the <u>OMB Revision</u> initiated in 1997.</p> <p>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.</p>
19	American Indian or Alaskan Native (race)	1	Always required.	0 - 1:  0 = No; 1 = Yes.	At least one of the races in Elements #19 through #23 must be answered "Yes" (equal to 1).	Enter the one digit code indicating whether the child's race is American Indian or Alaskan Native.

**Section III. FAMILY RECEIVING ASSISTANCE BY SOURCE**

#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
					For multi-racial children, more than one of the race Elements #19 through #23 should be answered "yes" (equal to 1).	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 races in Elements #19 through #23 must be answered "Yes" (equal to 1).  For multi-racial children, more than one of the race Elements #19 through #23 should 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 races in Elements #19 through #23 must be answered "Yes" (equal to 1).  For multi-racial children, more than one of the race Elements #19 through #23 should 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 races in Elements #19 through #23 must be answered "Yes" (equal to 1).  For multi-racial children, more than one of the race Elements #19 through #23 should 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.

**Section III. FAMILY RECEIVING ASSISTANCE BY SOURCE**

#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
23	White (race)	1	Always required.	0 - 1:  0 = No; 1 = Yes.	At least one of the races in Elements #19 through #23 must be answered "Yes" (equal to 1).  For multi-racial children, more than one of the race Elements #19 through #23 should 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 eligible to receive CCDF services <= YYYY <= current year	This Element must be earlier than or equal to the date entered in Element #1 (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.
25a	Child Disability	1	Always required	0 - 1:  0 = No; 1 = Yes.	No internal consistency standard	Information should apply only to the child receiving service.

**Section III. FAMILY RECEIVING ASSISTANCE BY SOURCE**

#	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/regulating in-home child care; 02=Licensed/regulating family child care; 03=Licensed/regulating group home child care; 04=Licensed/regulating 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.	<p>Licensing requirements are defined as regulatory requirements, including registration or certification requirements established under State, local, or tribal law, necessary for a provider to legally operate and provide child care services in a State or locality (§98.2). OCC recommends that licensed or regulated providers be subject to third-party monitoring to ensure compliance.</p> <p>The licensed/regulating category does not include providers who simply must sign up to participate in the CCDF program. Programs that have to “sign up” to receive CCDF dollars, but do not have to meet regulatory requirements as described above, are considered “legally operating.”</p>

**Section III. FAMILY RECEIVING ASSISTANCE BY SOURCE**

#	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 by the grantee to the provider for the care of the child that occurred during the report month.* The Total Monthly Amount should include Federal, State, and locally funded amounts. Round this amount to the nearest dollar.

**Section III. FAMILY RECEIVING ASSISTANCE BY SOURCE**

#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
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.	<p>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 <math>12 \times 30 = 360</math>.</p> <p>Grantees have some discretion regarding how they calculate the hours of service being provided. Grantees may report <i>Actual Clock Hours</i> or <i>Actual Blocked Hours Based on Attendance</i> of child care services that were provided. These hours are based on attendance or payment records. Alternatively, grantees may report <i>Authorized Clock Hours</i> or <i>Authorized Blocked</i> hours. When using <i>Actual</i> or <i>Authorized Blocked Hours</i>, the Lead Agency should report the upper threshold of the range of hours within each defined block. Regardless of the type of hours reported, calculations should not be averages.</p> <p>A FOOTNOTE is required to explain the way hours are calculated for the report.</p>

**Section III. FAMILY RECEIVING ASSISTANCE BY SOURCE**

#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
29	Provider FEIN	9	Leave blank if no FEIN is available	All numeric characters allowed.	No internal consistency standard.	<p>The FEIN should be location-specific. If a provider operates in multiple locations, each location must have a unique ID.</p> <p>If the FEIN is unavailable, a Unique State Provider ID must be reported in Element #30. Social Security numbers may not be used in lieu of the FEIN.</p> <p>If the FEIN is reported, but is not location specific, the state/territory also must report a Unique State Provider ID in Element #30.</p>

**Section III. FAMILY RECEIVING ASSISTANCE BY SOURCE**

#	Data Element Name	Field Size	Missing Data Standard	Out-of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
30	Provider Unique State ID	15	Always Required if Element #29 (Provider FEIN) is not reported.	All alphanumeric characters allowed.	If Element #29 (Provider FEIN) is not reported, then this Element must be reported and must uniquely identify the provider over time (i.e., each monthly report).	<p>If identifier is less than fifteen digits, use leading zeros. For example, 19056 should be coded as 000000000019056.</p> <p>If the State provided a location specific FEIN in Element #29 this field may be left blank. In the absence of a location specific FEIN, the Office of Child Care requires that States use a location specific Unique State Identifier (which may not be a Social Security Number). If a provider operates in multiple locations, each location must have a unique ID.</p> <p>If a case has neither FEIN nor a Unique State Identifier, the data related to the provider cannot be processed. The unique ID must be location specific.</p> <p>Note that a zero is used for a specific reason; for “unknown/not reported,” use a blank or space.</p>

**Section IV. PROVIDERS RECEIVING SUBSIDIES**

#	Data Element Name	Field Size	Missing Data Standard	Out-Of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
31	Provider FEIN	9	Leave blank if no FEIN is available	All numeric characters allowed.	No internal consistency standard.	<p>The FEIN should be location-specific. If a provider operates in multiple locations, each location must have a unique ID.</p> <p>If the FEIN is unavailable, a Unique State Provider ID must be reported in Element #32. Social Security numbers may not be used in lieu of the FEIN.</p> <p>If the FEIN is reported, but is not location specific, the state/territory also must report a Unique State Provider ID in Element #32.</p>

**Section IV. PROVIDERS RECEIVING SUBSIDIES**

#	Data Element Name	Field Size	Missing Data Standard	Out-Of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
32	Provider Unique State ID	15	Always Required if Element #31 (Provider FEIN) is not reported.	All alphanumeric characters allowed.	If Element #31 (Provider FEIN) is not reported, then this Element must be reported and must uniquely identify the provider ( ) over time (i.e., each monthly report).	<p>If identifier is less than fifteen digits, use leading zeros. For example, 19056 should be coded as 000000000019056.</p> <p>If the State provided a location specific FEIN in Element #31 this field may be left blank. In the absence of an FEIN, the Office of Child Care requires that States use a Unique State Identifier (which may not be a Social Security Number). If a provider operates in multiple locations, each location must have a unique ID.</p> <p>If a case has neither FEIN nor a Unique State Identifier, the data related to the provider cannot be processed. The unique ID must be location specific.</p> <p>Note that a zero is used for a specific reason; for “unknown/not reported,” use a blank or space.</p>

**Section IV. PROVIDERS RECEIVING SUBSIDIES**

#	Data Element Name	Field Size	Missing Data Standard	Out-Of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
33	QRIS Participation	1	Always Required	<p>0 - 1, 7-9:</p> <p>0- No: Provider is eligible, but does not participate in the QRIS</p> <p>1- Yes: Provider does participate in the QRIS</p> <p>7- The State has an operating QRIS in the provider's area, but the provider is not eligible to participate</p> <p>8- The State does not have an operating QRIS in the provider's area</p> <p>9- The State has an operating QRIS in the provider's area, but information is currently unavailable at the provider level</p>	<p>If this Element is coded 1, then Element #34 must be answered.</p> <p>If this Element is answered 0, 7, 8, or 9, answer '999' to Element #34.</p>	<p>Enter the one digit code indicating whether the provider participates in the State/Territory QRIS.</p>
34	QRIS Rating	3	Always Required	All alphanumeric characters allowed.	<p>If Element #33 is coded 1, then this element must be answered.</p> <p>If Element #33 is answered 0, 7, 8, or 9, the answer to this element must be '999'.</p>	<p>This field represents the QRIS rating for the provider. The State must choose and enter a three digit code of alphanumeric characters to correspond with the appropriate level of QRIS rating.</p> <p>OCC recommends using "888" if the provider is participating but has not yet received a rating.</p> <p>A FOOTNOTE is required to explain the rating scale.</p>

**Section IV. PROVIDERS RECEIVING SUBSIDIES**

#	Data Element Name	Field Size	Missing Data Standard	Out-Of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
35	Accreditation Status	1	Always Required	0 – 4, 9: 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	No internal consistency standard.	Enter the one digit code indicating the provider’s accreditation status.  .
36	Provider is Subject to State Pre-K Standards	1	Always Required	0 – 1, 9: 0- No 1-Yes 9-NA: Information Currently Unavailable	No internal consistency standard.	Enter the one digit code indicating whether the provider is subject to State Pre-K Standards.  .
37	Other State-defined Quality Measure	1	Always Required	0 – 1, 9: 0- No 1-Yes 9-NA: Information is currently unavailable.	No internal consistency standard.	Enter the one digit code indicating whether the provider meets some other State-defined quality measure.  A FOOTNOTE is required to describe the quality measure.

**Section IV. PROVIDERS RECEIVING SUBSIDIES**

#	Data Element Name	Field Size	Missing Data Standard	Out-Of-Range Standard	Internal Consistency Standard	Suggestions / Guidance
38	Provider is subject to or required to meet Head Start or Early Head Start Standards	1	Always required	0 – 1, 9:  0 = No; 1 = Yes. 9 = NA	No internal consistency standard.	
39	Provider Zip Code	5	Always required	Use 5-digit postal codes used by the U.S. Postal Service (USPS):  <a href="https://tools.usps.com/go/ZipLookupAction!input.action">https://tools.usps.com/go/ZipLookupAction!input.action</a>	No internal consistency standard.	
40	Date of most recent Health & Safety Inspection (Not to be reported until October 2017)	8	Always required after October 2017	Format: MMDDYYYY	No internal consistency standard.	Report the date of the most recent inspection for compliance with health, safety, or fire standards (including licensing standards for licensed providers). If portions of the inspection were completed on different dates, report the date of the most recent inspection (i.e., the date on which all portions were completed).