



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

Technical Bulletin #3r-v6
REVIEWED: June 2014

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 require State and Territory grantees to submit provider quality information on the ACF-801. 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 changes were required effective with the October 1, 2013 report

- Data Element #29: Provider FEIN
- Data Element #30: Provider Unique State ID
- Data Element #31: Provider FEIN
- Data Element #32: Provider Unique State ID
- Data Element #33: QRIS Participation
- Data Element #34: QRIS Rating
- Data Element #35: Accreditation Status
- Data Element #36: Provider is Subject to Pre-K Standards
- Data Element #37: Other State-defined Quality Measure

In addition to the changes above, OCC has also clarified the guidance for licensed/regulating care types to include some form of monitoring.

See additional details about these report changes in Program Instruction CCDF-ACF-PI-2009-0 available online at: <http://www.acf.hhs.gov/programs/occ/law/guidance/current/pi2012-01/pi2012-01.htm>.

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 if Element #3 (Family SSN) is not reported. | All alphanumeric 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. |
| 3 | Social Security Number | 9 | Optional. | All valid SSNs allowed. --if child SSN, then all alphanumeric characters allowed http://www.ssa.gov/employer/ssnvhighgroup.htm . | 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 Office of Child Care requires that SSN's of children in protective service cases be reported in place of the head of the family 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. |

Section I. HEAD OF FAMILY UNIT

| # | Data Element Name | Field Size | Missing Data Standard | Out-of-Range Standard | Internal Consistency Standard | Suggestions / Guidance |
|---|--|------------|-----------------------|---|--|---|
| 4 | FIPS Code | 5 | Always required. | Valid 5 digit FIPS code. See: http://www.epa.gov/enviro/html/codes/state.html 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. |
| 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 | 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 |
|---|--|------------|--|--|--|--|
| | | | | and Training/Education; 8 = Federal Declared Emergency and Both Employment and Training/Education; 9 = Federal Declared Emergency and Protective Services; | | |
| 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) | 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 a zero filler - 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). | |

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> |

Section II. FAMILY RECEIVING ASSISTANCE BY SOURCE

| # | Data Element Name | Field Size | Missing Data Standard | Out-of-Range Standard | Internal Consistency Standard | Suggestions / Guidance |
|----|--|------------|--|-----------------------------------|-----------------------------------|---|
| | | | | | | Note that a zero is used for a 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. |

Section II. FAMILY RECEIVING ASSISTANCE BY SOURCE

| # | Data Element Name | Field Size | Missing Data Standard | Out-of-Range Standard | Internal Consistency Standard | Suggestions / Guidance |
|----|---|------------|--|-----------------------------------|-----------------------------------|---|
| | | | | | | Note that a zero is used for a specific reason; for “unknown/not reported” use a blank or space. |
| 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 | 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 |

Section II. FAMILY RECEIVING ASSISTANCE BY SOURCE

| # | Data Element Name | Field Size | Missing Data Standard | Out-of-Range Standard | Internal Consistency Standard | Suggestions / Guidance |
|----|---|------------|-----------------------|-----------------------|--|---|
| | Other Federal Cash Income Programs (for Example SSI) (Yes/No) | | 8. | | | <p>received income from this source in the reporting month.</p> <p>Note that a zero is used for a specific reason; for “unknown/not reported” use a blank or space.</p> |
| 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> |

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 | Child Social Security Number <i>(Optional Element)</i> | 9 | Not required. | All characters allowed. | No internal consistency standard. | <p>The social security number uniquely identifies the child. Enter the nine digit Social Security Number of the child.</p> <p>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.</p> |
| 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> |

Section III. FAMILY RECEIVING ASSISTANCE BY SOURCE

| # | 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 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 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 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 |
|----|---------------------|------------|-----------------------|---|--|--|
| | | | | | | reported” use a blank or space. |
| 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. |

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 $12 \times 30 = 360$.</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 hours</i>. When using actual or authorized <i>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 | Always Required | 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.</p> <p>If the FEIN is reported, but is not location specific, the state 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 can be a Social Security Number, if the State chooses). 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 | Field Size | Missing Data Standard | Out-Of-Range Standard | Internal Consistency Standard | Suggestions / Guidance |
|----|---------------|------------|-----------------------|---------------------------------|-----------------------------------|--|
| 31 | Provider FEIN | 9 | : Always Required | 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.</p> <p>If the FEIN is reported, but is not location specific, the state 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 can be a Social Security Number, if the State chooses). 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. |