**Child Care and Development Fund
ACF-801 Clarifications**

*Technical Bulletin #8r-v5
REVISED: June 2016*

I. **INTRODUCTION**

The purpose of this Bulletin is to clarify a number of issues surrounding the ACF-801 reporting requirements. Section II provides guidance related to definitions of specific data elements and data element response options. Section III contains contact information if you have questions or need further assistance.

Throughout this document the reference to "States" is used to include both State and Territory grantees.

II. **DATA ELEMENT DEFINITIONS AND RESPONSE OPTIONS**

General:

1. **Question:** Should the reported population be based on the month the service was provided or on the month that the payment was made?

    Answer: States need to base their ACF-801 report on those families for whom services were actually provided in the report month and on providers that delivered services during the report month, irrespective of when payment is made or received for those services. Some States may identify monthly services provided by using their payments database to locate services for which a payment has been made. Regardless of the source of the information, the ACF-801 should reflect services that were provided during the month for which the report is being prepared.

2. **Question:** Our State "pools" funds from a variety of sources in order to administer our child care program. In our data system, we are not able to identify or track children served only with Child Care and Development Fund (CCDF) funds. What population of children should be reported on the ACF-801 report?

    Answer: If a State is pooling funds to administer its child care program and is not able to track children served only with CCDF funds, the State should report all families and children receiving services on the ACF-801 report who meet CCDF eligibility requirements regardless of the funds with which they were served. The State reports a pooling factor which is the percentage of the total child care budget represented by CCDF funds on the ACF-800 report. The Office of Child Care (OCC) will use this information to estimate the number of families and children served using only CCDF funds.

3. **Question:** In the ACF-801 header record, Grantees are asked to include the number of unique providers who served children during the month. Some providers serve children at more than one location. Should the number in the header record reflect the number of unique providers who served children, or should it reflect the number of unique provider locations where children were served during the month?

    Answer: The number of providers in the header record should reflect the number of unique provider locations where children were served during the report month. This number should be the same as and will be used to check the number of location-specific provider records that are reported in the data file for State/Territory grantees that submit full-population data.

4. **Question:** Do Grantees reporting sample data need to report provider records (i.e., unique provider IDs and quality information) for all providers serving CCDF children in the State/Territory, or only providers associated with children in the current month's sample?

    Answer: Grantees reporting sample data are only required to include provider information records (i.e., unique provider IDs and quality information) for those providers associated with children in the current month's sample. However, the provider count included in the header record should include all providers that served the full population during the report month, not just those in the sample.

5. **Question:** Sometimes a family may decline to report some information such as ethnicity or race. What should we do in such a case?

    Answer: If a family does not report information such as ethnicity or race, leave the field blank as "missing" data. This is the same way "unknown" is reported.

6. **Question:** Is Element #17 still optional or does a child now need a unique ID in lieu of a SSN?

    Answer: Per the new reauthorization law, Social Security numbers can no longer be reported on the ACF-801 report to identify families, children, or providers. Therefore, Element #17 (Child SSN) should be left blank. OCC will use other information such the family's Unique State ID, child's date of birth, and gender to track children over time.

7. **Question:** Unique reporting situations require us to provide footnotes to explain unusual reporting circumstances. How often should we provide footnotes and when should they be removed?

    Answer: Footnotes provided on the ACF-801 should be reviewed and updated on a monthly basis to ensure that they remain accurate and relevant to the data reported. Footnotes that are no longer relevant should be removed. Refer to the latest version of Technical Bulletin #4: *ACF-801 Case-Level File Format*, for detailed instruction on the proper way to format footnotes (http://www.acf.hhs.gov/programs/occ/resource/current-technical-bulletins).

Family Record:

8. **Question:** What is the exact definition of "Head of Family Receiving Assistance?" Is this the same as "Head of Household?"

    Answer: The "Head of Family Receiving Assistance" is generally the applicant and, therefore, is the person for whom eligibility is determined.

    If the head of the family is the child receiving assistance (e.g., some protective services cases), then all elements refer to the child. When a child is reported as the head of the household (code 9 for data Element #5) and the reason for care is protective services (code 4 or 9 for data Element #6), the family size must equal one (enter "1" for data Element #16). See Question #10 for additional guidance for reporting children in Protective Services or Foster Care.

9. **Question:** How should we identify a child that is being reported as a "family of one?" In the past, we used the child's SSN for Element #3. Now that SSNs can no longer be reported, must the child now have a unique ID?

    Answer: If reporting a "family of one," for example a Protective Services case, the State can provide the child's Unique ID for Element #2, the Unique State Identifier.

10. **Question:** Why is OCC interested in the marital status of the head of the family receiving services?

    Answer: OCC wants to know how many adults are legally/financially responsible for the care of the child(ren) receiving subsidized services. This may be different from "marital status." For ACF-801 reporting purposes, the definition of "Single Parent" (Element #5) is:

    > *One 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.*

11. **Question:** Families are sometimes determined eligible for a subsidy for reasons other than work, training, or protective services. Can I report these cases indicating some other reason for care?

    Answer: According to Child Care and Development Block Grant (CCDBG) regulations, only those families who are working, in a training program, or in protective services are eligible to receive a child care subsidy.

    States/Territories should report responses that correspond to the State's definitions of *working, attending job training or educational programs*, and *protective services* that are

included in its approved CCDF Plan. For example, if job search is included in the State/Territorial definition of *working* in the CCDF Plan, then families participating in job search activities should be reported on the ACF-801 Report as *working*.

12. **Question**: In our State, parents of foster children must be working in order to receive a child care subsidy. What guidance can the OCC provide on how to report children who are in the care of Protective Services (PS), Foster care, or other out-of-home placements?

   Answer: States and Territories have considerable latitude when defining criteria that determine eligibility to receive a CCDF subsidy. States and Territories also have considerable latitude when defining how to report the families and children receiving child care services that are supported with a CCDF subsidy as long as the State meets broad Federal guidelines.

   The **primary** factor that should be used to determine how to report a specific family/child is the **reason for care** – i.e. what makes this family or child eligible to receive a CCDF subsidy.

   For unique circumstances when a child may be in the legal care of the State, in a Protective Services (PS) status, and/or living with a foster family who would not otherwise meet CCDF eligibility requirements (income limits, working or in training), OCC designates a separate reporting category for that child. In such cases, a State may report the child as an independent family, with a "Family Size*"* of *one*. With a "Reason for Care" being *PS*, income and other family demographic information may not be required.

   ### *Reporting Summary for This Situation*

   - Data Element 2 (Unique State ID) of CHILD is required
   - Data Element 3 (~~Social Security Number~~) No longer collected
   - Data Element 5 (Single Parent) = 9 (Child is reported as head of household)
   - Data Element 6 (Reason for Care) = 4 or 9 (reported as Protective Services)
   - Data Element 7 (Co-payment) - not required
   - Data Element 9 (Income for Determining Eligibility) - not required
   - Data Elements 10 through 15 (Sources of Income) - not required
   - Data Element 16 (Family Size) must be 1.
   - Data Element 16a (Family Homeless Status) - required
   - Data Element 16b (Family Zip Code) – required
   - Data Element 16c (Military Service) – not required
   - Data Element 16d (Primary Language) – required

Using the reason for care (i.e. eligibility criteria) as the foundation for decisions about how to record specific families/children, the following examples may be illustrative:

Scenario 1:

A family is eligible by virtue of income limits and working/training status to receive a subsidy for its children. Regardless of whether one or all of the children in that family are in a PS status, that family could be reported as receiving care because the parents are working and/or in training. There would be no separate PS reporting for children from that family who are in the care of PS.

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Reporting Summary for This Situation

- Data Element 2 (Unique State ID) is required
- Data Element 3 (~~Social Security Number~~) - no longer collected
- Data Element 5 (Single Parent) = 0 or 1 (based on one or two adults who are responsible for the child)
- Data Element 6 (Reason for Care) - <u>not</u> equal to 4 or 9 (<u>not</u> reported as Protective Services)
- Data Element 7 (Co-payment) - required
- Data Element 9 (Income for Determining Eligibility) - required
- Data Elements 10 through 15 (Sources of Income) - required
- Data Element 16 (Family Size) must not be less than 2.
- Data Element 16a (Family Homeless Status) – required
- Data Element 16b (Family Zip Code) – required
- Data Element 16c (Military Service) – required
- Data Element 16d (Primary Language) – required

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Scenario 2:

A child is in PS care and placed with a foster family. In that State, child care subsidy eligibility for foster families is based on income limits and working/training status, and all foster children in the foster home would be eligible to receive care based on the foster family's eligibility. Reason for care for these foster children would be because the foster parents are working or in training. In this situation, family demographics would be reported for the foster family.

Reporting Summary for This Situation

- Data Element 2 (Unique State ID) is required
- Data Element 3 (~~Social Security Number~~) - No longer collected
- Data Element 5 (Single Parent) = 0 or 1 (based on one or two foster parents being responsible for the child)
- Data Element 6 (Reason for Care) = equal to 1, 2, 3, 6, 7 or 8 (reported as Employment or Training/Education)
- Data Element 7 (Co-payment) - required
- Data Element 9 (Income for Determining Eligibility) - required
- Data Elements 10 through 15 (Sources of Income) - required
- Data Element 16 (Family Size) must not be less than 2.
- Data Element 16a (Family Homeless Status) – required
- Data Element 16b (Family Zip Code) – required
- Data Element 16c (Military Service) – required
- Data Element 16d (Primary Language) – required

Scenario 3:

A family (or foster family) is <u>not</u> eligible to receive a child care subsidy (i.e., does not meet income and/or work requirements) and has one or more children, living in the home, who are in the care of PS. Each of these children is eligible to receive a subsidy by virtue of his/her PS status. The children could either be reported together under one family unit with *PS* as reason for care OR each child could be reported separately as an independent family, with family size of *one*, and *PS* as reason for care.

Reporting Summary for This Situation

If children are reported **under one family** record on the ACF-801:

- Data Element 2 (Unique State ID) unique ID of FAMILY is required
- Data Element 3 (~~Social Security Number~~) - No longer collected
- Data Element 5 (Single Parent) = 0 or 1 (based on one or two adults being responsible for the child)
- Data Element 6 (Reason for Care) = 4 or 9 (reported as Protective Services)
- Data Element 7 (Co-payment) - not required
- Data Element 9 (Income for Determining Eligibility) - not required
- Data Elements 10 through 15 (Sources of Income) - not required
- Data Element 16 (Family Size) must not be less than 2.
- Data Element 16a (Family Homeless Status) – required
- Data Element 16b (Family Zip Code) – required
- Data Element 16c (Military Service) – required
- Data Element 16d (Primary Language) – required

    If each child is reported **separately** on the ACF-801:

- Data Element 2 (Unique State ID) unique ID of the CHILD is required
- Data Element 3 (~~Social Security Number~~) - No longer collected
- Data Element 5 (Single Parent) = 9 (Child head of household)
- Data Element 6 (Reason for Care) = 4 or 9 (reported as Protective Services)
- Data Element 7 (Co-payment) - not required
- Data Element 9 (Income for Determining Eligibility) - not required
- Data Elements 10 through 15 (Sources of Income) - not required
- Data Element 16 (Family Size) must be 1.
- Data Element 16a (Family Homeless Status) – required
- Data Element 16b (Family Zip Code) – required
- Data Element 16c (Military Service) – required
- Data Element 16d (Primary Language) – required

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13. Question: The "Reason for Care" data element includes some options related to federally declared emergencies. What exactly is OCC trying to learn with these options, and what guidelines are available for using the emergency options to indicate reason for care?

Answer*:* As detailed in Information Memorandum *ACYF-IM-CC-05-03: Flexibility in Spending CCDF funds in Response to Federal or State Declared Emergency Situations* (*http://www.acf.hhs.gov/programs/occ/resource/im-cc-05-03*), States have broad flexibility to operate the CCDF program within some general Federal requirements. OCC created four additional response categories to provide States with a way to document the provision of child care subsidies to families impacted by a federally declared emergency in order to help capture the impact of the emergency on the child care program.

Clarifications for some specific questions about using these newly defined categories are included below.

13a. Question: If a family is already eligible for and receiving child care services, should their record be edited with a new reason for care now that they also may be impacted by an emergency situation?

Answer: If a family is already eligible for and receiving child care services, you do not need to edit their record and change the reason for care as long as that original reason remains valid. Their reason for care would be the reason you originally deemed them eligible to receive services for the specified eligibility period.

13b. Question: How long would a family/child be reported under one of the emergency categories?

Answer: The State has flexibility to decide the length of time and when to stop reporting a family/child under one of the emergency categories. In general, this should correspond with the period of time when families are significantly impacted by the emergency.
The *Federally Declared Emergency* categories under "Reason for Care" do not differ from the standard "Reason for Care" categories with regards to eligibility determination. The additional categories within the preceding *Federally Declared Emergency* are only used to flag families that are being served under a normal eligibility category (e.g., working or in an education program, or receiving protective services as defined in the State Plan), but are also applying for assistance as the result of a federally declared emergency. In other words, the category *Employment* only differs from the category *Federally Declared Emergency and Employment* in that the family in the latter category applied for and received assistance based on employment and was impacted by a federally declared emergency.

13c. Question: If a family started receiving services as a result of a federally declared emergency and continued to be eligible after the emergency, this would require a

change in the reason for care to a non-emergency reason. Would this change in reason for care require an accompanying change in the "Start Date?"

Answer: As long as the family's service was not interrupted for a period of 90 days or more, any changes in the family's reason for care do not require an accompanying change in the family "Start Date."

13d. Question: The Information Memorandum referenced above indicates that funds can be used for either Federal or State declared emergencies. However, the ACF-801 reporting categories refer only to federally declared emergencies. Should States report only cases related to federally declared emergencies or report cases related to State emergencies, as well?

Answer: On the ACF-801, States should only report cases related to federally declared emergencies. The OCC is interested in learning how States and Territories manage their child care programs and policies during these emergency situations.

14. Question: Please provide a definition for Element #12 (State Program for Which State Spending is Counted Towards TANF MOE).

Answer: Temporary Assistance to Needy Families (TANF) Maintenance of Effort (MOE) programs are State-funded initiatives which provide cash assistance to very low income or at risk families. States should consult with their TANF program to determine which, if any, programs are used for TANF MOE in their State, since these programs differ from State to State.

15. Question: Are States required to report all family income or just income used for determining eligibility?

Answer: In Element #9 (Total Monthly Eligibility Income), States should report only the income used when calculating eligibility for child care. This is the total monthly dollar amount that is received by the family seeking assistance, prior to any deductions that may be allowed. The income each State uses to determine eligibility should be defined in the approved State Plan.

In Elements #10-15, States must report all family income sources even if the State does not include that specific income for eligibility determination.

16. Question: In our State, if you receive TANF, you are automatically eligible for child care. We do not conduct income eligibility determinations in those cases. Do we still need to report income?

Answer: Yes, report any TANF cash assistance payment and any other income counted towards TANF eligibility. Do not include income disregarded in TANF eligibility determination. (Reminder: States must ensure that all children meet CCDF eligibility, regardless of other categorical eligibility.)

17. **Question:** For Element #16a (Family Homeless Status), is the reference to the "family" intended to be the entire family unit or is OCC seeking information about the child?

Answer: Report the homeless status of the family unit. A family is considered to be homeless if they have been homeless for one or more days during the report 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 (http://www2.ed.gov/policy/elsec/leg/esea02/pg116.html#sec72).

18. **Question:** Some families have special situations that require them to move more often and at unusual times. For example, a homeless family may reside in a shelter and have to move to another within one month. Sometimes their residences or shelters are located in separate zip code areas. What zip code should the State report if a family resided in more than one zip code during the service month?

Answer: If a family moves from one residence to another in a different zip code within a service month, the State should report the last zip code at which the family resided.

19. **Question:** States must report the Military Service (#16c) for the family, indicating if either parent/guardian is serving active duty in the U.S. Military or in the National Guard/Reserves. What should we report if both parents/guardians are in the military, but not in the same service status?

Answer: For two-parent/guardian families, the Lead Agency should report *Active Duty U.S. military* (code "1") if either one of the parents/guardians is active duty.

20. **Question:** Some families use more than one language in their household. If so, what does OCC want States to report?

Answer: If more than one language is spoken at home, the primary language spoken by the person applying for services should be reported.

Child Record:

21. **Question:** Some families report ethnicity for the children receiving services, but may not report the child's race or vice versa. How should a Grantee report these data elements if information about the child's ethnicity or race is not given?

Answer: "Race" and "Ethnicity" are two different elements and should be reported separately. If the client reports only the ethnicity of the child and fails to report race, report the ethnicity information and leave the race fields blank as "missing" data. If the client reports only the race of the child, and fails to report ethnicity, report the race of the child and leave the ethnicity field blank as "missing" data. Reporting missing data as blank is the same way "unknown" is reported.

Setting Record:

22. **Question**: Can the definition of "relative provider" be changed? In our State we do not require providers to be 18 years old, so the relative definition does not work for us since a sibling could be less than 18 and caring for the child. Can we use our own State's definition of "relative provider"?

    Answer: In the Child Care and Development Block Grant Act and CCDF regulations, the definition of eligible provider includes a requirement that a relative provider be at least 18 years of age in order for the State to have the option of exempting the provider from health and safety requirements. In other words, a relative under 18 cannot be exempt by the State from meeting health and safety standards and therefore may only provide CCDF services if he/she meets health and safety requirements. For CCDF administrative data reporting purposes, 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. There is no reference to an age requirement for purposes of data reporting. Therefore, any relative providers included in the definition, regardless of age or whether the provider is required to meet health and safety requirements, should be reported as a relative provider.

23. **Question:** What is the difference between licensed/regulated and legally operating? Does the definition hinge upon "monitoring" capabilities of the State or is it based on the "enforcement capacity"?

    Answer: For reporting purposes, the terms "licensed/regulated" and "legally-operating" are intentionally broad to recognize that grantees operate differently. The term "regulated" is used because not all grantees define "licensed" in the same way, or even use the term consistently. Some grantees have processes that they call "certification" or "registration." The "licensed/regulated provider" category is intended to encompass any of these regulatory processes as long as the provider meets State-established health and safety standards and is subject to monitoring (i.e., self-certification by the provider without documentation or verification is not sufficient).

    On the other hand, the "legally operating provider" category is intended to include providers who would not otherwise be subject to any regulatory standards (licensing, certification, registration, etc.), <u>were it not for the fact that the provider is participating in the subsidy program</u>. A number of States exempt certain family child care homes from regulation – most typically relative providers or providers caring for small numbers of children. Some States also exempt certain centers (e.g., faith-based providers) from regulation. These are the providers that would be reported as "legally operating" or "no license category available." Note that these providers must still meet CCDF health and safety standards.

24. **Question:** Should Element #27 (Total Amount Paid to Provider) include the parental co-pay?

   Answer: Element #27 should <u>not</u> include the assigned parental payment (co-pay). It should only include any government-funded subsidy and any payment differential that the State makes to the providers based on achievement of defined quality standards. It should not include any other amount the provider might charge the parent over and above the approved payment rate.

25. **Question:** In my State, we make provider payments based on authorized service hours. This may be different than the actual hours of care that a child received. Should we report the authorized hours for which we pay the full cost of care or the actual hours of care that the child received?

   Answer: The OCC recognizes that grantees have differing ways of tracking hours. Some grantees collect the *Actual Clock Hours* or *Blocked Hours Based on Attendance* of service provided using attendance records or payment systems. Other grantees track only the hours of service that a family is authorized to receive and do not have the capability to capture the hours of service actually received. Some grantees operate under contracts with providers that ensure payments for minimum amounts regardless of the number of hours of service a child actually receives and may capture only blocks of care – full-time, half-time, etc. These grantees may not track specific service hours received at all.

   Recognizing this variation, grantees may report *Actual Clock Hours*, *Actual Blocked Hours Based on Attendance, Authorized Clock Hours*, or *Authorized Blocked Hours*. *Actual* or *Authorized Blocked Hours* of care should reflect the upper threshold of the range of hours within each defined block. For example, a CCDF grantee might have a block of hours associated with full-time care spanning 8 to 10 hours for one day of care. In this instance, if a State is unable to determine if the child received 8, 9, or 10 hours of care, it should report 10 hours of care.

   Regardless of the type of hours being reported, a CCDF grantee should base their calculations on real numbers retrieved from one of their child care data systems. They should not use averages that are calculated over a series of months. **Grantees must include a brief footnote in each data file that explains the type of hours being reported and how hours are calculated.**
   <u>*Provider Record*</u>:

26. **Question:** In the ACF-801 provider record, what is the difference between FEIN and Unique State ID, and how is each one used?

   Answer: OCC believes that it is critical for Grantees to have unique provider IDs for child care providers—whether the FEIN or a State-specific number. The unique provider identifier will allow both the Grantee and OCC to link any given child receiving CCDF with the ACF-801 provider record containing information on the quality of care. It also provides a mechanism for linking the provider to other Grantee systems (such as

licensing, State pre-K, etc.) to promote integrated data that provides a comprehensive picture of early care and education services. Additionally, it supports Grantee efforts to ensure compliance with health and safety requirements (by linking the provider to licensing), as well as fraud detection and improper payment efforts (for example, by seeing if a provider is submitting payment requests to multiple counties in a county-administered State). By including the unique provider identifier as part of the ACF-801 case record, OCC will be able to generate an accurate, unduplicated count of providers participating in the CCDF program for full population States/Territories. In addition, this data can be used to support important analyses such as tracking the duration and periods of care provided by specific providers (since continuity of care is critical to children's development and learning).

In order to be able to identify and track providers over time, a unique identification number must be included for each provider (and, in the case of providers who operate in multiple locations, for each location). Grantees will provide this unique identification in both the Setting Information section of each family record (Elements #29 and/or #30), and in the Provider Information record (Elements #31 and/or #32). Identifiers that are reported must be consistent across reporting periods so that activities of each single provider can be tracked over time.

Element #29 and #31 (FEIN) – If a provider has a FEIN that identifies them for tax and other recordkeeping purposes, it must be entered in this field.
This identifying FEIN should be "location specific." That is, if a provider offers child care services only in one location (e.g. one single Center, or one Family Home), this number will inherently identify that location. If a provider operates in multiple locations (e.g. a corporation with multiple Centers), and the FEIN is for the corporate entity, then this number would not be considered "location specific" because it does not identify which of the multiple centers provided care to each child. In this case, Elements #30 and #32 also must be completed. Note: Social Security Numbers should not be used in lieu of an FEIN.

Element #30 and #32 (Unique State Provider ID) – In the absence of a "location specific" FEIN, a Grantee-defined unique identification number is required. The unique ID must be location specific. OCC encourages, but does not require, Grantees to use unique identification numbers that can be linked with other early care and education programs to support data integration and service coordination. Note: Effective with the October 2015 report, a Social Security Number may not be used in lieu of a unique identification number.

27. **Question:** Does the fact that we "pool" funds affect which providers should be reported on the ACF-801? What providers should be included?

    Answer: Each provider that is identified in the child's setting record (Elements #29 and 30) should be reported in the provider records (Elements #31-37). Providers may deliver care to multiple children and may be listed several times in child records, however, they should appear only once in the provider records. See Technical Bulletin #3 for detailed guidance on reporting providers. (http://www.acf.hhs.gov/programs/occ/resource/tb3r-v7)

28. **Question:** We have some providers that meet different quality standards for different classrooms within one single location – i.e. some classrooms are subject to the Head Start/ Early Head Start (HS/EHS) standards, but other classrooms are not. How should we report Element #38, *Provider Subject to HS or EHS Standards,* for these providers?

    Answer: If a Grantee cannot identify if a child is served in a classroom that meets HS/EHS standards, then NA (Not Available) should be reported for this provider. Conversely, if a provider can distinguish serving children receiving CCDF subsidy in the provider's HS/EHS classrooms, the provider should be reported as meeting HS/EHS standards.

29. **Question:** Some providers have multiple locations. What zip code should be reported for these providers?

    Answer: If a provider has multiple locations which served children, each location (along with the zip code) where a child received CCDF subsidized child care should be reported as an individual provider record. The provider identifying information in the child's record should reflect the location where the child was served.

30. **Question:** Providers are required to undergo multiple inspections (Fire, Health Department, Licensing) each year. Each of the inspections could be completed on a different date. Which date should be reported as the *Inspection Date* on the ACF-801?

    Answer: OCC requires Grantees to report the date on which all portions of the required inspections were completed. Therefore, if portions of the inspection were completed on different dates, report the last inspection date.

Provider Quality:

31. **Question:** Given that this is monthly reporting, how often does the provider-related quality information need to be update?

    Answer: The quality Elements (33-38) ideally will reflect the quality rating or indicator that is in place at the time of service in the month reported on the ACF-801. However, OCC recognizes that each State has different assessment and monitoring schedules and understands that there will be variation in how often the quality measures are validated. Taking this variation into account, the State should report the most recently available data for the report month. If a provider's quality rating (e.g., QRIS level) changes, this should be revised in the provider record as soon as possible.

32. **Question:** The instructions indicate that States must report at least one of the quality data Elements #33-38 for every provider. What does this mean? Can a State answer NA for every provider? Can a State satisfy the requirement by reporting only item #33 (QRIS participation status)?

Answer: The quality data elements allow both OCC and the Lead Agency to track what kind of care children with CCDF subsidies receive. This data will be used to continually improve the quality of care and to target CCDF investments. OCC understands that this will be an incremental process for Grantees without well-developed quality measurement systems, so the quality data elements were chosen and designed to allow all Lead Agencies to use the new format regardless of the status of their quality system. This offers a broad range of questions and responses so that all Grantees, including those without QRIS, will be able to report program-level quality information. It is important to note that, **effective with the October 2017 report**, States/Territories with a QRIS must report participation (#33) and rating levels (#34) for each provider. Grantees will no longer be allowed to report that they have an operating QRIS system but do not currently have available QRIS ratings. (Note: Since data Elements #33 and 34 are both about QRIS, if the State chooses to report on QRIS, it must report on both elements.) If a Grantee without a QRIS does not find a particular quality element useful and would prefer to report using one of the other questions, the Grantee may report "NA." However, effective with the October 2017 report, the Grantee must be able to, at minimum, report one of the quality data elements for all providers.

It is not acceptable to answer "NA" for all quality data Elements (#33-38) for all providers. This means that for at least one of the quality data elements, the Grantee must provide a response other than "NA" for the provider population.

33. **Question:** In Element #33, are all rated providers considered participating in the QRIS? For example, if a State automatically assigns all licensed providers a Level 1 rating, does that mean that they are participating?

    Answer: Yes, all providers who have a rating are considered participating in the QRIS. Even if providers have been automatically assigned a rating without applying or receiving support through the QRIS system, they are considered participating and should be reported as such on the ACF-801.

34. **Question:** Is a provider considered participating in the QRIS if they have decided to be rated but have not yet been assigned a rating?

    Answer: Yes, providers who have agreed to be rated but have not yet been issued a rating are also considered to be participating in the QRIS. For example, some states provide quality improvement supports for a number of months before the program is rated. Programs receiving these pre-rating supports are considered QRIS participants.

    The state would still need to answer Element #34, using a 3 digit code to reflect that the provider has not yet been rated. OCC recommends that all Grantees use the standard code "888" to reflect a provider that has agreed to participate in your QRIS but has not yet been rated.

35. **Question:** In Element #34, where can one find this 3 digit QRIS rating code?

    Answer: This is a code that the Lead Agency develops itself, based on the State's QRIS rating system. The Lead Agency can create up to a 3 digit code for each rating level. For

example, GOL = Gold, SIL = Silver, BRO = Bronze, or 1 = 1 Star, 2 = 2 Stars, 3 = 3 Stars, 4 = 4 Stars, 5 = 5 Stars. The Lead Agency can determine whatever code works best for its QRIS. The Lead Agency must include a footnote to indicate the level of quality each code represents. The footnote does not have to include detailed information or descriptions on what quality indicators or criteria are associated with each level of quality.

36. **Question:** The State would like to report on Accreditation, but very few providers in the State participate. How should the State report on this data element?

    Answer: For participating providers, the State should indicate the appropriate level of Accreditation: National, State, Other, or Unavailable. For providers who do not participate, it is acceptable for the State to answer "No." This answer would still be a measure of quality.

    States must report on at least one quality data element for their provider population. Accreditation status is one of several options available to States, and if it is not a useful measure, States may report "NA" for this element and report on another quality data element instead.

37. **Question**: In Element #36, what does OCC specifically mean by Pre-K standards? Would these be standards determined by the State/Territory?

    Answer: This element is State-defined. Since Pre-K standards vary by State, there is no standard definition; each State will determine how to define and use this data element. The element provides an opportunity to document whether or not a given provider is subject to Pre-K standards established by the State or locality. This element was included to provide States, particularly States without QRIS, an alternative approach for reporting program-level quality information. If a State does not find the element useful and would prefer to report using one of the other quality data elements, the State may report "NA" for this element.

38. **Question**: What are some examples of a "State-defined Quality Measure?"

    Answer: This field is available for States to report any State-defined quality measures other than QRIS, accreditation, Pre-K standards, or Head Start/Early Head Start standards. For example, if a State conducts reviews using environmental rating scales, it may report "Yes" for providers scoring above a State-established threshold and "No" for providers scoring below that threshold. As another example, if a State establishes certain structural quality indicators (e.g., staff/child ratio, group size, workforce training/education), the State may report "Yes" for providers meeting the indicators and "No" for providers not meeting the indicators. Beyond these two examples, States may have other approaches.

39. **Question**: How does the Provider Zip Code help OCC and States to understand about the quality of the providers serving CCDF children?

    Answer: Knowing the Zip Code for providers will help OCC's and States' understanding of whether quality providers are located across all regions of a State/Territory or only in

specific locales. With the insight obtained from the reported information, OCC and States will be able to determine where new training or incentives should be targeted to increase the number of quality providers in particular locations.

40. **Question:** Does OCC consider the State's basic Health and Safety standards that CCDF providers must meet as an *Other State-Defined Quality Measure* for Element #37? This is the only quality standard some providers in our State are responsible for meeting.

    Answer: No, State's basic Health and Safety standards are incorporated into Element #40 (Inspection Date). OCC is attempting to gather additional quality information for each provider than what is already reported in the ACF-801 report.

III.   RESOURCES FOR ADDITIONAL ASSISTANCE

If you have other questions or need more information about the ACF-801 report, there are two primary resources for additional help – the Regional Office Child Care Program Manager for program and policy questions, and the National Center on Data and Technology (NCDT) for general reporting questions.

The Office of Child Care (OCC) is represented by staff in each of the ten administrative regions across the country. You should contact your Regional Office if you have questions regarding your Child Care program policy or operations. Contact information for the **Regional Offices** can be found on the OCC website: http://www.acf.hhs.gov/programs/occ/resource/regional-child-care-program-managers.

NCDT works with the OCC to provide technical assistance to all of the State, Territory, and Tribal CCDF Grantees with matters related to the required CCDF data reporting. You can reach **NCDT** Monday to Friday from 9:00 am – 5:00 pm, prevailing Eastern Time.

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