

**Head of Family Receiving Assistance**

	1. Reporting Period	Year: _____ Month: _____
	2. Unique State Identifier	_____
	3. Filler (9 blanks)	_____ (Leave Blank)
	4. Family FIPS Code	State: _____ County: _____
	5. Single Parent	_____
	6. Reason for Receiving Subsidized Child Care	_____
	7. Total Monthly Child Care Co-payment by Family	\$ _____
	8. Year/Month Child Care Assistance to the Family Started	Year: _____ Month: _____
	9. Total Monthly Income	\$ _____
	10. Employment Including Self-Employment	_____
	11. Cash or Other Assistance Under Title IV of the Social Security Act (TANF)	_____
	12. State Program for Which State Spending Is Counted Towards TANF MOE	_____
	13. Housing Voucher or Cash Assistance	_____
	14. Supplemental Nutrition Assistance Program (formerly Food Stamps)	_____
	15. Other Federal Cash Income Programs (such as SSI)	_____

	16. Family Size Used to Determine Eligibility	
	16a. Family Homeless Status	
	16b. Family Zip Code	
	16c. Military Service	
	16d. Primary Language Spoken at Home	
<b>Dependent Children Receiving Child Care Assistance (One record per child)</b>		
	17. Filler (9 blanks)	(Leave Blank)
	18. Hispanic or Latino Ethnicity	
	19. American Indian or Alaska Native	
	20. Asian	
	21. Black or African American	
	22. Native Hawaiian or Other Pacific Islander	
	23. White	
	24. Gender	
	25. Year/Month of Birth	Year: _____ Month: _____
	25a. Child Disability	

<b>Setting Information (One record for each setting for each child)</b>		
	26. Type of Child Care	
	27. Total Monthly Amount Paid to Provider	
	28. Total Hours of Care Provided in Month	
	29. Provider FEIN	-
	30. Provider Unique State ID	
<b>Provider Information (One record for each provider)</b>		
	31. Provider FEIN (same as item 29)	-
	32. Provider Unique State ID (same as item 30)	
	33. QRIS Participation	
	34. QRIS Rating	
	35. Accreditation Status	
	36. Provider is Subject to State Pre-K Standards	
	37. Other State-defined Quality Measure	
	38. Provider is subject to Head Start or Early Head Start Standards	
	39. Provider Zip Code	
	40. Inspection Date	Month: _____ Day: _____ Year: _____

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

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

For more information and guidance on Federal reporting requirements, see the Office of Child Care's web site at: <https://www.acf.hhs.gov/occ/resource/reporting>.

**Record Header Information**

The following elements (items A - G) refer to the header information.

- A. Report Period: This data element identifies the month being reported. For example, if the report covers April 2018, this element would be "201804".
- B. Families Receiving Subsidized Child Care: The total number of families receiving subsidized child care for the report month. The field is seven digits. The number should be right-justified within the field and padded with zeros. For example, 25,387 would be formatted as "0025387".
- C. Number of Providers Receiving Subsidy Payments: The total number of providers receiving subsidized child care payments for the report month. The field is seven digits. The number should be right-justified within the field and padded with zeros. For example, 22,322 would be formatted as "0022322."
- D. State Contact Name: The name of the child care contact who is designated to receive the Summary Assessment reports.
- E. State Contact Telephone Number: The telephone number of the named child care contact.
- F. State Contact Fax Number: The fax number of the named child care contact.
- G. State Contact E-mail Address: The e-mail address of the named child care contact.

**Head of Family Receiving Assistance**

The following elements (items 1-16) refer to the head of the family receiving child care assistance. The "Head of Family Receiving Assistance" is the person for whom eligibility is determined. When a child is counted as a family of one (i.e., a protective service case), all items in the family record should refer to the child.

1. Reporting Period: The year and month being reported. The report should include information about the families and children who actually received child care services during the reporting month, irrespective of when payment is made for those services.
2. Unique State Identifier: A unique identifying number, up to fifteen characters, assigned by the State to the family receiving child care assistance. States may use alphanumeric characters. It is imperative that the Unique State Identifier assigned to each family (head of household) be used consistently over time – regardless of whether the family transitions on and off of subsidy or moves within the State. The Unique State Identifier should never be “recycled” between different families. This allows States and OCC to identify unique families over time in the absence of the Social Security Number (SSN). If a case does not have a Unique State Identifier, the data related to the case cannot be processed. If the State cannot develop a **permanent** Unique State Identifier that is used consistently over time, an interim identifier may be used (such as the Unique State Identifier currently reported in this data element). However, the State will be required to submit a footnote indicating that the Unique State Identifier is an interim identifier until such time the permanent identifier (i.e., an identifier that that is used consistently over time) is available.
3. Filler: Nine (9) blanks should be reported.
4. Family Federal Information Processing Series (FIPS) Code: The FIPS Code geographic identifier issued by the National Bureau of Standards to designate where the head of the family receiving assistance is residing. A list of all FIPS codes can be found at <https://www.census.gov/geo/reference/ansi.html> or by contacting the National Center on Child Care Data and Reporting ([NCDR@ecetta.info](mailto:NCDR@ecetta.info) or 1-877-249-9117). This includes a two-digit State code and a three-digit county code.
5. Single Parent: A single parent/adult who is legally/financially responsible for and living with a child where there is no other adult legally/financially responsible for the child in that eligible family. If there is someone else in the household who does not have legal/financial responsibility for the child, the legally/financially responsible applicant is still considered a single parent. A one-digit code indicates if the head of the family receiving assistance is single or not.
  - 0 -- No
  - 1 -- Yes
  - 9 -- Not applicable; child is reported as head of household. (If “9” is selected, provide the child’s unique identifier in Item 2.)
6. Reason for Receiving Subsidized Child Care: The one-digit code indicating the reason for receiving subsidized child care. If more than one category applies, report the primary reason. States should report responses that correspond to the State’s definitions of “working,” “job training and educational program,” and “protective services” that are included in its approved CCDF Plan. Categories 6, 7, 8, and 9 should be used for families affected by a federally declared emergency.

Codes:

- 1 -- Employment
- 2 -- Training/Education
- 3 -- Both Employment and Training/Education

- 4 -- Protective Services
- 6 -- Federal Declared Emergency and Employment
- 7 -- Federal Declared Emergency and Training/Education
- 8 -- Federal Declared Emergency and both Employment and Training/Education
- 9 -- Federal Declared Emergency and Protective Services

- 7. Total Monthly Child Care Co-payment by Family: The monthly dollar amount the family receiving assistance must pay for child care services for the month being reported (the co-payment assigned by the Lead Agency or its designee).
- 8. Year/Month Child Care Assistance to the Family Started: The numbers for the year and month child care assistance started for the family receiving assistance. If there was a short interruption of up to three months in child care assistance (for reasons such as a vacation or illness), indicate the original year/month the assistance started, rather than when the assistance resumed.
- 9. Total Monthly Income: Report total monthly income amount received by the family. This is the total income that is used for determining eligibility and/or co-payment before any deductions that may be allowed are subtracted. The amount should be rounded to the nearest dollar.

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

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

<sup>1</sup> As defined by section 725 of subtitle VII-B of the McKinney-Vento Act, the term homeless children and youths'—

(A) Means individuals who lack a fixed, regular, and adequate nighttime residence; and

(B) Includes—

(i) Children and youths who are sharing the housing of other persons due to loss of housing, economic hardship,

Codes:

0 -- No, not Homeless

1 -- Yes, Homeless

16b. Family Zip Code: Report the Zip Code of the family receiving assistance. Zip Codes are a system of 5-digit postal codes used by the United States Postal Service (USPS).

16c. Military Service: Is a parent 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.

Codes:

0 – No

1 -- Yes, Active duty U.S. Military

2 -- Yes, National Guard/Military Reserve

16d. Primary Language Spoken at Home: Indicate the primary language spoken at home.

Codes:

1- English

2- Spanish

3- Native Central, South American, and Mexican languages (e.g., Mixteco, Quichean)

4- Caribbean Languages (e.g., Haitian-Creole, Patois)

5- Middle Eastern and South Asian Languages (e.g., Arabic, Hebrew, Hindi, Urdu, Bengali)

6- East Asian Languages (e.g., Chinese, Vietnamese, Tagalog)

7- Native North American/Alaska Native Languages

8- Pacific Island Languages (e.g., Palauan, Fijian)

9- 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)

or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;

(ii) Children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;

(iii) Children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) Migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

**Dependent Children Receiving Child Care Assistance (One record per child)**

Items 17 through 25 refer to dependent children in the family receiving child care assistance and indicate the demographic characteristics of children receiving care.

17. Filler: Nine (9) blanks should be reported.<sup>2</sup>

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

18. Hispanic or Latino Ethnicity: Indicate the one-digit code for the ethnicity of each child. (Ethnicity should be determined for every child in the family.)

Codes:  
0 -- No  
1 -- Yes

**ITEMS 19–23: Race of Child:** This item applies to each child receiving care. Indicate the code for “yes” (1) or “no” (0) for each race listed below. Select “yes” for as many races as reported by the family. (Each child should have at least one race coded “yes.” *Multi-racial children should have a “1” in more than one race field.*)

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

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

Codes:  
1 -- Male  
2 -- Female

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

25a. Child Disability: This code applies to the child receiving services. Indicate “Yes” if the child does have a disability and “No” if the child does not. This is defined to include: (A) a child with a disability, as defined in section 602 of the Individuals with Disabilities Education Act (20 U.S.C. 1401); (B) a child who is eligible for early intervention services under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.); (C) a child who is eligible for services under section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794); and (D) a child with a disability, as defined by the

<sup>2</sup> Children will be identifiable using a constructed variable including the family unique id, birth year and month, gender, and race/ethnicity.

State involved.  
Codes:  
0 -- No  
1 -- Yes

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

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

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

Codes:

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

27. Total Monthly Amount Paid to Provider: For each child receiving care, indicate the total monthly dollar amount (rounded to the nearest dollar) paid or to be paid to the provider for the care of the child. The Total Monthly Amount should include Federal, State, and locally funded amounts. This amount does not include the family co-payment and should reflect only the subsidy that is paid to the provider for services rendered.

28. Total Hours of Care Provided in Month: Indicate the total number of hours of care provided for the reporting period (rounded to the nearest whole number). States must indicate in a footnote how these hours are captured and calculated, i.e., *Actual Clock Hours*, *Blocked Hours Based on Attendance*, *Authorized Clock Hours*, or *Authorized Blocked Hours*. *Actual Clock Hours* should reflect the real hours of care a child received. *Blocked Hours Based on Attendance* should reflect blocked hours associated with the days the child actually received care. *Authorized Clock Hours* should reflect the maximum number of paid hours of care that a child was authorized to receive. *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 or 10 hours of care, they 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.
29. Provider Federal Employer Identification Number (FEIN): Indicate the provider’s FEIN. If a FEIN is unavailable, the State must provide a Unique State Provider ID in question 30. Social Security Numbers may **not** be reported in lieu of FEINs.
30. Unique State Provider ID: Indicate the provider’s Unique State ID. If the State does not have Unique State Provider IDs, leave field blank. In the absence of a FEIN, the Office of Child Care requires that States use a Unique State Identifier. If a case has neither a FEIN nor a Unique State Identifier, the data related to the case cannot be processed. The unique ID must be location specific. If a provider operates in multiple locations, each location must have a unique ID. Social Security Numbers may **not** be used as the Unique State Provider ID.

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

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

<b>Child Care Provider (One record for each provider)</b>
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This group of questions applies to the child care provider. The State should include all providers receiving subsidies during the report month and include one record for each provider. The set of data elements 31–40 is not included in the child or case level record (with elements 1–30) but is a separate provider record.

31. Provider Federal Employer Identification Number (FEIN): Indicate the provider’s FEIN. (Same as #29.) If a FEIN is unavailable, the State must provide a Unique State Provider ID in question 32. Social Security Numbers may **not** be reported in lieu of FEINs.
32. Unique State Provider ID: Indicate the provider’s unique State ID. If the State does not have Unique State Provider IDs, leave field blank. (Same as #30.) In the absence of a FEIN, the Office of Child Care requires that States use a Unique State Identifier. If a case has neither a Federal Employer

Identification Number nor a Unique State Identifier, the data related to the case cannot be processed. The unique ID must be location specific. If a provider operates in multiple locations, each location must have a unique ID. Social Security Numbers may **not** be used as the Unique State Provider ID.

Quality Elements: States must report quality information for every child care provider.

States **with** a Quality Rating and Improvement System (QRIS), at a minimum, must report element #33 (QRIS participation) and #34 (QRIS rating) for every provider. For element #33 (QRIS participation), report code “9” is not acceptable for States with a QRIS. These States may report additional quality elements (#35 through #38) at their option.

States **without** a QRIS must report quality information for every provider using one or more of the following elements: #35 (accreditation status), #36 (provider is subject to State or local pre-K standards), #37 (provider meets other State-defined quality measure), or #38 (provider is subject to Head Start or Early Head Start standards). Using report code “9” (NA) for all of these elements is not acceptable.

33. QRIS Participation: Indicate one of the following codes.

Codes:

0 -- No: Provider is eligible but does not participate in the QRIS.

1 -- Yes: Provider does participate in the QRIS.

7 -- The State has an operating QRIS in the provider’s area, but the provider is not eligible to participate.

8 -- The State does not have an operating QRIS in the provider’s area.

9 -- The State has an operating QRIS in the provider’s area, but information is currently unavailable at the provider level.

34. QRIS Rating: This is 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. The State must also provide a key explaining the code for quality levels in a footnote. If the Lead Agency did not answer “Yes” to question 33, report (999). If a provider is participating, but has not yet received a rating, report “888”.

35. Accreditation Status: Indicate one of the following codes.

Codes:

0 -- No

1 -- Yes: National Accreditation

2 -- Yes: State Accreditation

3 -- Yes: Other Accreditation (Not National or State Level)

4 -- Yes: Level/Type of Accreditation Unavailable

9 -- NA: Information Currently Unavailable

36. Provider is subject to, or is required to meet, State or Local Pre-K Standards: Indicate one of the following codes. If there are multiple Pre-K Standards, the State does not need to specify which particular standard applies to the provider. An answer of “Yes” indicates that the provider is subject to at least one set of standards.

- Codes:
- 0 -- No
- 1 -- Yes
- 9 -- NA

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

- Codes:
- 0 -- No
- 1 -- Yes
- 9 -- NA

38. Provider is subject to, or is required to meet, Head Start (HS) or Early Head Start (EHS) Standards: Indicate one of the following codes.

- Codes:
- 0 -- No
- 1 -- Yes
- 9-- NA

39. Provider Zip Code: Report the Zip Code of the provider receiving payment. Zip Codes are a system of 5-digit postal codes used by the United States Postal Service (USPS).

40. Inspection Date: Report the date (MMDDYYYY) of the most recent inspection for compliance with health, safety, or fire standards (including licensing standards for licensed providers), which was completed in accordance with section 658E(c)(2)(K) of the Child Care and Development Block Grant Act. 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).