

# ACF

Administration  
for Children  
and Families

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Administration on Children, Youth and Families

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**4. Key Words:** Child Care and Development Fund (CCDF) - Submission of the Case-Level Report (ACF-801).

## CHILD CARE AND DEVELOPMENT FUND

### PROGRAM INSTRUCTION

**TO:** State and Territorial Child Care Administrators and Other Interested Parties

**SUBJECT:** Child Care and Development Fund Case Level Reporting for States and Territories

**REFERENCES:** The Child Care and Development Block Grant (CCDBG) Act of 1990 as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PL 104-193) and the Balanced Budget Act of 1997 (PL 105-33). Information Memorandum Log No. ACYF-IM-CC-97-01 and ACYF-IM-CC-97-02.

**PURPOSE:** To inform States and Territories of instructions for collection of case-level CCDF data (ACF-801). Forms, Instructions, and Sampling Specifications for the completion of these reports are attached.

**BACKGROUND:** Case-level child care program information for the Child Care and Development Fund is required by Sec. 658K of the CCDBG Act as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. This report collection has also been modified by the Balanced Budget Act of 1997.

**IMPORTANT CHANGE REQUIRED BY OMB TO ACF-801 FORM** OMB has requested a change to the child race definitions to comply with the new Census Bureau definitions of race published in the Federal Register of October 30, 1997. These new definitions are incorporated in the final version of the ACF-801 Form and Instructions.

**DUE DATES FOR THE CASE LEVEL DISAGGREGATE REPORT:** The first case-level report (ACF-801) is **due August 31, 1998**.

Beginning April 1, 1998, the ACF-801 case-level data will be collected monthly and reported quarterly. The OMB-approved form and instructions are enclosed for the first case-level disaggregate data collection. The first case level report will cover the period of April 1, 1998 to June 30, 1998. Following quarters will be reported 60 days after the end of each quarter.

States and Territories may submit case level data monthly instead of quarterly. If they choose to submit the data monthly their first report is due 90 days after the reported month and every 30 days thereafter. The first month reported (April, 1998) is due by July 31, 1998.

**WHO MUST REPORT** All lead agencies in the States, the District of Columbia, and Territories (including Puerto Rico, American Samoa, Guam, Northern Mariana Islands, and the US Virgin Islands) are responsible for completing the ACF-801.

**ADDITIONAL  
REQUIRED  
INFORMATION**

In addition to the report, the following information will need to be provided by States and Territories:

**1) Information on Pooling (if applicable):**

If you pool or include other funding, such as Title XX, State-only funds not used for MOE or Match, or other funds not used for match, in your Child Care and Development Fund, you need to report the percentage of funds that are CCDF funds. We will automatically calculate the percentage of each data element which is provided by CCDF funding and report that to Congress. (States on the Technical Advisory Group told the Bureau that it would be easier for States which pool to report on all families in the pool rather than having to break out the children served into different categories for Federal reporting purposes.)

**2) Sampling Plan:**

All States and Territories that submit a sample of their records must submit a sampling plan to the Regional Administrator for ACF approval, 60 days before the first reporting period. The first sampling plan is due by February 28, 1998. Instructions for sampling plans are provided in the attached Sampling Specifications. States that submit their entire caseload are not required to submit a sampling plan. Instead they should submit a statement indicating their intention to submit data for the entire population.

**3) Submission Interval:**

States that choose to submit records monthly rather than quarterly should notify ACF about their intention in their sampling plan or their "entire population statement".

**REPORTING  
BURDEN**

The public reporting burden for collecting the information in this Case Level Disaggregate Report is estimated to average 20 hours per report. This estimate includes the time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the reporting form.

Comments regarding the burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, should be sent to: the Child Care Bureau, Humphrey Building - Room 300F, 200 Independence Avenue, S.W., Washington, D.C. 20201; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

**DATA USES:**

Data from the reports will be reported to Congress every two years. Additionally, the data will be used in a variety of tables and charts to assist the department in addressing national child care needs, performance measures, and in providing technical assistance to improve the quality of child care for low-income families. Data will be aggregated into tables for public availability through the Child Care Bureau Internet web site (<http://www.acf.dhhs.gov/programs/ccb/index.html>).

**CASE-LEVEL  
REPORT  
SUBMISSION  
STRATEGIES:**

The case-level report must be submitted electronically to the Child Care Bureau. Two electronic means of submission will be allowed: Mainframe to Mainframe via Connect:Direct, and Personal Computer to Mainframe via Kermit.

**Mainframe (Connect:Direct) :**

ACF has made arrangements with the Social Security Administration and the National Institutes of Health Computer Centers for them to serve as electronic file transfer HUBS for Connect:Direct data exchange between the 50 States and the District of Columbia. Connect:Direct offers an electronic data transmission vehicle to transmit the case-level data from each State to ACF. This method of transmission ensures that case identifiers will remain secure in transmission to ACF. Contact the Child Care Automation Resource Center for information about the Connect:Direct contacts within your State.

**Personal Computer (Kermit):**

For Territories without access to Connect:Direct, submission of the case-level report can be done using modem software and Kermit protocol to connect to the ACF/NIH mainframe. Contact the Child Care Automation Resource Center for information on the use of Kermit.

**Notification:**

Upon submission of the case-level report, the Child Care Bureau will automatically fax notification of submission to the State Lead Agency Administrator and the Regional Office.

**CHILD CARE  
INFORMATION  
SYSTEMS  
TECHNICAL  
ASSISTANCE**

The Child Care Bureau awarded a contract for information systems technical assistance and development to SRA and Ellsworth Associates. We are pleased to announce the availability of a Child Care Automation Resource Center as part of that contract. The Resource Center has liaisons with information systems backgrounds who are ready to assist you with your information systems questions and concerns. You may contact the center at 888-821-6997 weekdays, 9:00 a.m. to 5:00 p.m. (Eastern Time) for assistance in completing the case-level report.

**REPORTING  
PROBLEMS:**

Lead agencies anticipating problems in complying with the statutory reporting requirements should contact the department for technical assistance. Questions about this information memorandum should be directed to:

**Case Level Reports:** Reports Manager, 202-690-6782, [ccb@acf.dhhs.gov](mailto:ccb@acf.dhhs.gov).

**Information Systems:** Alba Sierra, 202-401-1462, [asierra@acf.dhhs.gov](mailto:asierra@acf.dhhs.gov)

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Carmen Nazario  
Associate Commissioner  
Child Care Bureau  
Administration on Children, Youth and Families

# ACF - 801 Child Care Quarterly Case Record Form

OMB #: 0970-0167

Expires: 11-30-2000

## Head of Family Receiving Assistance

1. Reporting Period	Month: __ __ Year: __ __ __ __
2. Unique State Identifier ( <i>Optional</i> )	__ __ __ __ __ __ __ __ __ __ __ __
3. Social Security Number	__ __ __ - __ __ - __ __ __ __
4. FIPS Codes	State: __ __ County: __ __ __
5. Single Parent	__
6. Reason for Receiving Care	__
7. Total Monthly Child Care Copayment by Family	\$ __, __ __ __
8. Month/Year Child Care Assistance to the Family Started	Month: __ __ Year: __ __ __ __
9. Total Monthly Family Income for Determining Eligibility	\$ __ __, __ __ __

Family Income Sources	(Y/N)
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. Assistance Under the Food Stamps Act of 1977	__
15. Other Federal Cash Income Programs (such as SSI)	__

# Dependent Children Receiving Child Care Assistance

OMB #: 0970-0167 Date: 11-30-2000

Child Receiving Care	16. Social Security Number <i>(Optional)</i>	17. Hispanic or Latino	18. American Indian or Alaskan Native	19. Asian	20. Black or African American	21. Native Hawaiian or Other Pacific Islander	22. White	23. Gender	24. Month/Year of Birth	25. Type of Child Care	26. Total Monthly Amount Paid to Provider	27. Total Hours of Care Provided in Month
Child 1	____-____-____-____	__	__	__	__	__	__	__	____/____			
Child 1, Provider 1										__	\$ __, ____	____
Child 1, Provider 2										__	\$ __, ____	____
Child 2	____-____-____-____	__	__	__	__	__	__	__	____/____			
Child 2, Provider 1										__	\$ __, ____	____
Child 2, Provider 2										__	\$ __, ____	____
Child 3	____-____-____-____	__	__	__	__	__	__	__	____/____			
Child 3, Provider 1										__	\$ __, ____	____
Child 3, Provider 2										__	\$ __, ____	____
Child 4	____-____-____-____	__	__	__	__	__	__	__	____/____			
Child 4, Provider 1										__	\$ __, ____	____
Child 4, Provider 2										__	\$ __, ____	____
Child 5	____-____-____-____	__	__	__	__	__	__	__	____/____			
Child 5, Provider 1										__	\$ __, ____	____
Child 5, Provider 2										__	\$ __, ____	____

**ACF-801 CHILD CARE QUARTERLY CASE-LEVEL REPORTING FORM**  
**Instructions and Definitions**

**NOTE:** These instructions are for the manual preparation of the ACF-801 Form. Instructions will also be made available for the electronic submission of the ACF-801 at a later time.

All elements are required unless specified as optional.

**HEAD OF FAMILY:** The following group of elements (items 1-9) refers to the head of the family receiving child care assistance that is being reported on this form.

1. **Reporting Period:** Enter the numbers that identify the month and year being reported.
2. **Unique State Identifier (*Optional*):** Enter the unique identifying number, up to fifteen characters, assigned by the State to the family receiving child care assistance. States may use alphanumeric characters. If identifier is less than fifteen digits, use leading zeros. For example, 19056 should be coded as 000000000019056.
3. **Social Security Number:** Enter the Social Security Number of the head of the family. **THIS ITEM IS NOT OPTIONAL.**
4. **Federal Information Processing Standards (FIPS) Code:** Enter the FIPS Code geographic identifier issued by the National Bureau of Standards to designate where the head of the family receiving assistance is residing. If the address of the head of the family is unknown, leave the county FIPS code blank. A list of all FIPS codes can be found at the Child Care Bureau's Technical Assistance Web site (<http://www.acf.dhhs.gov/programs/ccb/systems/index.htm>) or by contacting your State's Child Care Automation Technical Assistance Liaison (1-888-821-6997).
  - a) State code, two digits, and
  - b) County code, three digits
5. **Single Parent? (Yes/No):** Enter the one digit code indicating 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, enter the Child's Social Security Number in Item 3).
6. **Reason for Receiving Subsidized Child Care:** Enter the one digit code indicating the reason for receiving subsidized child care. If more than one category applies, chose the primary reason. However, if 5 -- "Other" is one of the possibilities, it should not be chosen.
  - 1 -- Employment, including on-the-job training
  - 2 -- Training/Education
  - 3 -- Both Employment and Training/Education
  - 4 -- Protective Services
  - 5 -- Other

7. **Total Monthly Child Care Copayment By The Family Receiving Assistance:** Enter the total monthly dollar amount that the family receiving assistance must pay for child care services for the month being reported, using leading zeros as necessary.
8. **Month/Year Child Care Assistance to the Family Started:** Enter the numbers for the month and year child care assistance started for the family receiving assistance. If there was a short interruption of up to three months in child care assistance (for reasons such as a vacation or illness) enter the original month/year the assistance started, rather than when the assistance resumed.
9. **Total Monthly Income for Determining Eligibility:** Enter the total monthly dollar amount upon which eligibility is determined, rounded to the nearest dollar amount using leading zeros as necessary.

**FAMILY INCOME BY SOURCE:** Enter the code for yes or no for all sources of income that apply to the family receiving assistance for the month being reported. If income is not used to determine eligibility for protective services cases, elements 10-15 may be left blank.

10. **Employment income, including self-employment.**
11. **Cash or other monetary assistance under Title IV of the Social Security Act (TANF).**
12. **State Program for Which State Spending is Counted Towards TANF MOE.**
13. **Housing voucher or cash assistance.**
14. **Assistance under the Food Stamps Act of 1977.**
15. **Other Federal Cash Income Programs (such as SSI).**

0 -- No  
1 -- Yes

**DEPENDENT CHILDREN RECEIVING CHILD CARE ASSISTANCE:** This group of elements refers to dependent children in the family receiving child care assistance, and specifies demographic and child care service elements of children receiving care. Child care data in this section must be coded for dependent children receiving care.

16. **Child's Social Security Number (Optional):** Enter the Social Security Number of the child receiving assistance.
17. **Hispanic or Latino:** Enter the one digit code for the ethnicity of each child. Ethnicity must be determined for every child.

0--No  
1--Yes

ITEMS 18 - 22 apply to each child receiving care. Enter the code for yes or no for each race listed below. Select yes for as many races as reported by the family. Each child must have at least one race coded yes.

**American Indian or Alaskan Native**

**Asian**

**Black or African American**

**Native Hawaiian or Other Pacific Islander**

**White**

0 -- No

1 -- Yes

23. **Child's Gender:** Enter the one digit code for the gender of the child receiving care.

1 -- Male

2 -- Female

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

ITEMS 25-27 apply to the child care provided to each child. Enter the child care data for the greatest number of hours of care provided in the line for Provider 1 for each child, and the next highest number of child care hours on the Provider 2 line. If more than two providers are used by a child, attach the responses to these items for each additional provider.

25. **Type Of Child Care:**

**Definitions:** Provider types are divided into two broad categories of licensed/regulated and legally operating (no license category available in state or locality). Under each of these categories are four types of providers (use your State's definition of these terms): in-home, family home, group home, and centers. A relative provider is defined as being at least 18 years of age and who is a grandparent, great-grandparent, aunt or uncle, or sibling living outside the child's home.

**Instructions:** Enter the type of care, two-digit code, for each child. The following codes specify who cared for the child and where such care took place during the sample 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 -- Legally operating (no license category available in state or locality)  
in-home care provided by a non-relative

06 -- Legally operating (no license category available in state or locality)  
in-home care provided by a relative

07 -- Legally operating (no license category available in state or locality) family child care provided  
by a non-relative



- 08 -- Legally operating (no license category available in state or locality) family child care provided by a relative
- 09 -- Legally operating (no license category available in state or locality) group home child care provided by a non-relative
- 10 -- Legally operating (no license category available in state or locality) group home child care provided by a relative
- 11 -- Legally operating (no license category available in state or locality) center-based care

26. **Total Monthly Amount Paid to the Provider:** For each child receiving care, enter the total monthly dollar amount (round to the nearest dollar and use leading zeros as necessary) expected to be paid to the provider for the care of the child. The total monthly amount should include Federal, State, and locally funded amounts.
27. **Total Hours of Care Provided in the Month:** Enter the number for the total number of hours provided for the reporting period (round to the nearest whole number and use leading zeros as necessary).

**The Paperwork Reduction Act of 1995**

Public reporting burden for this collection of information is estimated to average 20 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

# Sampling Specifications

## Introduction

Guidance is provided herein to Child Care and Development Fund (CCDF) program administrators regarding reporting of quarterly disaggregate child care data. States have two options for submitting this case-level data:

- 1) they may submit a systematic random sample, or
- 2) they may report data for all CCDF families.

*Note: for purposes of this document, the word State refers to the 50 States, the District of Columbia and the Territories receiving CCDF program funds.*

## States Reporting on All Families Receiving CCDF Assistance

States may submit their entire caseload, each month, instead of a monthly sample. Their caseload should include all cases described in the Sample Frame section below.

States that submit their entire caseload are not required to submit a sampling plan. In place of the plan, States should submit a statement indicating the intent to report data for the entire population and provide a description of the funding streams included in the caseload. If States use a pooled universe from both CCDF funds and non-CCDF funds, they must report the percentages of dollars that each fund (pooled into the CCDF program) contributed to the total CCDF dollars.

States that choose to submit records monthly rather than quarterly should inform the Child Care Bureau about their intention in the sampling plan.

## States Reporting on a Sample of Families Receiving CCDF Assistance

### 1. Sample Methodology:

The sample methodology must conform to principles of probability sampling, i.e., each family in the population of interest must have a known, non-zero probability of selection and computational methods of estimation must lead to a unique estimate. A sample frame must be constructed for each month in the annual sample period. Approximately one-twelfth of the required minimum annual sample size must be selected from each monthly sample frame.

The recommended method of sample selection is systematic random sampling.

### 2. Systematic Random Sampling:

Systematic random sampling is the preferred method for CCDF purposes. This method provides a system for selection of an individual unit from a file, list, or computer tape at equally spaced intervals (such as every 10th, 140th, 950th, etc., to obtain the desired sample size). The starting point within the first interval is determined by random selection. The interval is determined by dividing the estimated average monthly universe by the required average monthly sample size.

3. Sample frame:

States may specify the population or universe from which they draw a sample as follows:

- a. The universe for a monthly sample will include all unduplicated families served by CCDF funds during the month (this includes all CCDF Federal and State funding streams, i.e, mandatory, discretionary including funds transferred from TANF, Federal and State matching, and State MOE funds).
- b. For States that do not separate CCDF funds from non- CCDF funds, the monthly sample's universe will include all unduplicated families served by all child care funds pooled into CCDF by the States. These families may be served by funds that are not CCDF, such as Title XX or other State or private funds not used for matching or MOE. States that use this method must also report the percentage of dollars that each fund (pooled into the CCDF program) contributes to the total CCDF dollars.

4. Sample Size Requirement:

The minimum required annual sample size for families receiving assistance is 2,400. This minimum sample size will provide reasonably precise estimates, with a precision of about plus or minus 2 percentage points, for an attribute of .5 at a 95% confidence level. To assure proportional representation for the whole fiscal year, States will have to report approximately 200 cases (1/12 of the annual sample size) each reporting month.

5. Sampling Plan Submission Process:

Each State that chooses to conduct a sample of the monthly caseload must submit the following:

- a. Each State must submit for ACF approval to the Regional Administrator an annual sampling plan or any changes to the currently approved sampling plan at least sixty (60) calendar days before the start of the reporting period. If the State's sampling plan is unchanged from the previous year, the State is not required to resubmit the sampling plan. The sampling plan must include:
  - i. Documentation of methods for constructing and maintaining the sample frame(s), including an assessment of frame completeness and any potential problems associated with using the sample frame(s);
  - ii. Documentation of methods for selecting the sample cases from the sample frame(s);
- b. Each State must submit with the sampling plan the estimated average monthly caseload for the annual sample period and the computed sample interval to the ACF Regional Administrator thirty (30) calendar days before the beginning of the annual sample period.
- c. Each State must submit the total number of families receiving assistance under the State CCDF Program for each month in the annual sample period (size of sampling frame). This data is required for weighing the sample results in order to produce estimates for the entire caseload.
- d. States that used a pooled method to construct their sampling frame (this pooled fund includes both CCDF funding streams and non-CCDF funding streams) must submit to ACF the percentage of each funding stream pooled into the fund for each reporting month.