

Child Care and Development Fund: Fiscal Management and Data Reporting for American Indian and Alaska Native Grantees: Part II

**ACF-700 Reporting Requirements
&
Introduction to *Data Tracker* Software**

**National Center on Child Care Data and Reporting (NCDR) and
the National Center on Tribal Early Childhood Development
(NCTECD)**

NCDR Team



Leigh Bolick
Project Director



Kristie Lange
TA and Training Specialist



Rosa Williams
TA and Training Manager

Session Objectives

- Review annual CCDF reporting requirements
- Discuss data challenges and quality assurance measures
- Review how to report both parts of the ACF-700 report
- Introduce the *Child Care Data Tracker* as a case management software tool

CCDF Reporting Requirements

ACF-700 Data Report Supplemental Narrative

See current information and guidance at:

<https://www.acf.hhs.gov/occ/resource/acf-700-tribal-annual-report>

Due no later than December 31st

Annual ACF-700 Report is Due By December 31st

CHILD CARE AND DEVELOPMENT FUND ANNUAL REPORT ON SERVICES PROVIDED FROM OCTOBER 1, 20__ THROUGH SEPTEMBER 30, 20__											OMB Control Number: 0980-0241 Expiration Date: 2/28/2011		
COMPLETE NAME OF TRIBAL LEAD AGENCY: ADDRESS: CONTACT PERSON: Phone: E-Mail:	(A)	CATEGORY/TYPE OF CHILD CARE											
		CARE PROVIDED BY A CCDF PROVIDER--NO LICENSE CATEGORY AVAILABLE IN A						CARE PROVIDED BY CCDF PROVIDER-- LICENSED OR REGULATED IN A					
		CHILD'S HOME BY A		FAMILY HOME BY A		GROUP HOME BY A		(H)	(I)	(J)	(K)	(L)	
		(B)	(C)	(D)	(E)	(F)	(G)						
Relative		Non-Relative		Relative		Non-Relative		Center	Child's Home	Family Home	Group Home	Center	
1. Total number of families that received child care services this fiscal year													
2 a. Average number of children served each month													
2 b. Total number of children that received services this fiscal year													
3. Total number of children receiving services that fall into each age category:													
a. 0 up to 1 year	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.
b. 1 year up to 2 years	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.
c. 2 years up to 3 years	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.
d. 3 years up to 4 years	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.
e. 4 years up to 5 years	e.	e.	e.	e.	e.	e.	e.	e.	e.	e.	e.	e.	e.
f. 5 years up to 6 years	f.	f.	f.	f.	f.	f.	f.	f.	f.	f.	f.	f.	f.
g. 6 years up to 13 years	g.	g.	g.	g.	g.	g.	g.	g.	g.	g.	g.	g.	g.
h. Total number of children 0 to 13 years (add Column A, 3a thru 3g)	h.	h.	h.	h.	h.	h.	h.	h.	h.	h.	h.	h.	h.
i. 13 years and older	i.	i.	i.	i.	i.	i.	i.	i.	i.	i.	i.	i.	i.
4. Number of children who received child care services Because:													
a. Their parent(s) worked	a.												
b. Their parent(s) were in training or an education program	b.												
c. Child received or needed protective services	c.												
Because there was a Federal Emergency and:													
d. Their parent(s) worked	d.												
e. Their parent(s) were in training or an education program	e.												
f. Child received or needed protective services	f.												
5. Average number of hours of child care service provided per child per month													
6. Average monthly amount paid for child care service													
a. Average monthly CCDF program subsidy per child	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.
b. Average monthly parent copayment per child	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.
7. Number of children served whose family income was:													
a. at or below the poverty threshold for families of the same size	a.												
b. above the poverty threshold but at or below 150 percent of the poverty threshold for families of the same size	b.												
c. above 150 percent of the poverty threshold but at or below 200 percent of the poverty threshold for families of the same size	c.												
d. above 200 percent of the poverty threshold for families of the same size	d.												
8. Number of children served by payment type this fiscal year:													
a. Grant/contract with provider	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.
b. Certificate or voucher to parent and/or provide	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.
c. Cash payment to parent	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.
d. Tribally-operated center	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.
Comments: (Please use the back of this sheet if necessary)													
Public reporting burden for this collection of information is estimated to average 35 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.													

Supplemental Narrative

(Submit on ACF-700 Site)

Describes:

1. Efforts to improve child care quality
2. Unmet child care needs, e.g., waiting list for eligible children or impact of inadequate funds on availability of child care services
3. Collaborative activities to promote comprehensive early care and education services and coordination with State or Tribal agencies responsible for health, education, employment services and Temporary Assistance to Needy Families (TANF)
4. Efforts to improve the quality of data collection and reporting, specifically if and how you use the *Child Care Data Tracker*

ACF-700 Data Elements

#1

How many families did you serve?

#2a

What was the average number of children served each month?

#2b

How many children in total did you serve?

Total and by Care Type

Number of Families and Children Served

COMPLETE NAME OF TRIBAL LEAD AGENCY: ADDRESS: CONTACT PERSON: Phone: E-Mail:	(A) TOTAL	CATEGORY/TYPE OF CHILD CARE										
		CARE PROVIDED BY A CCDF PROVIDER--NO LICENSE CATEGORY AVAILABLE IN A							CARE PROVIDED BY CCDF PROVIDER-- LICENSED OR REGULATED IN A			
		CHILD'S HOME BY A		FAMILY HOME BY A		GROUP HOME BY A		(H)	(I)	(J)	(K)	(L)
		(B)	(C)	(D)	(E)	(F)	(G)					
Relative	Non-Relative	Relative	Non-Relative	Relative	Non-Relative	Center	Child's Home	Family Home	Group Home	Center		
1. Total number of families that received child care services this fiscal year												
2 a. Average number of children served each month												
2 b. Total number of children that received services this fiscal year												
3. Total number of children receiving services that fall into each age category:												
a. 0 up to 1 year	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.
b. 1 year up to 2 years	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.
c. 2 years up to 3 years	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.
d. 3 years up to 4 years	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.
e. 4 years up to 5 years	e.	e.	e.	e.	e.	e.	e.	e.	e.	e.	e.	e.
f. 5 years up to 6 years	f.	f.	f.	f.	f.	f.	f.	f.	f.	f.	f.	f.
g. 6 years up to 13 years	g.	g.	g.	g.	g.	g.	g.	g.	g.	g.	g.	g.
h. Total number of children 0 to 13 years (add Column A, 3a thru 3g)	h.	h.	h.	h.	h.	h.	h.	h.	h.	h.	h.	h.
i. 13 years and older	i.	i.	i.	i.	i.	i.	i.	i.	i.	i.	i.	i.
4. Number of children who received child care services Because:												
a. Their parent(s) worked	a.											
b. Their parent(s) were in training or an education program	b.											
c. Child received or needed protective services	c.											
Because there was a Federal Emergency and:												
d. Their parent(s) worked	d.											
e. Their parent(s) were in training or an education program	e.											
f. Child received or needed protective services	f.											
5. Average number of hours of child care service provided per child per month												
6. Average monthly amount paid for child care service												
a. Average monthly CCDF program subsidy per child	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.
b. Average monthly parent copayment per child	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.
7. Number of children served whose family income was:												
a. at or below the poverty threshold for families of the same size	a.											
b. above the poverty threshold but at or below 150 percent of the poverty threshold for families of the same size	b.											
c. above 150 percent of the poverty threshold but at or below 200 percent of the poverty threshold for families of the same size	c.											
d. above 200 percent of the poverty threshold for families of the same size	d.											
8. Number of children served by payment type this fiscal year:												
a. Grant/contract with provider	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.
b. Certificate or voucher to parent and/or provider	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.
c. Cash payment to parent	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.
d. Tribally-operated center	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.

Child Care Types (Columns B-L)

Child's Home – Care that takes place in the child's own home.

Family Home – Care that is provided by one person in a residence of someone other than the child(ren) receiving care. Usually a family home is the residence of the child care provider.

Group Home – Service provided by more than one person in a residence of someone other than the children receiving care.

Center – Service provided in a facility other than a private home.

Child Care Types (Columns B-L)

A licensed/regulated provider may operate only after receiving legally defined approval to deliver services as a licensed or regulated provider. The licensing agent usually is the Tribe or State. In order to be counted as a regulated provider, the provider must meet established standards that are more comprehensive than CCDF health and safety requirements, and be subject to monitoring inspections based on those standards.

A non-licensed provider must meet all State or Tribal health, safety, and other child care program regulations to be operating legally. It may include providers who have to sign up in order to participate in your CCDF program but do not have to meet any other local licensing requirements.

Child Care Types (cont.)

OCC distinguishes *relative* vs. *non-relative* care:

Relative care is delivered by a grandparent, great-grandparent, aunt, uncle, or sibling (if s/he lives outside of the child's home).

Non-relative care is delivered by all other persons who are not included in the relative definition above.

#3

What were the children's ages?

*As of the end of the Fiscal Year or the
date of their exit from the program*

Total and by Care Type

Child's Age Information

COMPLETE NAME OF TRIBAL LEAD AGENCY: ADDRESS: CONTACT PERSON: Phone: E-Mail:	(A) TOTAL	CATEGORY/TYPE OF CHILD CARE										
		CARE PROVIDED BY A CCDF PROVIDER--NO LICENSE CATEGORY AVAILABLE IN A							CARE PROVIDED BY CCDF PROVIDER-- LICENSED OR REGULATED IN A			
		CHILD'S HOME BY A		FAMILY HOME BY A		GROUP HOME BY A		(H)	(I)	(J)	(K)	(L)
		(B)	(C)	(D)	(E)	(F)	(G)					
Relative	Non-Relative	Relative	Non-Relative	Relative	Non-Relative	Center	Child's Home	Family Home	Group Home	Center		
1. Total number of families that received child care services this fiscal year												
2 a. Average number of children served each month												
2 b. Total number of children that received services this fiscal year												
3. Total number of children receiving services that fall into each age category:												
a. 0 up to 1 year	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.
b. 1 year up to 2 years	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.
c. 2 years up to 3 years	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.
d. 3 years up to 4 years	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.
e. 4 years up to 5 years	e.	e.	e.	e.	e.	e.	e.	e.	e.	e.	e.	e.
f. 5 years up to 6 years	f.	f.	f.	f.	f.	f.	f.	f.	f.	f.	f.	f.
g. 6 years up to 13 years	g.	g.	g.	g.	g.	g.	g.	g.	g.	g.	g.	g.
h. Total number of children 0 to 13 years (add Column A, 3a thru 3g)	h.	h.	h.	h.	h.	h.	h.	h.	h.	h.	h.	h.
i. 13 years and older	i.	i.	i.	i.	i.	i.	i.	i.	i.	i.	i.	i.
4. Number of children who received child care services Because:												
a. Their parent(s) worked	a.											
b. Their parent(s) were in training or an education program	b.											
c. Child received or needed protective services	c.											
Because there was a Federal Emergency and:												
d. Their parent(s) worked	d.											
e. Their parent(s) were in training or an education program	e.											
f. Child received or needed protective services	f.											
5. Average number of hours of child care service provided per child per month												
6. Average monthly amount paid for child care service												
a. Average monthly CCDF program subsidy per child	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.
b. Average monthly parent copayment per child	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.
7. Number of children served whose family income was:												
a. at or below the poverty threshold for families of the same size	a.											
b. above the poverty threshold but at or below 150 percent of the poverty threshold for families of the same size	b.											
c. above 150 percent of the poverty threshold but at or below 200 percent of the poverty threshold for families of the same size	c.											
d. above 200 percent of the poverty threshold for families of the same size	d.											
8. Number of children served by payment type this fiscal year:												
a. Grant/contract with provider	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.
b. Certificate or voucher to parent and/or provider	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.
c. Cash payment to parent	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.
d. Tribally-operated center	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.

#4

Why did your families need
child care?

*Only three allowable reasons for care:
Work, Training/Education, and
Protective Services*

Reason for Care

COMPLETE NAME OF TRIBAL LEAD AGENCY: ADDRESS: CONTACT PERSON: Phone: E-Mail:	(A)	CATEGORY/TYPE OF CHILD CARE										
		CARE PROVIDED BY A CCDF PROVIDER--NO LICENSE CATEGORY AVAILABLE IN A							CARE PROVIDED BY CCDF PROVIDER-- LICENSED OR REGULATED IN A			
		CHILD'S HOME BY A		FAMILY HOME BY A		GROUP HOME BY A		(H)	(I)	(J)	(K)	(L)
		(B)	(C)	(D)	(E)	(F)	(G)					
TOTAL	Relative	Non-Relative	Relative	Non-Relative	Relative	Non-Relative	Center	Child's Home	Family Home	Group Home	Center	
1. Total number of families that received child care services this fiscal year												
2 a. Average number of children served each month												
2 b. Total number of children that received services this fiscal year												
3. Total number of children receiving services that fall into each age category: a. 0 up to 1 year b. 1 year up to 2 years c. 2 years up to 3 years d. 3 years up to 4 years e. 4 years up to 5 years f. 5 years up to 6 years g. 6 years up to 13 years h. Total number of children 0 to 13 years (add Column A, 3a thru 3g) i. 13 years and older	a. b. c. d. e. f. g. h. i.	a. b. c. d. e. f. g. h. i.	a. b. c. d. e. f. g. h. i.	a. b. c. d. e. f. g. h. i.	a. b. c. d. e. f. g. h. i.	a. b. c. d. e. f. g. h. i.	a. b. c. d. e. f. g. h. i.	a. b. c. d. e. f. g. h. i.	a. b. c. d. e. f. g. h. i.	a. b. c. d. e. f. g. h. i.	a. b. c. d. e. f. g. h. i.	
4. Number of children who received child care services Because: a. Their parent(s) worked b. Their parent(s) were in training or an education program c. Child received or needed protective services Because there was a Federal Emergency and: d. Their parent(s) worked e. Their parent(s) were in training or an education program f. Child received or needed protective services	a. b. c. d. e. f.											
5. Average number of hours of child care service provided per child per month												
6. Average monthly amount paid for child care service a. Average monthly CCDF program subsidy per child b. Average monthly parent copayment per child	a. b.	a. b.	a. b.	a. b.	a. b.	a. b.	a. b.	a. b.	a. b.	a. b.	a. b.	a. b.
7. Number of children served whose family income was: a. at or below the poverty threshold for families of the same size b. above the poverty threshold but at or below 150 percent of the poverty threshold for families of the same size c. above 150 percent of the poverty threshold but at or below 200 percent of the poverty threshold for families of the same size d. above 200 percent of the poverty threshold for families of the same size	a. b. c. d.											
8. Number of children served by payment type this fiscal year: a. Grant/contract with provider b. Certificate or voucher to parent and/or provider c. Cash payment to parent d. Tribally-operated center	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	
Comments: (Please use the back of this sheet if necessary)												

#5

On average, how many hours
were children in care each
month?

Total and by care type

Hours of Service Per Child Per Month

COMPLETE NAME OF TRIBAL LEAD AGENCY: ADDRESS: CONTACT PERSON: Phone: E-Mail:	(A)	CATEGORY/TYPE OF CHILD CARE											
		CARE PROVIDED BY A CCDF PROVIDER--NO LICENSE CATEGORY AVAILABLE IN A							CARE PROVIDED BY CCDF PROVIDER-- LICENSED OR REGULATED IN A				
		CHILD'S HOME BY A		FAMILY HOME BY A		GROUP HOME BY A			(H)	(I)	(J)	(K)	(L)
		(B)	(C)	(D)	(E)	(F)	(G)						
Relative		Non-Relative		Relative		Non-Relative	Relative	Non-Relative	Center	Child's Home	Family Home	Group Home	Center
1. Total number of families that received child care services this fiscal year													
2 a. Average number of children served each month													
2 b. Total number of children that received services this fiscal year													
3. Total number of children receiving services that fall into each age category:													
a. 0 up to 1 year	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.
b. 1 year up to 2 years	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.
c. 2 years up to 3 years	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.
d. 3 years up to 4 years	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.
e. 4 years up to 5 years	e.	e.	e.	e.	e.	e.	e.	e.	e.	e.	e.	e.	e.
f. 5 years up to 6 years	f.	f.	f.	f.	f.	f.	f.	f.	f.	f.	f.	f.	f.
g. 6 years up to 13 years	g.	g.	g.	g.	g.	g.	g.	g.	g.	g.	g.	g.	g.
h. Total number of children 0 to 13 years (add Column A, 3a thru 3g)	h.	h.	h.	h.	h.	h.	h.	h.	h.	h.	h.	h.	h.
i. 13 years and older	i.	i.	i.	i.	i.	i.	i.	i.	i.	i.	i.	i.	i.
4. Number of children who received child care services Because:													
a. Their parent(s) worked	a.												
b. Their parent(s) were in training or an education program	b.												
c. Child received or needed protective services	c.												
Because there was a Federal Emergency and:													
d. Their parent(s) worked	d.												
e. Their parent(s) were in training or an education program	e.												
f. Child received or needed protective services	f.												
5. Average number of hours of child care service provided per child per month													
6. Average monthly amount paid for child care service													
a. Average monthly CCDF program subsidy per child	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.
b. Average monthly parent copayment per child	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.
7. Number of children served whose family income was:													
a. at or below the poverty threshold for families of the same size	a.												
b. above the poverty threshold but at or below 150 percent of the poverty threshold for families of the same size	b.												
c. above 150 percent of the poverty threshold but at or below 200 percent of the poverty threshold for families of the same size	c.												
d. above 200 percent of the poverty threshold for families of the same size	d.												
8. Number of children served by payment type this fiscal year:													
a. Grant/contract with provider	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.
b. Certificate or voucher to parent and/or provider	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.
c. Cash payment to parent	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.
d. Tribally-operated center	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.

#6a

How much did the **Tribe** pay
on each child's behalf from its
CCDF grant?

Total and by care type

Average Monthly CCDF Subsidy

COMPLETE NAME OF TRIBAL LEAD AGENCY: ADDRESS: CONTACT PERSON: Phone: E-Mail:	(A) TOTAL	CATEGORY/TYPE OF CHILD CARE											
		CARE PROVIDED BY A CCDF PROVIDER--NO LICENSE CATEGORY AVAILABLE IN A							CARE PROVIDED BY CCDF PROVIDER-- LICENSED OR REGULATED IN A				
		CHILD'S HOME BY A		FAMILY HOME BY A		GROUP HOME BY A			(H)	(I)	(J)	(K)	(L)
		(B)	(C)	(D)	(E)	(F)	(G)						
Relative	Non-Relative	Relative	Non-Relative	Relative	Non-Relative	Center	Child's Home	Family Home	Group Home	Center			
1. Total number of families that received child care services this fiscal year													
2 a. Average number of children served each month													
2 b. Total number of children that received services this fiscal year													
3. Total number of children receiving services that fall into each age category:													
a. 0 up to 1 year	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	
b. 1 year up to 2 years	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	
c. 2 years up to 3 years	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	
d. 3 years up to 4 years	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	
e. 4 years up to 5 years	e.	e.	e.	e.	e.	e.	e.	e.	e.	e.	e.	e.	
f. 5 years up to 6 years	f.	f.	f.	f.	f.	f.	f.	f.	f.	f.	f.	f.	
g. 6 years up to 13 years	g.	g.	g.	g.	g.	g.	g.	g.	g.	g.	g.	g.	
h. Total number of children 0 to 13 years (add Column A, 3a thru 3g)	h.	h.	h.	h.	h.	h.	h.	h.	h.	h.	h.	h.	
i. 13 years and older	i.	i.	i.	i.	i.	i.	i.	i.	i.	i.	i.	i.	
4. Number of children who received child care services Because:													
a. Their parent(s) worked	a.												
b. Their parent(s) were in training or an education program	b.												
c. Child received or needed protective services	c.												
Because there was a Federal Emergency and:													
d. Their parent(s) worked	d.												
e. Their parent(s) were in training or an education program	e.												
f. Child received or needed protective services	f.												
5. Average number of hours of child care service provided per child per month													
6. Average monthly amount paid for child care service													
a. Average monthly CCDF program subsidy per child	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	
b. Average monthly parent copayment per child	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	
7. Number of children served whose family income was:													
a. at or below the poverty threshold for families of the same size	a.												
b. above the poverty threshold but at or below 150 percent of the poverty threshold for families of the same size	b.												
c. above 150 percent of the poverty threshold but at or below 200 percent of the poverty threshold for families of the same size	c.												
d. above 200 percent of the poverty threshold for families of the same size	d.												
8. Number of children served by payment type this fiscal year:													
a. Grant/contract with provider	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	a.	
b. Certificate or voucher to parent and/or provider	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	b.	
c. Cash payment to parent	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	c.	
d. Tribally-operated center	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	d.	

Average Monthly Subsidy

- Record the subsidy separately for each provider for each month
- Tribes that operate their own center can estimate the average monthly subsidy per child using the record of ***expenditures for direct services*** that is submitted on the required ACF-696T, the Tribal financial report.

#6b

How much did the **Families** pay for
each child's care?

*Family co-payment for each child in the
family receiving CCDF services*

Total and by care type

Average Monthly Family Co-Payment per Child

COMPLETE NAME OF TRIBAL LEAD AGENCY: ADDRESS: CONTACT PERSON: Phone: E-Mail:	(A)	CATEGORY/TYPE OF CHILD CARE											
		CARE PROVIDED BY A CCDF PROVIDER--NO LICENSE CATEGORY AVAILABLE IN A							CARE PROVIDED BY CCDF PROVIDER-- LICENSED OR REGULATED IN A				
		CHILD'S HOME BY A		FAMILY HOME BY A		GROUP HOME BY A			(H)	(I)	(J)	(K)	(L)
		(B)	(C)	(D)	(E)	(F)	(G)						
TOTAL	Relative	Non-Relative	Relative	Non-Relative	Relative	Non-Relative	Center	Child's Home	Family Home	Group Home	Center		
1. Total number of families that received child care services this fiscal year													
2 a. Average number of children served each month													
2 b. Total number of children that received services this fiscal year													
3. Total number of children receiving services that fall into each age category: a. 0 up to 1 year b. 1 year up to 2 years c. 2 years up to 3 years d. 3 years up to 4 years e. 4 years up to 5 years f. 5 years up to 6 years g. 6 years up to 13 years h. Total number of children 0 to 13 years (add Column A, 3a thru 3g) i. 13 years and older	a. b. c. d. e. f. g. h. i.	a. b. c. d. e. f. g. h. i.	a. b. c. d. e. f. g. h. i.	a. b. c. d. e. f. g. h. i.	a. b. c. d. e. f. g. h. i.	a. b. c. d. e. f. g. h. i.	a. b. c. d. e. f. g. h. i.	a. b. c. d. e. f. g. h. i.	a. b. c. d. e. f. g. h. i.	a. b. c. d. e. f. g. h. i.	a. b. c. d. e. f. g. h. i.		
4. Number of children who received child care services Because: a. Their parent(s) worked b. Their parent(s) were in training or an education program c. Child received or needed protective services Because there was a Federal Emergency and: d. Their parent(s) worked e. Their parent(s) were in training or an education program f. Child received or needed protective services	a. b. c. d. e. f.												
5. Average number of hours of child care service provided per child per month													
6. Average monthly amount paid for child care service a. Average monthly CCDF program subsidy per child b. Average monthly parent copayment per child	a. b.	a. b.	a. b.	a. b.	a. b.	a. b.	a. b.	a. b.	a. b.	a. b.	a. b.	a. b.	
7. Number of children served whose family income was: a. at or below the poverty threshold for families of the same size b. above the poverty threshold but at or below 150 percent of the poverty threshold for families of the same size c. above 150 percent of the poverty threshold but at or below 200 percent of the poverty threshold for families of the same size d. above 200 percent of the poverty threshold for families of the same size	a. b. c. d.												
8. Number of children served by payment type this fiscal year: a. Grant/contract with provider b. Certificate or voucher to parent and/or provider c. Cash payment to parent d. Tribally-operated center	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.		

#7

How many **children** were in families whose incomes fell in each of the defined Federal poverty levels ?

Family Incomes

COMPLETE NAME OF TRIBAL LEAD AGENCY: ADDRESS: CONTACT PERSON: Phone: E-Mail:	(A) TOTAL	CATEGORY/TYPE OF CHILD CARE											
		CARE PROVIDED BY A CCDF PROVIDER--NO LICENSE CATEGORY AVAILABLE IN A							CARE PROVIDED BY CCDF PROVIDER-- LICENSED OR REGULATED IN A				
		CHILD'S HOME BY A		FAMILY HOME BY A		GROUP HOME BY A			(H)	(I)	(J)	(K)	(L)
		(B) Relative	(C) Non-Relative	(D) Relative	(E) Non-Relative	(F) Relative	(G) Non-Relative	Center					
1. Total number of families that received child care services this fiscal year													
2 a. Average number of children served each month													
2 b. Total number of children that received services this fiscal year													
3. Total number of children receiving services that fall into each age category: a. 0 up to 1 year b. 1 year up to 2 years c. 2 years up to 3 years d. 3 years up to 4 years e. 4 years up to 5 years f. 5 years up to 6 years g. 6 years up to 13 years h. Total number of children 0 to 13 years (add Column A, 3a thru 3g) i. 13 years and older	a. b. c. d. e. f. g. h. i.	a. b. c. d. e. f. g. h. i.	a. b. c. d. e. f. g. h. i.	a. b. c. d. e. f. g. h. i.	a. b. c. d. e. f. g. h. i.	a. b. c. d. e. f. g. h. i.	a. b. c. d. e. f. g. h. i.	a. b. c. d. e. f. g. h. i.	a. b. c. d. e. f. g. h. i.	a. b. c. d. e. f. g. h. i.	a. b. c. d. e. f. g. h. i.	a. b. c. d. e. f. g. h. i.	
4. Number of children who received child care services Because: a. Their parent(s) worked b. Their parent(s) were in training or an education program c. Child received or needed protective services Because there was a Federal Emergency and: d. Their parent(s) worked e. Their parent(s) were in training or an education program f. Child received or needed protective services	a. b. c. d. e. f.												
5. Average number of hours of child care service provided per child per month													
6. Average monthly amount paid for child care service a. Average monthly CCDF program subsidy per child b. Average monthly parent copayment per child	a. b.	a. b.	a. b.	a. b.	a. b.	a. b.	a. b.	a. b.	a. b.	a. b.	a. b.	a. b.	a. b.
7. Number of children served whose family income was: a. at or below the poverty threshold for families of the same size b. above the poverty threshold but at or below 150 percent of the poverty threshold for families of the same size c. above 150 percent of the poverty threshold but at or below 200 percent of the poverty threshold for families of the same size d. above 200 percent of the poverty threshold for families of the same size	a. b. c. d.												
8. Number of children served by payment type this fiscal year: a. Grant/contract with provider b. Certificate or voucher to parent and/or provider c. Cash payment to parent d. Tribally-operated center	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.

Income by Poverty Thresholds

- This is a count of **CHILDREN**, NOT families
- Based on the family size and the family income for each child that received child care services

Poverty Thresholds

The HHS annual poverty guidelines are available at:

<http://aspe.hhs.gov/poverty/>

and

The HHS Poverty Guidelines can also be accessed from the OCC web site at <https://www.acf.hhs.gov/occ/resource/acf-700-tribal-annual-report>

#8

How did you pay providers?

Count of children by payment type

Total and for each care type

Payment Type

COMPLETE NAME OF TRIBAL LEAD AGENCY: ADDRESS: CONTACT PERSON: Phone: E-Mail:	(A)	CATEGORY/TYPE OF CHILD CARE										
		CARE PROVIDED BY A CCDF PROVIDER--NO LICENSE CATEGORY AVAILABLE IN A							CARE PROVIDED BY CCDF PROVIDER-- LICENSED OR REGULATED IN A			
		CHILD'S HOME BY A		FAMILY HOME BY A		GROUP HOME BY A		(H)	(I)	(J)	(K)	(L)
		(B)	(C)	(D)	(E)	(F)	(G)					
TOTAL	Relative	Non-Relative	Relative	Non-Relative	Relative	Non-Relative	Center	Child's Home	Family Home	Group Home	Center	
1. Total number of families that received child care services this fiscal year												
2 a. Average number of children served each month												
2 b. Total number of children that received services this fiscal year												
3. Total number of children receiving services that fall into each age category: a. 0 up to 1 year b. 1 year up to 2 years c. 2 years up to 3 years d. 3 years up to 4 years e. 4 years up to 5 years f. 5 years up to 6 years g. 6 years up to 13 years h. Total number of children 0 to 13 years (add Column A, 3a thru 3g) i. 13 years and older	a. b. c. d. e. f. g. h. i.	a. b. c. d. e. f. g. h. i.	a. b. c. d. e. f. g. h. i.	a. b. c. d. e. f. g. h. i.	a. b. c. d. e. f. g. h. i.	a. b. c. d. e. f. g. h. i.	a. b. c. d. e. f. g. h. i.	a. b. c. d. e. f. g. h. i.	a. b. c. d. e. f. g. h. i.	a. b. c. d. e. f. g. h. i.	a. b. c. d. e. f. g. h. i.	
4. Number of children who received child care services Because: a. Their parent(s) worked b. Their parent(s) were in training or an education program c. Child received or needed protective services Because there was a Federal Emergency and: d. Their parent(s) worked e. Their parent(s) were in training or an education program f. Child received or needed protective services	a. b. c. d. e. f.											
5. Average number of hours of child care service provided per child per month												
6. Average monthly amount paid for child care service a. Average monthly CCDF program subsidy per child b. Average monthly parent copayment per child	a. b.	a. b.	a. b.	a. b.	a. b.	a. b.	a. b.	a. b.	a. b.	a. b.	a. b.	a. b.
7. Number of children served whose family income was: a. at or below the poverty threshold for families of the same size b. above the poverty threshold but at or below 150 percent of the poverty threshold for families of the same size c. above 150 percent of the poverty threshold but at or below 200 percent of the poverty threshold for families of the same size d. above 200 percent of the poverty threshold for families of the same size	a. b. c. d.											
8. Number of children served by payment type this fiscal year: a. Grant/contract with provider b. Certificate or voucher to parent and/or provider c. Cash payment to parent d. Tribally-operated center	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.	

Payment Types

- Grant/Contract with Provider: A legally binding agreement with a child care provider to deliver services, defining the terms and conditions of those services.
- Certificate or Voucher to Parent and/or Provider: A document (that may be a check or some other form) that is issued directly to a parent to verify their eligibility for subsidized services.
- Cash Payment to Parent: Money paid to parents to cover the cost of child care services.
- Tribally-operated Center (TOC): TOC payment reflects the Center's own operational cost of running the direct service program, including such things as rent and staff salaries.

Information and Quality Management

Gather information from providers and clients

Check for accuracy



Generate the ACF-700 for submission by 12/31



Generate periodic reports to ensure quality of data



Regularly review and update information

CHILD CARE AND DEVELOPMENT FUND ANNUAL REPORT FOR SERVICES PROVIDED FROM October 01, 2007 THROUGH September 30, 2008		CARE PROVIDED BY												CARE PROVIDED BY CDDT PROVIDER- LICENSED OR REGULATED							
COMPLETION OF THIS REPORT IS REQUIRED		A CDDT PROVIDER-NO LICENSE CATEGORY AVAILABLE						CDDT PROVIDER- LICENSED OR REGULATED						CDDT PROVIDER- LICENSED OR REGULATED							
ADDRESS: 2000 Main One One CITY: FORT WORTH, TX 76102 COUNTY: TARRANT FACILITY NO: 301420002		OCCUPANCY		TODDLER		PRESCHOOL		PRE-K		K		L		M		N		O		P	
		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20
		Full	Part	Full	Part	Full	Part	Full	Part	Full	Part	Full	Part	Full	Part	Full	Part	Full	Part	Full	Part
1. Number of children enrolled (CDDT care centers)		3																			
2a. Number of children enrolled (CDDT care centers)		20																			
2b. Number of children enrolled (CDDT care centers)		8																			
3. Age breakdown of children enrolled (CDDT care centers):																					
a. Total by age:																					
1. 1 year to 2 years:		1																			
2. 2 years to 3 years:		0																			
3. 3 years to 4 years:		2																			
4. 4 years to 5 years:		1																			
5. 5 years to 6 years:		1																			
6. 6 years to 7 years:		4																			
7. 7 years to 8 years:		8																			
8. 8 years to 9 years:		0																			
9. 9 years to 10 years:		0																			
10. 10 years to 11 years:		0																			
11. 11 years to 12 years:		0																			
12. 12 years to 13 years:		0																			
13. 13 years to 14 years:		0																			
14. 14 years to 15 years:		0																			
15. 15 years to 16 years:		0																			
16. 16 years to 17 years:		0																			
17. 17 years to 18 years:		0																			
18. 18 years to 19 years:		0																			
19. 19 years to 20 years:		0																			
20. 20 years to 21 years:		0																			
21. 21 years to 22 years:		0																			
22. 22 years to 23 years:		0																			
23. 23 years to 24 years:		0																			
24. 24 years to 25 years:		0																			
25. 25 years to 26 years:		0																			
26. 26 years to 27 years:		0																			
27. 27 years to 28 years:		0																			
28. 28 years to 29 years:		0																			
29. 29 years to 30 years:		0																			
30. 30 years to 31 years:		0																			
31. 31 years to 32 years:		0																			
32. 32 years to 33 years:		0																			
33. 33 years to 34 years:		0																			
34. 34 years to 35 years:		0																			
35. 35 years to 36 years:		0																			
36. 36 years to 37 years:		0																			
37. 37 years to 38 years:		0																			
38. 38 years to 39 years:		0																			
39. 39 years to 40 years:		0																			
40. 40 years to 41 years:		0																			
41. 41 years to 42 years:		0																			
42. 42 years to 43 years:		0																			
43. 43 years to 44 years:		0																			
44. 44 years to 45 years:		0																			
45. 45 years to 46 years:		0																			
46. 46 years to 47 years:		0																			
47. 47 years to 48 years:		0																			
48. 48 years to 49 years:		0																			
49. 49 years to 50 years:		0																			
50. 50 years to 51 years:		0																			
51. 51 years to 52 years:		0																			
52. 52 years to 53 years:		0																			
53. 53 years to 54 years:		0																			
54. 54 years to 55 years:		0																			
55. 55 years to 56 years:		0																			
56. 56 years to 57 years:		0																			
57. 57 years to 58 years:		0																			
58. 58 years to 59 years:		0																			
59. 59 years to 60 years:		0																			
60. 60 years to 61 years:		0																			
61. 61 years to 62 years:		0																			
62. 62 years to 63 years:		0																			
63. 63 years to 64 years:		0																			
64. 64 years to 65 years:		0																			
65. 65 years to 66 years:		0																			
66. 66 years to 67 years:		0																			
67. 67 years to 68 years:		0																			
68. 68 years to 69 years:		0																			
69. 69 years to 70 years:		0																			
70. 70 years to 71 years:		0																			
71. 71 years to 72 years:		0																			
72. 72 years to 73 years:		0																			
73. 73 years to 74 years:		0																			
74. 74 years to 75 years:		0																			
75. 75 years to 76 years:		0																			
76. 76 years to 77 years:		0																			
77. 77 years to 78 years:		0																			
78. 78 years to 79 years:		0																			
79. 79 years to 80 years:		0																			
80. 80 years to 81 years:		0																			
81. 81 years to 82 years:		0																			
82. 82 years to 83 years:		0																			
83. 83 years to 84 years:		0																			
84. 84 years to 85 years:		0																			
85. 85 years to 86 years:		0																			
86. 86 years to 87 years:		0																			
87. 87 years to 88 years:		0																			
88. 88 years to 89 years:		0																			
89. 89 years to 90 years:		0																			
90. 90 years to 91 years:		0																			
91. 91 years to 92 years:		0																			
92. 92 years to 93 years:		0																			
93. 93 years to 94 years:		0																			
94. 94 years to 95 years:		0																			
95. 95 years to 96 years:		0																			
96. 96 years to 97 years:		0																			
97. 97 years to 98 years:		0																			
98. 98 years to 99 years:		0																			
99. 99 years to 100 years:		0																			
100. 100 years to 101 years:		0																			
101. 101 years to 102 years:		0																			
102. 102 years to 103 years:		0																			
103. 103 years to 104 years:		0																			
104. 104 years to 105 years:		0																			
105. 105 years to 106 years:		0																			
106. 106 years to 107 years:		0																			
107. 107 years to 108 years:		0																			
108. 108 years to 109 years:		0																			
109. 109 years to 110 years:		0																			
110. 110 years to 111 years:		0																			
111. 111 years to 112 years:		0																			
112. 112 years to 113 years:		0																			
113. 113 years to 114 years:		0																			
114. 114 years to 115 years:		0																			
115. 115 years to 116 years:		0																			
116. 116 years to 117 years:		0																			
117. 117 years to 118 years:		0																			
118. 118 years to 119 years:		0																			
119. 119 years to 120 years:		0																			
120. 120 years to 121 years:		0																			
121. 121 years to 122 years:		0																			
122. 122 years to 123 years:		0																			
123. 123 years to 124 years:		0																			
124. 124 years to 125 years:		0																			
125. 125 years to 126 years:		0																			
126. 126 years to 127 years:		0																			
127. 127 years to 128 years:		0																			
128. 128 years to 129 years:		0																			
129. 129 years to 130 years:		0																			
130. 130 years to 131 years:		0																			
131. 131 years to 132 years:		0																			
132. 132 years to 133 years:		0																			
133. 133 years to 134 years:		0																			
134. 134 years to 135 years:		0																			
135. 135 years to 136 years:		0																			
136. 136 years to 137 years:		0																			
137. 137 years to 138 years:		0																			
138. 138 years to 139 years:		0																			
139. 139 years to 140 years:		0																			
140. 140 years to 141 years:		0																			
141. 141 years to 142 years:		0																			
142. 142 years to 143 years:		0																			
143. 143 years to 144 years:		0																			
144. 144 years to 145 years:		0																			
145. 145 years to 146 years:		0																			
146. 146 years to 147 years:		0																			
147. 147 years to 148 years:		0																			
148. 148 years to 149 years:		0																			
149. 149 years to 150 years:		0																			
150. 150 years to 151 years:		0																			
151. 151 years to 152 years:		0																			
152. 152 years to 153 years:		0																			
153. 153 years to 154 years:		0																			
154. 154 years to 155 years:		0																			
155. 155 years to 156 years:		0																			
156. 156 years to 157 years:		0																			
157. 157 years to 158 years:		0																			
158. 158 years to 159 years:		0																			
159. 159 years to 160 years:		0																			
160. 160 years to 161 years:		0																			
161. 161 years to 162 years:		0																			
162. 162 years to 163 years:		0																			
163. 163 years to 164 years:		0																			
164. 164 years to 165 years:		0																			
165. 165 years to 166 years:		0																			
166. 166 years to 167 years:		0																			
167. 167 years to 168 years:		0																			
168. 168 years to 169 years:		0																			
169. 169 years to 170 years:		0																			
170. 170 years to 171 years:		0																			
171. 171 years to 172 years:		0																			
172. 172 years to 173 years:		0																			
173. 173 years to 174 years:		0																			
174. 174 years to 175 years:		0																			
175. 175 years to 176 years:		0																			
176. 176 years to 177 years:		0																			
177. 177 years to 178 years:		0																			
178. 178 years to 179 years:		0																			
179. 179 years to 180 years:		0																			
180. 180 years to 181 years:		0																			
181. 181 years to 182 years:		0																			
182. 182 years to 183 years:		0																			
183. 183 years to 184 years:		0																			
184. 184 years to 185 years:		0																			
185. 185 years to 186 years:		0																			
186. 186 years to 187 years:		0																			
187. 187 years to 188 years:		0																			
188. 188 years to 189 years:		0																			
189. 189 years to 190 years:		0																			
190. 190 years to 191 years:		0																			
191. 191 years to 192 years:		0																			
192. 192 years to 193 years:		0																			
193. 193 years to 194 years:		0																			
194. 194 years to 195 years:		0																			
195. 195 years to 196 years:		0																			
196. 196 years to 197 years:		0																			
197. 197 years to 198 years:		0																			
198. 198 years to 199 years:		0																			
199. 199 years to 200 years:		0																			
200. 200 years to 201 years:		0																			
201. 201 years to 202 years:		0																			
202. 202 years to 203 years:		0																			
203. 203 years to 204 years:		0																			
204. 204 years to 205 years:		0																			
205. 205 years to 206 years:		0																			
206. 206 years to 207 years:		0																			
207. 207 years to 208 years:		0																			
208. 208 years to 209 years:		0																			
209. 209 years to 210 years:		0																			
210. 210 years to 211 years:		0																			
211. 211 years to 212 years:		0																			
212. 212 years to 213 years:		0																			
213. 213 years to 214 years:		0																			
214. 214 years to 215 years:		0																			
215. 215 years to 216 years:		0																			
216. 216 years to 217 years:		0																			
217. 217 years to 218 years:		0																			
218. 218 years to 219 years:		0																			
219. 219 years to 220 years:		0																			
220. 220 years to 221 years:		0																			
221. 221 years to 222 years:		0																			
222. 222 years to 223 years:		0																			
223. 223 years to 224 years:		0																			
224. 224 years to 225 years:		0																			
225. 225 years to 226 years:		0																			
226. 226 years to 227 years:		0																			
227. 227 years to 228 years:		0																			
228. 228 years to 229 years:		0																			
229. 229 years to 230 years:		0																			
230. 230 years to 231 years:		0																			
231. 231 years to 232 years:		0																			
232. 232 years to 233 years:		0																			
233. 233 years to 234 years:		0																			
234. 234 years to 235 years:		0																			
235. 235 years to 236 years:		0																			
236. 236 years to 237 years:		0																			
237. 237 years to 238 years:		0																			
238. 238 years to 239 years:		0																			
239. 239 years to 240 years:		0																			
240. 240 years to 241 years:		0																			
241. 241 years to 242 years:		0																			
242. 242 years to 243 years:		0																			
243. 243 years to 244 years:		0																			
244. 244 years to 245 years:		0																			
245. 245 years to 246 years:		0																			
246. 246 years to 247 years:		0																			
247. 247 years to 248 years:		0																			
248. 248 years to 249 years:		0																			
249. 249 years to 250 years:		0																			
250. 250 years to 251 years:		0																			
251. 251 years to 252 years:		0																			
252. 252 years to 253 years:		0																			
253. 253 years to 254 years:		0																			
254. 254 years to 255 years:		0																			
255. 255 years to 256 years:		0																			
256. 256 years to 257 years:		0																			
257. 257 years to 258 years:		0																			
258. 258 years to 259 years:		0																			
259. 259 years to 260 years:		0																			
260. 260 years to 261 years:		0																			
261. 261 years to 262 years:		0																			
262. 262 years to 263 years:		0																			
263. 263 years to 264 years:		0																			
264. 264 years to 265 years:		0																			
265. 265 years to 266 years:		0																			
266. 266 years to 267 years:		0																			
267. 267 years to 268 years:		0																			
268. 268 years to 269 years:		0																			
269. 269 years to 270 years:		0																			
270. 270 years to 271 years:		0																			
271. 271 years to 272																					

Commonly Made Errors

- Submitting data that does not match the program description included in your Tribal Plan
- Not following OCC reporting guidelines
- Estimating numbers
- Skipping questions
- Typographical errors



Getting it Right!



Report the Right Clients

All families and children should be counted on the ACF-700 report if they:

- Meet CCDF eligibility criteria
- Received any CCDF-funded direct child care services during the report period

Getting it Right!



Report the Right Numbers

Some data elements require that you calculate **AVERAGES**

Calculate **AVERAGES** by adding the value of figures and dividing by the count of the figures you added together.

Always **ROUND** to whole numbers without decimal points.

↑ Round **UP** if 0.5 or higher (161.65 = 162 hours)

↓ Round **DOWN** if less than 0.5 (\$23.21 = \$23)

Getting it Right!



Establish Written Policies and Procedures

- ✓ Have you assigned staff to be responsible for capturing information and preparing the required ACF-700 report?
 - ✓ Do at least two staff members know how to manage required reporting?
 - ✓ Have you defined a schedule for creating and updating files?
 - ✓ Have you established quality review procedures to ensure accuracy of information?
-
- What barriers get in the way of your ability to submit high quality reports on time?

 - What might need to change in order for you to submit high quality reports on time?



Finally....

Record or update the required information **MONTHLY!**

By now you should have:

- Identify the staff person(s) who will be responsible for generating and submitting your report and make sure each has a User Name and Password to access the submission site (available from NCDR).
- Identify the staff person who will have ultimate responsibility for approving the report prior to submission.
- Begin calculating the values needed for the report.

When you have good data, use it!

- Program evaluation and development
- Program accountability
- Community education
- Resource development
- Staff recruitment and training
- Public relations campaigns
- ??



***ACF 700 REPORT
SUBMISSION***

OCC Web Site

<https://www.acf.hhs.gov/occ>

The screenshot shows the website header with the U.S. Department of Health & Human Services, Administration for Children & Families, and Office of Child Care. The main navigation bar includes links for HOME, ABOUT, INITIATIVES, DATA & FUNDING, TECHNICAL ASSISTANCE, and POLICY & PROGRAM RESOURCES. The POLICY & PROGRAM RESOURCES menu is expanded, showing 'CCDF Reporting' and 'Program Instructions'. A red arrow points from the 'CCDF Reporting' menu item to a detailed page titled 'CCDF Reporting Guidelines and Resources for States, Territories and Tribes'. This page includes a date of April 25, 2012, categories for Child Care Development Fund (CCDF) Reporting, and topics such as ACF-118, ACF-118a, ACF-403, ACF-404, ACF-405, ACF-696, ACF-696T, ACF-700, ACF-800, and ACF-801. It also lists types: Fundamentals. Social sharing options for Twitter, LinkedIn, and Facebook are present. The page content is organized into sections: 'States and Territories:' with a list of reporting requirements and forms (e.g., ACF-800, ACF-801, ACF-696, ACF-118, ACF-403, ACF-404, ACF-405), and 'Tribes:' with a list of reporting requirements and forms (e.g., ACF-700). A red arrow points from the 'ACF-700 - Annual Aggregate Child Care Data Report' link in the Tribes section to the page number 38.

U.S. Department of Health & Human Services Administration for Children & Families Office of Child Care

Office of Child Care

An Office of the Administration for Children & Families

Search

Search all of OCC Search OCC Resources

HOME ABOUT INITIATIVES DATA & FUNDING TECHNICAL ASSISTANCE POLICY & PROGRAM RESOURCES

CCDF Reporting
Program Instructions

CCDF Reporting Guidelines and Resources for States, Territories and Tribes

April 25, 2012

Categories: Child Care Development Fund (CCDF) Reporting
Topics: ACF-118, ACF-118a, ACF-403, ACF-404, ACF-405, ACF-696, ACF-696T, ACF-700, ACF-800, ACF-801, States/Territories, Tribes
Types: Fundamentals

SHARE Tweet Share Share

States and Territories:

- Overview of all reporting requirements for States and Territories
- ACF-800 - Annual Aggregate Child Care Data Report (Form and Definitions)
- ACF-801 - Monthly Child Care Data Report (Form and Definitions)
 - FAQs: New Elements in the ACF-801 Report
- ACF-696 - Financial Report (Form and Instructions)
- ACF-118 - State and Territory Plan (Preprint, Program Instruction, E-Submission Guide)
- ACF-403, ACF-404 and ACF-405 Data Collection Forms and Instructions

Tribes:

- Overview of all reporting requirements for Tribes
- ACF-700 - Annual Aggregate Child Care Data Report

ACF-700 Tribal Annual Report

ACF-700 Tribal Annual Report

November 20, 2013

Categories: [Child Care Development Fund \(CCDF\) Reporting](#)

Topics: [ACF-700](#), [Tribes](#)

SHARE



Submission dates:

- The ACF-700 must be submitted by December 31. Fiscal years run from October 1 through September 30.
- Information on [timeliness of submissions](#)

Submit data via:

- [Web-based ACF-700 submission site](#)
 - [How to use the submission site](#)
 - [Registration for ACF-700 Internet Submissions](#)

ACF-700 Submission Site

September 18, 2012

Categories: [Child Care Development Fund \(CCDF\) Reporting](#)

Topics: [ACF-700](#), [Tribes](#)

SHARE



On an annual basis, Tribal Lead Agencies of the Child Care and Development Fund (CCDF) are required to submit aggregate information on services provided. The Tribal CCDF Annual Report consists of two parts:

- The ACF-700 form collects data on all children and families receiving direct CCDF-funded child care services.
- The Supplemental Narrative describes general child care activities and actions in the Lead Agency's reservation or Tribal service area.

The collection of annual aggregate information has occurred since 1992. Reports cover the twelve-month federal fiscal year period of October 1 through September 30. The CCDF Annual Report is due by the following December 31 each year.

[Go to ACF-700 data submission site now](#)

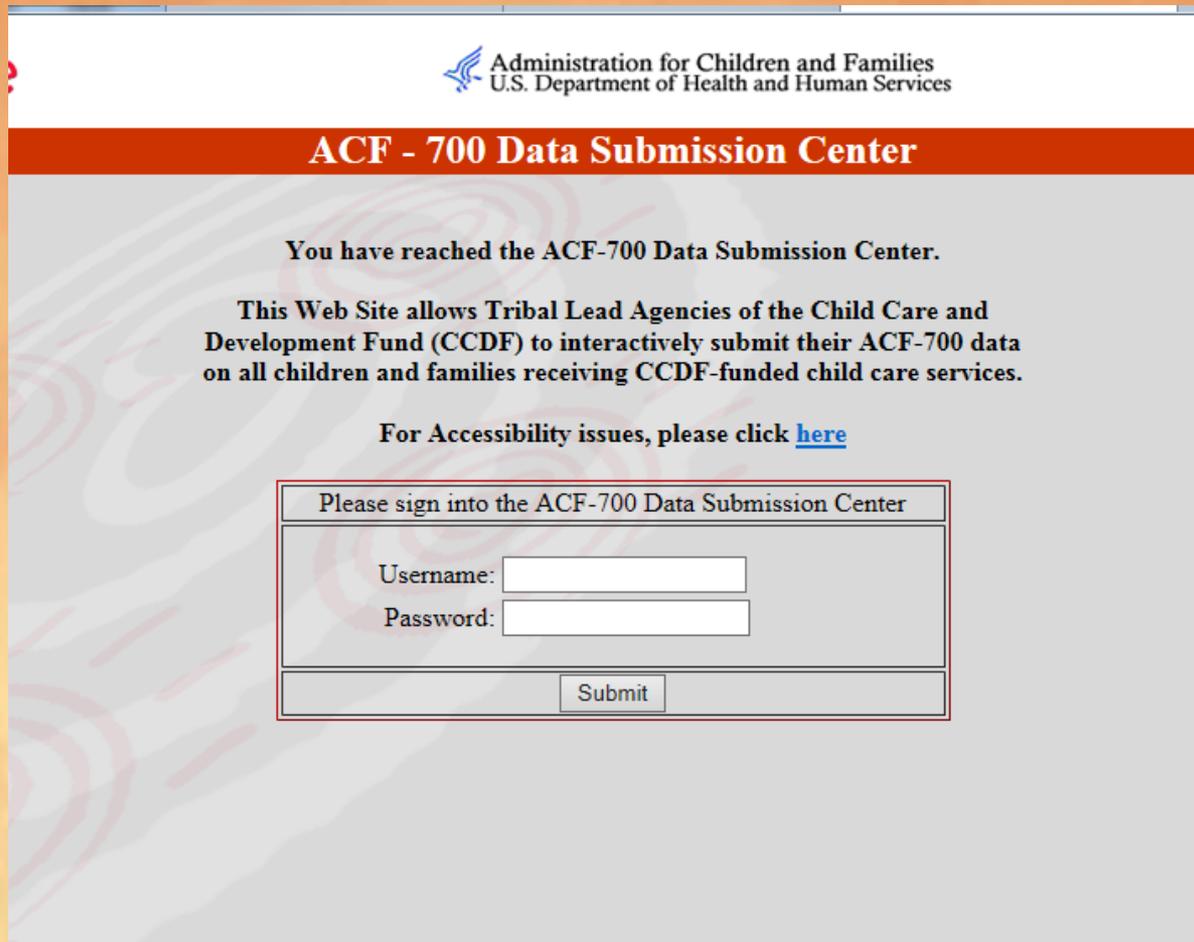
Or:

[Program Instruction for Tribal Annual Report \(ACF-700\)](#)



ACF-700 Submission Site

<https://extranet.acf.hhs.gov/acf700/login/login700.jsp>



The screenshot shows the login page for the ACF-700 Data Submission Center. At the top, there is a logo for the Administration for Children and Families, U.S. Department of Health and Human Services. Below the logo is a red banner with the text "ACF - 700 Data Submission Center". The main content area is light gray with a faint background pattern. It contains the following text:

You have reached the ACF-700 Data Submission Center.

This Web Site allows Tribal Lead Agencies of the Child Care and Development Fund (CCDF) to interactively submit their ACF-700 data on all children and families receiving CCDF-funded child care services.

For Accessibility issues, please click [here](#)

Please sign into the ACF-700 Data Submission Center

Username:

Password:

Welcome Screen

Office of Child Care

Administration for Children and Families
U.S. Department of Health and Human Services

ACF - 700 Data Submission Center

Welcome Rita Pine

Congratulations !!!

You have successfully entered the ACF-700 Data Submission Center.
Please follow the instructions below to access your ACF-700 data
and/or to generate a Tribal Story Page based on your ACF-700 data

1) Please select the desired Federal Fiscal Year:

Federal Fiscal Year: **FFY 2017**

2) Please select:

- the ACF-700 Form (Data Entry) Button to edit, view ACF-700 data
- Or
- the Tribal Story Page Button to generate Tribal Story Page

(NOTE: ACF-700 data must be entered before generating Tribal Story Page)

ACF-700 Form (Data Entry)

(Text Version)

ACF-700 Form Part 2 Page 1

ACF-700 Form Part 2 Page 2

Tribal Story Page

(Text Version)

Use this version for Part 1

ACF-700 Submission Form

- Missing Data
 - Inconsistent Data
 - Correct Data
 [Text](#) - Context-sensitive help

CHILD CARE AND DEVELOPMENT FUND ANNUAL REPORT Help
OMB Control Number: 0980-0241

ON SERVICES PROVIDED FROM OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011
Expiration Date: 12/31/2013

Complete Name of Tribal Lead Agency: _____

Address: _____

City: _____

State: _____ Zip: _____

Contact Person: _____

Phone: _____

E-mail: _____

	Category/Type of child care											
	CARE PROVIDED BY CCDF PROVIDER- NO LICENSE CATEGORY AVAILABLE IN A							CARE PROVIDED BY CCDF PROVIDER- LICENSED OR REGULATED IN A				
	CHILD'S HOME BY A		FAMILY HOME BY A		GROUP HOME BY A							
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
TOTAL	Relative	Non-Relative	Relative	Non-Relative	Relative	Non-Relative	Center	Child's Home	Family Home	Group Home	Center	
1. Total number of families that received services this fiscal year												
2a. Average number of children served each month												
2b. Total number of children that received services this fiscal year												
3. Total number of children receiving services that fall into each age category:												
a. 0 up to 1 year												
b. 1 year up to 2 years												
c. 2 years up to 3 years												
d. 3 years up to 4 years												
e. 4 years up to 5 years												
f. 5 years up to 6 years												
g. 6 years up to 13 years												
h. Total number of children 0 up to 13 years (Add Column A, 3a through 3g)												
i. 13 years and older												
4. Number of children who received child care services												
Because:												
a. Their parent(s) worked												

**Yellow fields indicate inconsistent information;
Click the red arrows to get more information about the inconsistencies**

Address:	CARE PROVIDED BY CCDF PROVIDER- NO LICENSE CATEGORY AVAILABLE IN A								CARE PROVIDED BY CCDF PROVIDER- LICENSED OR REGULATED IN A			
	CHILD'S HOME BY A		FAMILY HOME BY A		GROUP HOME BY A							
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
	TOTAL	Relative	Non-Relative	Relative	Non-Relative	Relative	Non-Relative	Center	Child's Home	Family Home	Group Home	Center
1. Total number of families that received services this fiscal year	23											
2a. Average number of children served each month	6											
2b. Total number of children that received services this fiscal year	28	0	0	0	0	0	0	28	0	0	0	0
3. Total number of children receiving services that fall into each age category												
a. 0 up to 1 year	0	0	0	0	0	0	0	0	0	0	0	0
b. 1 year up to 2 years	1	0	0	0	0	0	0	1	0	0	0	0
c. 2 years up to 3 years	10	0	0	0	0	0	0	10	0	0	0	0
d. 3 years up to 4 years	17	0	0	0	0	0	0	17	0	0	0	0
e. 4 years up to 5 years	0	0	0	0	0	0	0	0	0	0	0	0
f. 5 years up to 6 years	0	0	0	0	0	0	0	0	0	0	0	0
g. 6 years up to 13 years	0	0	0	0	0	0	0	0	0	0	0	0
h. Total number of children 0 up to 13 years (Add Column A, 3a through 3g)	28	0	0	0	0	0	0	28	0	0	0	0
i. 13 years and older	0	0	0	0	0	0	0	0	0	0	0	0
4. Number of children who received child care services Because:												
a. Their parent(s) worked	17											
b. Their parent(s) were in training or an education program	6											
c. Child received or is in need of protective services	0											
Because there was a Federal Emergency and:												
d. Their parent(s) worked	0											
e. Their parent(s) were in training or an education program	0											
f. Child received or is in need of protective services	0											
5. Average number of hours of child care service provided per child per month	110	0	0	0	0	0	0	110	0	0	0	0
6. Average monthly amount paid for child care service												

Click the red arrow to open a window with additional information.

Help - Windows Internet Explorer
 https://extranet.acf.hhs.gov/acf700/include/consistency_2.html

Consistency check between the "Total Number of Children Receiving Child Care Services" row and the three "Reason Child Care Services Are Needed" rows. Do this check for each of Columns A through L.

Number of Children Receiving Child Care Services due to...

Element 2b, Total Number of Children Receiving Child Care Services = {
 Element 4a, Parent(s) Working
 Element 4b, Parent(s) in Training or Education
 Element 4c, Child Receiving or in Need of Protective Services
 Element 4d, Emg - Parent(s) Working
 Element 4e, Emg - Parent(s) in Training or Education
 Element 4f, Emg - Child Receiving of Protective Services

Close Window

Done Internet | Protected Mode: On 100%

Address:	CHILD:																			
	(A)	(B)																		
TOTAL	Relative																			
1. Total number of families that received services this fiscal year	23																			
2a. Average number of children served each month	6																			
2b. Total number of children that received services this fiscal year	28	0																		
3. Total number of children receiving services that fall into each age category:																				
a. 0 up to 1 year	0	0																		
b. 1 year up to 2 years	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
c. 2 years up to 3 years	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
d. 3 years up to 4 years	17	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
e. 4 years up to 5 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
f. 5 years up to 6 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
g. 6 years up to 13 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
h. Total number of children 0 up to 13 years (Add Column A, 3a through 3g)	28	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
i. 13 years and older	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Number of children who received child care services Because:																				
a. Their parent(s) worked	17																			
b. Their parent(s) were in training or an education program	6																			
c. Child received or is in need of protective services	0																			
Because there was a Federal Emergency and:																				
d. Their parent(s) worked	0																			
e. Their parent(s) were in training or an education program	0																			
f. Child received or is in need of protective services	0																			
5. Average number of hours of child care service provided per child per month	110	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Average monthly amount paid for child care service																				

A report without colored fields or arrows indicates the submission site detects no missing or inconsistent data...but is it accurate?

Address <https://extranet.acf.hhs.gov/acf700/tribe/beforecheck.jsp>

	CARE PROVIDED BY CCDF PROVIDER- NO LICENSE CATEGORY AVAILABLE IN A								CARE PROVIDED BY CCDF PROVIDER- LICENSED OR REGULATED IN A			
	CHILD'S HOME BY A			FAMILY HOME BY A		GROUP HOME BY A						
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
	TOTAL	Relative	Non-Relative	Relative	Non-Relative	Relative	Non-Relative	Center	Child's Home	Family Home	Group Home	Center
1. Number of families receiving child care services	30											
2a. Average number of children served per month	36											
2b. Total number of children receiving child care services	57	0	0	25	18	0	0	0	0	0	0	14
3. Age breakdown of children receiving child care services:												
a. 0 up to 1 year	5	0	0	2	2	0	0	0	0	0	0	1
b. 1 year up to 2 years	13	0	0	3	6	0	0	0	0	0	0	4
c. 2 years up to 3 years	9	0	0	4	3	0	0	0	0	0	0	2
d. 3 years up to 4 years	11	0	0	5	1	0	0	0	0	0	0	5
e. 4 years up to 5 years	7	0	0	5	1	0	0	0	0	0	0	1
f. 5 years up to 6 years	2	0	0	1	0	0	0	0	0	0	0	1
g. 6 years up to 13 years	10	0	0	5	5	0	0	0	0	0	0	0
h. 0 up to 13 years (sum of rows 3a through 3g)	57	0	0	25	18	0	0	0	0	0	0	14
i. 13 years and older	0	0	0	0	0	0	0	0	0	0	0	0
4. Number of children receiving child care services because:												
a. Parent is (or parents are) working	49											
b. Parent is (or parents are) in training or education program	6											
c. Child is receiving or in need of protective services	2											
5. Average number of hours children receiving child care services provided per child per month	163	0	0	168	159	0	0	0	0	0	0	163
6. Average monthly amount paid for child care service per child												
a. Average monthly CCDF subsidy	270	0	0	262	265	0	0	0	0	0	0	291
b. Average monthly parent copayment	28	0	0	20	33	0	0	0	0	0	0	30
7. Number of children receiving child care services from families with incomes:												
a. at or below the poverty threshold for families of the same size	14											
b. above the poverty threshold but at or below 150 percent of the poverty threshold for families of the same size	22											
c. above 150 percent of the poverty threshold but at or below 200 percent of the poverty threshold for families of the same size	19											
d. above 200 percent of the poverty threshold for families of the same size	2											
Comments:												

Supplemental Narrative Report

Note: OCC revised the Supplemental Narrative Report last year.

The new SNR features a variety of questions about Tribal childcare programs.

Grantees used the new version last year.

Accessing Part 2, Page 1 (from the Welcome Screen)

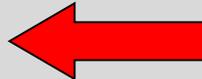
ACF - 700 Data Submission Center

Welcome Jane Doe

Congratulations !!!

You have successfully entered the ACF-700 Data Submission Center.
Please follow the instructions below to access your ACF-700 data
and/or to generate a Tribal Story Page based on your ACF-700 data

1) Please select the desired Federal Fiscal Year:

Federal Fiscal Year: 

Select
FFY 2016
FFY 2015
FFY 2014
FFY 2013
FFY 2012
FFY 2011
FFY 2010
FFY 2009
FFY 2008
FFY 2007
FFY 2006
FFY 2005
FFY 2004
FFY 2003
FFY 2002
FFY 2001
FFY 2000
FFY 1999
FFY 1998

2) Please select:

- the ACF-700 Form (Data Entry) Button to edit, view ACF-700 data
 - Or
 - the Tribal Story Page Button to generate Tribal Story Page
- (NOTE: ACF-700 data must be entered to generate Tribal Story Page)

Use this to
access
Element #1



[Sign out](#)

ACF-700 Submission Form

Part 2: Tribal Narrative Questions

Page 1: Contains Element #1

1. Provide a brief description of the Tribe's quality improvement activities during the last fiscal year by answering the questions below. Please check all boxes that apply. Under the "Describe" field, identify the Tribal Lead Agency's accomplishments and best practices.	
1a. What trainings did the Tribal Lead Agency provide for child care providers? Check all that apply.	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Prevention and control of infectious diseases (including immunizations) <input type="checkbox"/> Prevention of sudden infant death syndrome (SIDS) and use of safe sleeping practices <input type="checkbox"/> Administration of medication, consistent with standards for parental consent <input type="checkbox"/> Prevention of and response to emergencies due to food and allergic reactions <input type="checkbox"/> Prevention of shaken baby syndrome and abusive head trauma <input type="checkbox"/> Emergency preparedness and response planning for emergencies resulting from natural disaster or a human-caused event (such as violence at a child care facility) <input type="checkbox"/> Handling and storage of hazardous materials and the appropriate disposal of bio contaminants <input type="checkbox"/> Building and physical premises safety, including identification of and protection from hazard that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic. <input type="checkbox"/> Precautions in transporting children (if applicable) </div> <div style="width: 50%;"> <input type="checkbox"/> First aid and cardiopulmonary resuscitation (CPR) certification <input type="checkbox"/> Access to physical activity <input type="checkbox"/> Language and literacy <input type="checkbox"/> Caring for children with special needs <input type="checkbox"/> Administration and Program management <input type="checkbox"/> Child care as a business <input type="checkbox"/> None </div> </div> <input type="checkbox"/> Family engagement <input type="checkbox"/> Nutrition <input type="checkbox"/> Promotion of child development <input type="checkbox"/> Fiscal management <input type="checkbox"/> Curriculum development and instruction <input type="checkbox"/> Other topic(s) (List):
	<p>Describe the trainings the Tribal Lead Agency provided during the fiscal year. In your narrative, please also include the number of providers trained during the fiscal year:</p> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
1b. Did the Tribal Lead Agency support child care providers in achieving any of the following along a career pathway? Check all that apply.	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Credit towards required training hours <input type="checkbox"/> Credential <input type="checkbox"/> Other (List) </div> <div style="width: 50%;"> <input type="checkbox"/> Certificate <input type="checkbox"/> Degree <input type="checkbox"/> None </div> </div> <p>Describe the support given to providers in achieving credits, credentials, or degrees. In your narrative, please also include the number of providers who received support from the Tribal Lead Agency to obtain credits, credentials, or degrees. (For example, providing educational opportunities to support a pathway to professional development in early childhood development that enables providers to earn a Child Development Associate (CDA) credential, an AA or BA degree, etc.; offering a Native language credential; or providing coaching to providers on dealing with children's challenging behaviors.)</p> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
1c. How did the Tribal Lead Agency assist providers in meeting health and safety standards? Check all that apply.	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Provide health and safety equipment/materials <input type="checkbox"/> Classroom materials and resources <input type="checkbox"/> Other (List) </div> <div style="width: 50%;"> <input type="checkbox"/> Grants/mini-grants for health and safety equipment/materials <input type="checkbox"/> Financial assistance in meeting licensing requirements <input type="checkbox"/> None </div> </div> <p>Describe how the Tribal Lead Agency assisted providers in meeting health and safety standards:</p> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
1d. How did the Tribal Lead Agency support and provide culturally appropriate activities to children, parents, and providers? Check all that apply.	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Incorporation of Tribal language into child care settings <input type="checkbox"/> Served traditional Tribal foods in facilities <input type="checkbox"/> Culturally-based training to non-Tribal providers <input type="checkbox"/> None </div> <div style="width: 50%;"> <input type="checkbox"/> Modified curriculum to reflect Tribal culture <input type="checkbox"/> Culturally-based training opportunities for parents and providers <input type="checkbox"/> Other (List) </div> </div> <p>Describe the Tribal Lead Agency's support and provision of culturally appropriate activities:</p> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
1e. How did the Tribal Lead Agency provide consumer education to parents and providers? Check all that apply.	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Written materials, including newsletters, brochures, booklets, checklists, or handbooks about child care topics. <input type="checkbox"/> Local/Tribal media <input type="checkbox"/> Social media such as Facebook, Twitter, Instagram <input type="checkbox"/> Guidance and Education from Child Care Resource and Referral Agencies <input type="checkbox"/> Internet, including electronic media, publications, and webcasts about child care topics <input type="checkbox"/> Postings on community bulletin boards <input type="checkbox"/> Other (List): <input type="checkbox"/> None </div> </div> <p>Describe the consumer education the Tribal Lead Agency provided to parents and child care providers:</p> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Elements #1a- #1g

Provide a brief description of the Tribe's quality improvement activities by responding to questions 1a – 1g.

- Check all the boxes that apply.
- Under the "Describe" field, identify the Tribal Lead Agency's accomplishments and best practices.

Elements #1a - #1d

#1a: What trainings were made available for providers?

#1b: Did your TLA support child care providers in achieving credits, credentials, certificates, or degrees?

#1c: How did the TLA assist providers in meeting health and safety standards?

#1d: How did your TLA provide culturally appropriate activities to children, families, and providers?

Elements #1e - #1g

#1e: How did your TLA provide consumer education to parents and providers?

#1f: In which quality programs did providers participate?

#1g: Describe other quality activities the TLA offered and in which providers participated?

Accessing Part 2, Page 2 (from the Welcome Screen)

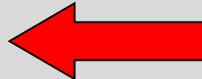
ACF - 700 Data Submission Center

Welcome Jane Doe

Congratulations !!!

You have successfully entered the ACF-700 Data Submission Center.
Please follow the instructions below to access your ACF-700 data
and/or to generate a Tribal Story Page based on your ACF-700 data

1) Please select the desired Federal Fiscal Year:

Federal Fiscal Year: 

Select
FFY 2016
FFY 2015
FFY 2014
FFY 2013
FFY 2012
FFY 2011
FFY 2010
FFY 2009
FFY 2008
FFY 2007
FFY 2006
FFY 2005
FFY 2004
FFY 2003
FFY 2002
FFY 2001
FFY 2000
FFY 1999
FFY 1998

2) Please select:

- the ACF-700 Form (Data Entry) Button to edit, view ACF-700 data
 - Or
 - the Tribal Story Page Button to generate Tribal Story Page
- (NOTE: ACF-700 data must be entered to generate Tribal Story Page)

Use this to
access
Elements #2 - 7



[Sign out](#)

ACF-700 Submission Form

Part 2: Tribal Narrative Questions

Page 2: Contains Elements #2 - #7

2. Did the Tribal Lead Agency coordinate activities with child care and early childhood development programs during the last fiscal year?		
Check all that apply.	<input type="checkbox"/> Head Start <input type="checkbox"/> Home visiting <input type="checkbox"/> Child and Adult Care Food Program (CACFP) <input type="checkbox"/> Public health entities (including agencies responsible for immunizations and dental care) <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> Public-private partnerships <input type="checkbox"/> Social services <input type="checkbox"/> Employment services/Workforce development <input type="checkbox"/> Other (List): <input type="checkbox"/> None	<input type="checkbox"/> Early Head Start <input type="checkbox"/> State Child Care Development Fund (CCDF) <input type="checkbox"/> Summer Food Service Program <input type="checkbox"/> Early Head Start - Child Care Partnerships <input type="checkbox"/> Pre-K/Kindergarten <input type="checkbox"/> Public Education
Describe the coordinated activities during the fiscal year:		
3. Did the Tribal Lead Agency supplement the CCDF grant with dollars from other sources to help run the child care program during the last fiscal year? Check one.		
<input type="radio"/> Yes <input type="radio"/> No		
<input type="checkbox"/> Tribal funds <input type="checkbox"/> Grant/Foundation funds <input type="checkbox"/> Private donations <input type="checkbox"/> State funds <input type="checkbox"/> Other Federal funds <input type="checkbox"/> Other (List):		
a. If yes, what other sources of funding were used? Check all that apply.		
4. Does the Tribal Lead Agency have any unmet technical assistance needs? Check one.		
<input type="radio"/> Yes <input type="radio"/> No		
Describe the Tribal Lead Agency's unmet technical assistance needs (up to five areas):		
5. Did the Tribal Lead Agency use the Child Care Data Tracker to collect data during the last fiscal year? Check one.		
<input type="radio"/> Yes (proceed to 5a) <input type="radio"/> No (proceed to 5b)		
a. If yes, please include a description of how the Tribal Lead Agency is using the Child Care Data Tracker for the ACF-700 report or other data reporting and administrative efforts.	Describe:	
b. If no, please describe why the Tribal Lead Agency is not using the Child Care Data Tracker.	Describe:	
6. In Section 5.1.1 of the Tribal Plan, Tribal Lead Agencies were asked to identify goals. The following questions will be related to the goals identified by the Tribal Lead Agency in the State Plan. (For the FY2016 Report, please refer to Section 5.2 of your FY2014-16 CCDF Plan)		
a. Please report on progress made towards those identified goals. Include a description of how the Tribal Lead Agency is tracking and measuring this progress.		
<input type="checkbox"/> Changes in current policies/procedures <input type="checkbox"/> Provided technical assistance and/or training <input type="checkbox"/> Enforced compliance		

Note: For #6, please refer to Section 5.2 of your FY2014-16 CCDF Plan, not the current CCDF Plan.

Elements #2 - #4

#2: Did the TLA coordinate activities with child care and early childhood development programs?

- Check all the boxes that apply.
- Under the "Describe" field, elaborate on any coordinated activities.

#3: Did the child care program use other funds to supplement the CCDF grant?

#3a: If yes, what other funds were used?

#4: Are there any unmet technical assistance needs?

Elements #5 - #7

#5: Was the *Child Care Data Tracker* used to help collect data for Part I of this report?

#5a: If yes, describe how it was used.

#5b: If no, describe why it was not used.

#6a: What progress was made towards reaching goals identified in **Section 5.2 of your FY2014-16 Tribal Plan**, and how is the progress tracked and measured?

#6b: What changes were made as a result of progress made towards the identified goals?

#7: Are there any additional comments (optional)?



Remember....

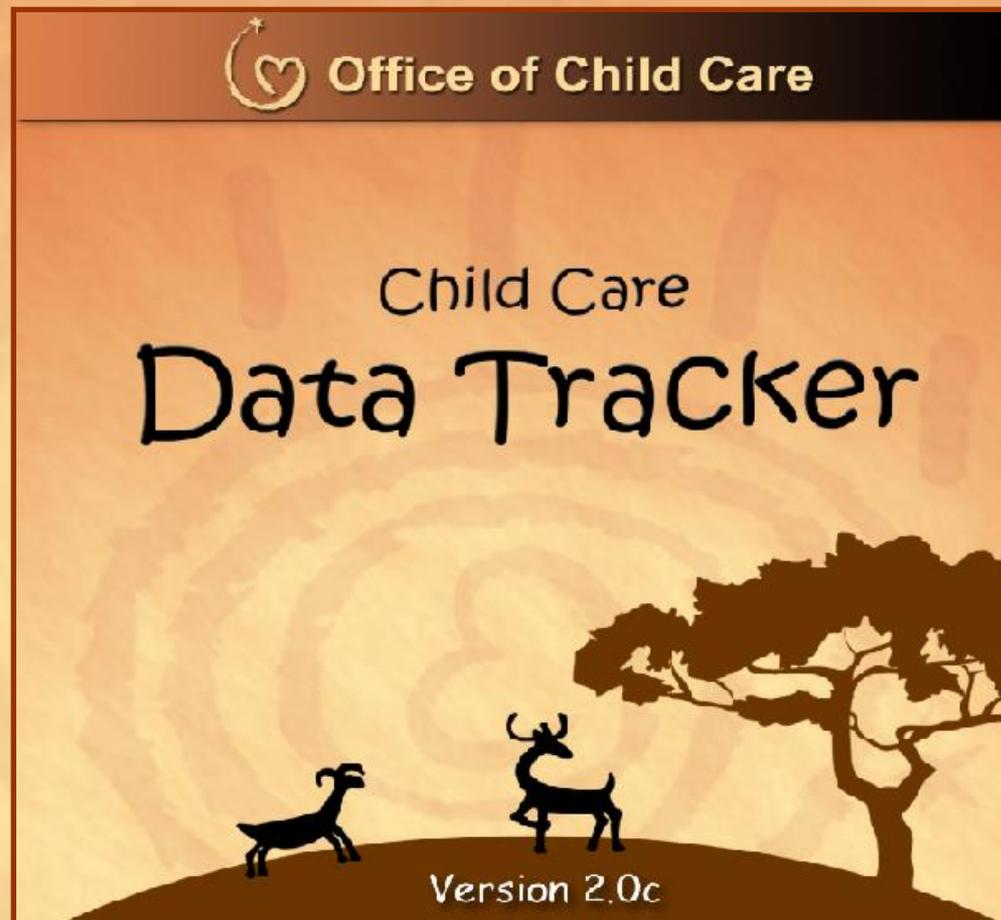
- Do not leave any fields blank – use zeroes if there is no data for any particular field (data report)
- Read each item carefully and provide the information requested
- Be sure to enter information in the correct row and column.
- Double check for accuracy before you submit the report.

ACF-700 Report: Review

- When is the ACF-700 report due?
- When should you begin collecting report data?
- What information do you need to complete the ACF-700 report?
- How do you access the ACF-700 Data Submission site?
- How do you submit your Supplemental Narrative Report?

Child Care Data Tracker

<https://www.acf.hhs.gov/occ/resource/child-care-data-tracker>



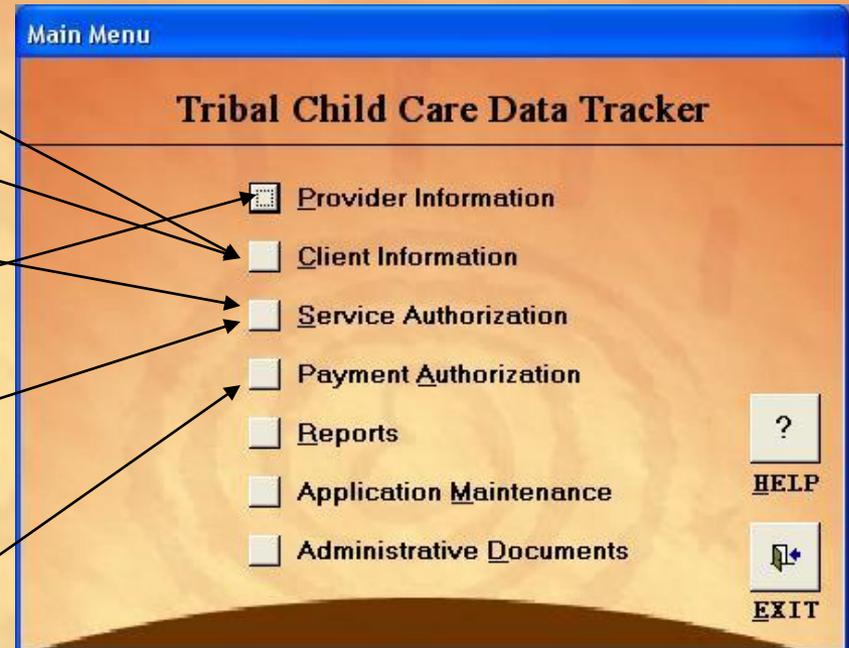
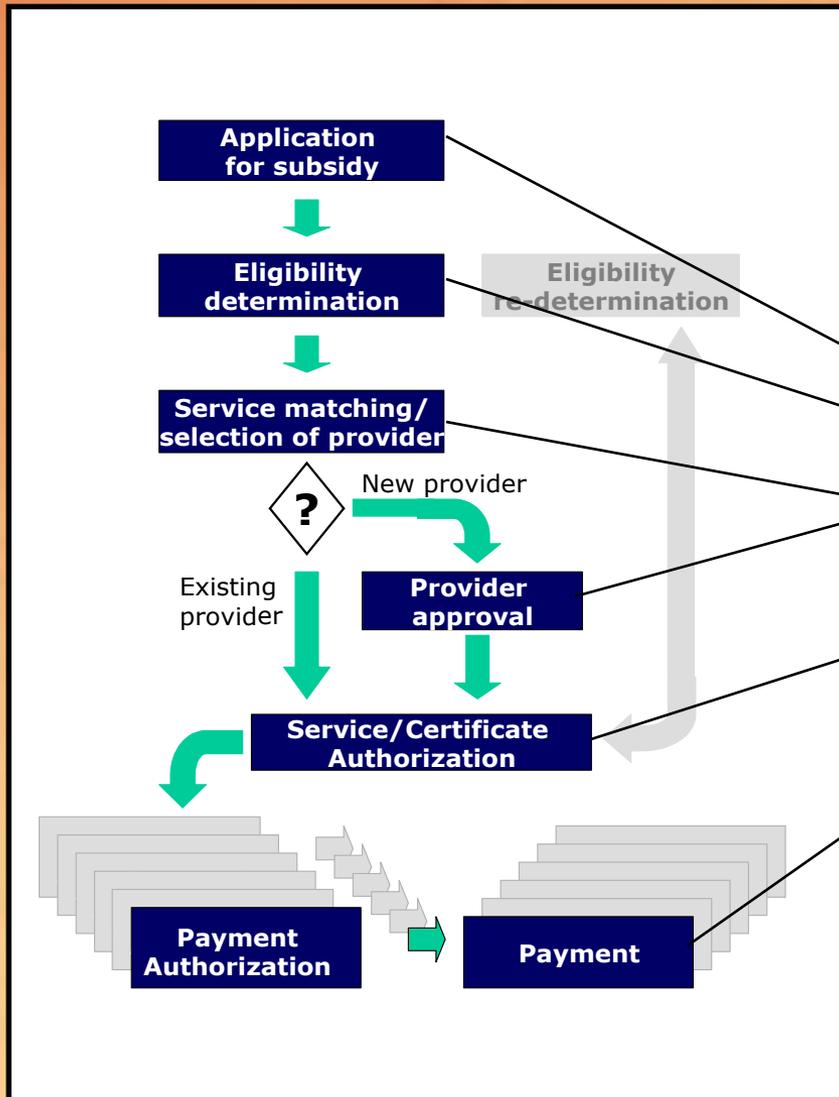
The Tracker :

Your Tool for Case Management

The Tracker can be used to:

- Generate your ACF-700 data **automatically** and provide numbers for easy completion of the online ACF-700
- Easily access individual case records
- View and print lists of clients or providers
- Update child care records smoothly
- Search client records by selected criteria
- Create and print official certificates, approval letters, and data documents

The *Child Care Data Tracker* stores all the information needed for the ACF-700 report.



Password Protected to Secure Data

Tribal Child Care Data Tracker

Tribal Child Care Data Tracker

Version 2.0c

USERNAME:

PASSWORD:

OK


EXIT



Required Fields

Check Boxes

Drop Down Lists

Provider Information

Vendor Number

Provider Name

SSN / EIN

Street

City

State Zip

County/Parish

TelephoneNo

Mailing Address

Copy Address From Above

Street

City

State Zip

Comments

Approval Information

Application Date

Approval Date

Last Review Date

Next Review Date

Background Check?

Background Check Date

Setting

Setting

Child's Home

Family's Home

Group Home

Center

Status

Changed Date

Closed Date

License/Accreditation Information

Licensed/Regulated ? Yes No

License Type License Number Exp Date

Accreditation Type

Certifications/Accreditation

View/Print Provider Info **Save** **Help** **Close**

Text Field

Select Buttons

Standard Search Screen

Provider Search

Provider Search

Select Provider Select City Select Zip Code

Rosie's Day Care

Provider Name	Address	City	County	State	Zip Code
Rosie's Day Care	1234 Mill Dr.	Rockville		MD	20874

1 record(s) found from a total of 4 Provider record(s)

Edit Print View Help

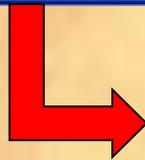
View All Providers Clear View Close

Report Module

Main Menu

Tribal Child Care Data Tracker

- Provider Information
- Client Information
- Service Authorization
- Payment Authorization
- Reports
- Application Maintenance
- Administrative Documents



Reports Menu

Tribal Child Care Data Tracker

- ACF-700/Program Profile Reports
- Applicant Reports
- Provider Reports
- Review Date Reports
- Service Authorization Reports
- Payment Authorization Reports
- Mailing Labels
- Main Menu

HELP

ACF-700 Report

Summary Reports

ACF-700/Program Profile Reports

ACF 700

Program Profile (Story Page)

Financial Profile

Federal
Fiscal Year:

Or

Desired Period: To

View/Print **Help** **Close**

ACF-700 Reporting Guidance

- Program Instruction CCDF-ACF-PI-2017-04
Data Reporting for Indian Tribes: ACF-700 Form
<https://www.acf.hhs.gov/occ/resource/ccdf-acf-pi-2017-04>
- Technical Bulletins
 - #11 – ACF-700 and Other CCDF Reporting Requirements: Frequently Asked Questions
 - #12 – ACF-700 Clarifications
 - #13 – Child Care Data Tracker Clarifications
 - #14 – CCDF Reporting Clarifications for Tribally Operated Centers<https://www.acf.hhs.gov/occ/resource/current-technical-bulletins>

Contact us

National Center on Child Care Data and Reporting (NCDR)

- Phone: 877-249-9117
- Email: ncdr@ecetta.info
- Website: <https://childcareta.acf.hhs.gov/centers/national-center-child-care-data-and-reporting>

National Center on Tribal Early Childhood Development (NCTECD)

- Phone: 877-296-2401
- Email: nctecd@ecetta.info
- Website: <https://childcareta.acf.hhs.gov/centers/national-center-tribal-early-childhood-development>
- Newsletter: <http://eepurl.com/cs6Osv>