

Office of Child Care's 2018 American Indian and Alaska Native Regional Conference

ACF-700 REPORTING REQUIREMENTS

NATIONAL CENTER ON CHILD CARE DATA AND REPORTING

NCDR

Session Objectives

- Discuss the annual CCDF reporting requirements
- Introduce both parts of the ACF-700 Report:
 - Part 1 – Administrative Data Report
 - Part 2 – Supplemental Narrative Questions
- Examine the ACF-700, Part 1 Administrative Data Report
- Go over submission of ACF-700 report via online site
- Discuss data challenges and quality assurance measures

Annual CCDF Reporting Requirements

ACF-700 Report

Part 1 – Administrative Data Report

Part 2 – Supplemental Narrative Questions

See current information and guidance at:

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

Due no later than December 31st

Part 1 – Administrative Data Report

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) 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) Center	(I) Child's Home	(J) Family Home	(K) Group Home	(L) Center
		(B) Relative	(C) Non-Relative	(D) Relative	(E) Non-Relative	(F) Relative	(G) Non-Relative					
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 provide 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.
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.												

#1

TOTAL NUMBER OF FAMILIES
THAT RECEIVED SERVICES THIS
FISCAL YEAR

How many families did you serve?

#2A

AVERAGE NUMBER OF CHILDREN SERVED EACH MONTH

What was the monthly average of children served per month?

#2B

TOTAL NUMBER OF CHILDREN
THAT RECEIVED SERVICES THIS
FISCAL YEAR

How many children in total did you serve?

(Total and by care type)

Child Care Types

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, cont.

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.

Group Activity 1

Your Tribal program served 4 children during the previous fiscal year. The chart below details each child's care. Using the Group Activity 1 handout, determine the appropriate care type(s) attended by each child and complete Element #2b (total number of children).

Adam attends a licensed Tribally-operated child care facility with 9 providers and 30 other children.

Bridget goes to a licensed home-based daycare during the day, which is run by 3 staff members. In the evening, she attends a small, non-licensed daycare run by her grandmother (in the grandmother's home).

Carol is cared for in her own home by her grandfather, a non-licensed provider.

Darryl is cared for by Bridget's grandmother in the grandmother's home.

Group Activity 1 ANSWER

Adam attends a licensed Center (column L).

Bridget attends a licensed group home (column K) and a non-licensed relative family home (column D).

Carol receives care in her own home by a non-licensed relative provider (column B).

Darryl attends a non-licensed non-relative family home (column E).

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		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	4	1	0	1	1	0	0	0	0	0	1	1	
3. Total number of children receiving services that fall													

#3A-I

TOTAL NUMBER OF CHILDREN RECEIVING SERVICES THAT FALL INTO EACH AGE CATEGORY

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)

COMPLETE NAME OF TRIBAL LEAD AGENCY: ADDRESS: CONTACT PERSON: Phone: E-Mail:	(A) TOTAL	CATEGORY/TYPE OF CHILD CARE						CARE PROVIDED BY CCDF PROVIDER--LICENSED OR REGULATED					
		CARE PROVIDED BY A CCDF PROVIDER--NO LICENSE CATEGORY AVAILABLE						CARE PROVIDED BY CCDF PROVIDER--LICENSED OR REGULATED					
		IN A		IN A		IN A		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)						Child's Home	Family Home	Group Home
		Relative	Non-Relative	Relative	Non-Relative	Relative	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	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.

#4A-F

NUMBER OF CHILDREN WHO RECEIVED SERVICES BECAUSE ...

On what basis were your children eligible for CCDF child care?

- Parents worked
- Parents were in education/training program
- Child was in Protective Services
- Federal emergency + combination of one of the above reasons

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		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	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.
Comments: (Please use the back of this sheet if necessary)													

#5

AVERAGE NUMBER OF HOURS OF CHILD CARE SERVICE PROVIDED PER CHILD PER MONTH

What was the monthly average hours of care per child?

(Total and by care type)

COMPLETE NAME OF TRIBAL LEAD AGENCY: ADDRESS: CONTACT PERSON: Phone: E-Mail:		(A) TOTAL	CATEGORY/TYPE OF CHILD CARE						CARE PROVIDED BY CCDF PROVIDER--LICENSED OR REGULATED			
			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) Center	(I) Child's Home	(J) Family Home	(K) Group Home
(B) Relative	(C) Non-Relative	(D) Relative	(E) Non-Relative	(F) Relative	(G) Non-Relative							
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.

Tracking Monthly Hours

For each month, record the hours of care for each child by care type.

Example:

Month	Rita Reed	Sally Smith	Tim Turner
OCT	Licensed Family Home 100 hours	Licensed Center 50 hours	Licensed Center 80 hours
NOV	Licensed Family Home 98 hours	Licensed Center 52 hours	Licensed Center 82 hours
...
SEP	Licensed Family Home 97 hours	Licensed Center 51 hours	Licensed Child's Home 78 hours

#6A

AVERAGE MONTHLY CCDF PROGRAM SUBSIDY PER CHILD

What was the monthly average amount paid by the Tribal program from its CCDF grant for each child's care?

(Total and by care type)

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		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	
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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.

Tracking Monthly Subsidy

For each month, record the subsidy separately for each provider.

Example:

Month	ABC Kids Center (Licensed Center)	Kids Rule Daycare (Non-licensed Center)	A to Z Care (Licensed Family Home)
OCT	\$2,000	\$1,500	\$600
NOV	\$2,200	\$1,700	\$580
...
SEP	\$2,100	\$1,300	\$590

NOTE: 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

AVERAGE MONTHLY PARENT COPAYMENT PER CHILD

What was the monthly average amount paid by the family for each child in the family?

(Total and by care 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	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.

Tracking Monthly Parent Copay

For each month, record the copayment for each child by care type.

Example:

Month	Rita Reed	Sally Smith	Tim Turner
OCT	Licensed Family Home \$25	Licensed Center \$15	Licensed Center \$30
NOV	Licensed Family Home \$25	Licensed Center \$15	Licensed Center \$30
...
SEP	Licensed Family Home \$25	Licensed Center \$15	Licensed Child's Home \$20

Calculating Averages for Elements 5, 6a, & 6b

Use the following steps to calculate the total average monthly hours (5), subsidy (6a), and parent copayment (6b) per child:

1. Determine the total number of hours/subsidy/copayment for month X (for example, January).
2. Determine the total number of children served during month X.
3. Divide the total number of hours/subsidy/copayment from step 1 by the total number of children from step 2 to get the average hours/subsidy/copayment per child for month X.

Calculating Averages for Elements 5, 6a, & 6b, cont.

4. Repeat steps 1 - 3 for each month that services were provided.
5. Add together each of the monthly averages to get a sum for the entire fiscal year.
6. Divide the sum from step 5 by the total number of months services were provided during the year to get the total average hours/subsidy/copayment per child per month.

Use these same steps to calculate the average monthly hours/subsidy/copayment per child for each care type.

Example Monthly Average Hours Calculation

Month	Total Hours	÷	Total Children	=	Avg. Hours per Child
Oct	3200	÷	32	=	100.00
Nov	3260	÷	30	=	108.67
Dec	3300	÷	31	=	106.45
Jan	3315	÷	30	=	110.50
Feb	3225	÷	29	=	111.21
Mar	3390	÷	31	=	109.35
Apr	3230	÷	28	=	115.36
May	3400	÷	32	=	106.25
Jun	2200	÷	25	=	88.00
Jul	2350	÷	24	=	97.92
Aug	2100	÷	21	=	100.00
Sep	3210	÷	30	=	107.00

Add up average hours per child from each month	÷	# Service Months	=	Avg. Hours per Child per Month
1260.70	÷	12	=	105.06
Round to the nearest whole number. NO FRACTIONS!!!				105

Group Activity 2

Your Tribal program served 3 children during the previous fiscal year. The chart below depicts the month-to-month breakdown of services provided. Using the Group Activity 2 handout and the details in the chart below, calculate the total average monthly hours of care per child.

Child	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep
Eliza	100	100	100	100	100	100	100	100				100
Frank									100	100	100	
Gina	100		100		100		100		100		100	

Group Activity 2 **ANSWER**

Month	Total Hours	÷	Total Children	=	Avg. Hours per Child
Oct	200	÷	2	=	100
Nov	100	÷	1	=	100
Dec	200	÷	2	=	100
Jan	100	÷	1	=	100
Feb	200	÷	2	=	100
Mar	100	÷	1	=	100
Apr	200	÷	2	=	100
May	100	÷	1	=	100
Jun	200	÷	2	=	100
Jul	100	÷	1	=	100
Aug	200	÷	2	=	100
Sep	100	÷	1	=	100

Add up average hours per child from each month	÷	# Service Months	=	Avg. Hours per Child per Month
1200	÷	12	=	100
<p>Round to the nearest whole number. NO FRACTIONS!!!</p>				100

#7A-D

NUMBER OF CHILDREN SERVED WHOSE FAMILY INCOME WAS ...

How many children were in families whose incomes falls into one of the Federally-defined poverty levels?

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	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.

Poverty Thresholds

The HHS annual poverty guidelines are available at:

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

and

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

Group Activity 3

Using the income information below and the Group Activity 3 handout, determine appropriate poverty levels and answer Element #7a-d for the following children and families.

Hanna and Harry earn \$46,000 annually. They have two children, both in CCDF child care.

Jessica earns \$20,000 annually. She has two children, only one of whom is in CCDF child care.

Group Activity 3 ANSWER

Hanna and Harry

Family size = 4 (2 CCDF children)

Poverty level = 7c ($> 150\%$, $\leq 200\%$)

Jessica

Family size = 3 (1 CCDF child)

Poverty level = 7a (\leq Fed threshold)

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. 1
- b. 0
- c. 2
- d. 0

Count of **CHILDREN!**
Report **CCDF** children only!

#8A-D

NUMBER OF CHILDREN SERVED BY PAYMENT TYPE THIS FISCAL YEAR

Which method was used to pay for each child's care?

(Total and by care type)

- A. Grant/contract with provider
- B. Certificate or voucher to parent and/or provider
- C. Cash payment to parent
- D. Tribally-operated center

COMPLETE NAME OF TRIBAL LEAD AGENCY: ADDRESS: CONTACT PERSON: Phone: E-Mail:		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					
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	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.

Payment Types

- A. Grant/Contract with Provider: A legally binding agreement (usually via a competitive bid) with a child care provider to deliver services, defining the terms and conditions of those services.
- B. 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.
- C. Cash Payment to Parent: Money paid to parents to cover the cost of child care services.
- D. 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.

ACF-700 Report Submission

ACF-700 ONLINE SUBMISSION SITE

Office of Child Care Website

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

The screenshot shows the website's header with the U.S. Department of Health & Human Services and Administration for Children & Families logos. The main navigation bar includes links for HOME, ABOUT, INITIATIVES, DATA & FUNDING, TECHNICAL ASSISTANCE, and POLICY & PROGRAM RESOURCES. A red arrow points to the 'CCDF Reporting' link in the POLICY & PROGRAM RESOURCES menu. Below the navigation is a large image of a woman holding a baby and a smartphone. A second red arrow points to the 'CCDF Reporting Guidelines and Resources for States, Territories and Tribes' article. The article content includes the date (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), and types (Fundamentals). It features social sharing buttons for Twitter, LinkedIn, and YouTube. The 'States and Territories:' section lists several reporting requirements and forms, including ACF-800, ACF-801, ACF-696, ACF-118, and ACF-403/404/405. The 'Tribes:' section lists reporting requirements for Tribes, with the 'ACF-700 - Annual Aggregate Child Care Data Report' highlighted by a red box and a red arrow.

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

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

The Office of Child Care supports low-income working families through... children's learning by improving the quality of early care a...

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



ACF - 700 Data Submission Center

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:	<input type="text"/>
Password:	<input type="password"/>
<input type="submit" value="Submit"/>	

Information Security Screen

- You are accessing a U.S. Government information system which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.
- Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.
- By using this information system, you understand and consent to the following:
 - You have no reasonable expectation of privacy regarding any communications or data transiting or stored on this information system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.
 - Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

OK

Click OK to indicate you have read and comply with the information security regulations.

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

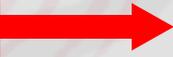
1) Please select the desired Federal Fiscal Year:

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

Select the appropriate fiscal year.

Part 1
Administrative
Data Report



ACF-700 Form (Data Entry)

(Text Version)

Part 2
Supplemental
Narrative
Questions



ACF-700 Form Part 2 Page 1
ACF-700 Form Part 2 Page 2

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)

Tribal Story Page

(Text Version)

[Sign out](#)

ACF-700 Administrative Data Report 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												

Built-In System Error Checks

Address:	CARE PROVIDER NO LICENSE				
	CHILD'S HOME BY A			FAMILY	
	(A)	(B)	(C)	(D)	
TOTAL	Relative	Non-Relative	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	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	
b. 1 year up to 2 years	1	0	0	0	
c. 2 years up to 3 years	10	0	0	0	
d. 3 years up to 4 years	17	0	0	0	
e. 4 years up to 5 years	0	0	0	0	
f. 5 years up to 6 years	0	0	0	0	
g. 6 years up to 13 years	0	0	0	0	
h. Total number of children 0 up to 13 years (Add Column A, 3a through 3g)	28	0	0	0	28
i. 13 years and older	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	110
6. Average monthly amount paid for child care service					

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 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

Element 2b, Total Number of Children Receiving Child Care Services =

Close Window

Done Internet | Protected Mode: On 100%

Is it accurate?

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/jad700/tribe/beforecheck.sp>

	(A) TOTAL	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			(I)	(J)	(K)	(L)
		(B) Relative	(C) Non- Relative	(D) Relative	(E) Non- Relative	(F) Relative	(G) Non- Relative	(H) Center	(I) Child's Home	(J) Family Home	(K) Group Home	(L) 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	5											
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 income:												
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:												

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 the appropriate fiscal year.

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)

Part 1
Administrative
Data Report

Part 2
Supplemental
Narrative
Questions

FFY 2016 ▼
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

[Sign out](#)

Narrative Page 1: 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.	
<p>1a. What trainings did the Tribal Lead Agency provide for child care providers? Check all that apply.</p>	<ul style="list-style-type: none"> <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) <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): <ul style="list-style-type: none"> <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 <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; width: 100%;"></div>
<p>1b. Did the Tribal Lead Agency support child care providers in achieving any of the following along a career pathway? Check all that apply.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Credit towards required training hours <input type="checkbox"/> Credential <input type="checkbox"/> Other (List) <input type="checkbox"/> Certificate <input type="checkbox"/> Degree <input type="checkbox"/> None <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; width: 100%;"></div>
<p>1c. How did the Tribal Lead Agency assist providers in meeting health and safety standards? Check all that apply.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Provide health and safety equipment/materials <input type="checkbox"/> Classroom materials and resources <input type="checkbox"/> Other (List) <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 <p>Describe how the Tribal Lead Agency assisted providers in meeting health and safety standards:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<p>1d. How did the Tribal Lead Agency support and provide culturally appropriate activities to children, parents, and providers? Check all that apply.</p>	<ul style="list-style-type: none"> <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 <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) <p>Describe the Tribal Lead Agency's support and provision of culturally appropriate activities:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<p>1e. How did the Tribal Lead Agency provide consumer education to parents and providers? Check all that apply.</p>	<ul style="list-style-type: none"> <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 <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; width: 100%;"></div>

Narrative Page 2: 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-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.	Describe the additional sources of funding and how they were used:		
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.	Describe the Tribal Lead Agency's activities as they relate to progress towards your goals:		
	<input type="checkbox"/> Changes in current policies/procedures	<input type="checkbox"/> Provided technical assistance and/or training	<input type="checkbox"/> Enforced compliance

Data Tips, Tricks, and Challenges

QUALITY ASSURANCE MEASURES

Information and Quality Management

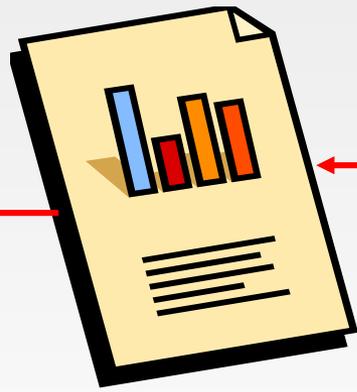
Gather information from providers and clients

Check for accuracy



Generate the ACF-700 for submission by 12/31

CHILD CARE AND DEVELOPMENT FUND ANNUAL REPORT ON SERVICES PROVIDED FROM October 01, 2007 THROUGH September 30, 2008		CARE PROVIDER BY CATEGORY TYPE OF CHILD CARE												OMB APPROVAL NO. 0980-0041 EXPIRATION DATE: 2/28/2011		
FACILITY TYPE		CARE PROVIDER BY AGENCY PROVIDER NO LICENSE CATEGORY AVAILABLE BY						CARE PROVIDER BY COST PROVIDER- LICENSED BY REGULATOR BY						TOTAL		
TYPE	NO.	0000000000	0000000000	0000000000	0000000000	0000000000	0000000000	0000000000	0000000000	0000000000	0000000000	0000000000	0000000000	0000000000	0000000000	0000000000
1. Number of facility (day care center)	3															
2. Number of facility (other care center)	0															
3. Total number of children (enrolled) (day care center)	8	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Total number of children (enrolled) (other care center)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Total number of children (enrolled) (total)	8	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Number of children (enrolled) (total)	2															
7. Number of children (enrolled) (total)	2															
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9. Number of children (enrolled) (total)	2															
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Generate periodic reports to ensure quality of data



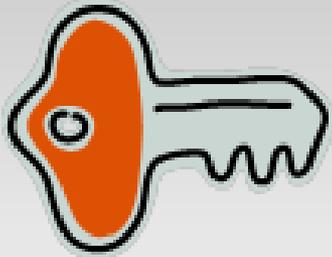
Regularly review and update information

Common 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

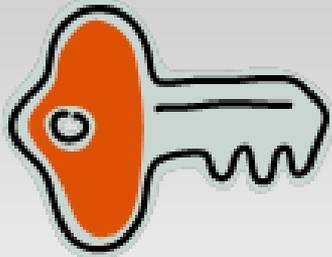
All families and children should be counted on the ACF-700 report if they:

- Meet CCDF eligibility criteria

AND

- 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)

Finally ...

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



- 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.

Reminders

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

Additional ACF-700 Guidance

Program Instruction CCDF-ACF-PI-2015-07

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>

NCDR

For assistance, contact the
**National Center on Child Care
Data and Reporting**

2600 Tower Oaks Blvd., Suite 600
Rockville, MD 20852

Toll-free 1-877-249-9117

Fax 301-816-8640

ncdr@ecetta.info