

Requirements and Tools for Quality ACF-700 Data Reporting

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

Session Objectives

- Discuss the use of policies and procedures for data management
- Review CCDF reporting requirements
- Provide tools to support quality data collection for preparation and submission of the ACF-700 Report
- Introduce the *Child Care Data Tracker* as a case management software tool

Policies and Procedures

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?

CCDF Reporting Requirements

Financial Information (ACF-696T)

ACF-700 Data Report Supplemental Narrative

See current information and guidance at:

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

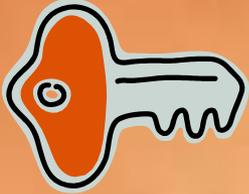
Due no later than December 31st

Annual ACF-700 Report is Due 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)						
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 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.

ACF-700 Report - Overview



Keys To A Good Report

- Column A should represent all of the children receiving services regardless of the type of care they receive. This is an unduplicated count and each family/child should be counted only once in Column A.
- Columns B-L should represent a count of children served in each care type. If, during the report year, a child receives care in more than one type of care, that child should be counted in each appropriate care type column.
- Some elements require counts while other elements require averages.

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.)

OCC distinguishes *licensed/regulated* vs. *non-licensed* care:

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.

Family and Child Counts

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.

Counts of Families and Children Served

Element 1 (Column A). Total, unduplicated count of FAMILIES served during the Federal Fiscal Year (FFY), Oct. 1 – Sept. 30

Element 2a (Column A). Average number of CHILDREN served per month

Element 2b (Column A). Total, unduplicated count of children served during the FFY

Element 2b (Columns B-L). Total count of children served in each care type during the FFY

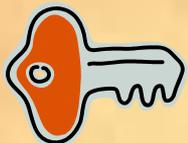
Child's Age Information

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) 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	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 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												
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												
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												
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												

Child's Age Information

Element 3a-i (Column A). Total, unduplicated number of children in each age category

Element 3a-i (Columns B-L). Total, unduplicated number of children in each age category in each care type



Record child's age as it was at the end of the reporting period or when they exited the program.

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	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.	0 h.	0 h.	0 h.	0 h.	0 h.	0 h.	0 h.	0 h.	0 h.	0 h.	0 h.	0 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 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.
Comments: (Please use the back of this sheet if necessary)													

Child Counts by Reason for Care

Element 4a-f (Column A). Total number of
CHILDREN in child care – 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 a training or an education program
- f) Child received or needed protective services

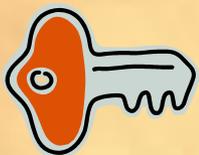
Hours of Service Per Child Per Month

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	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 Number of Hours of Care

Element 5 (Column A). AVERAGE number of hours that all children spent in child care each month

Element 5 (Columns B-L). AVERAGE number of hours for children receiving care in each care type during each month



Record hours separately for each care type each month.

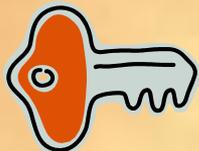
Average Monthly CCDF Subsidy

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													
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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.

Average Monthly Subsidy

Element 6a (Column A). AVERAGE monthly CCDF subsidy amount paid to providers for services delivered to all children receiving subsidized care

Element 6a (Columns B-L). AVERAGE monthly CCDF subsidy amount paid for all children within each care type



This reported amount does not include family co-payment.

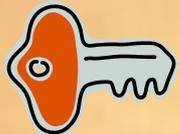
Average Monthly Family Co-Payment

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	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 Co-Payment

Element 6b (Column A). AVERAGE monthly amount the family is assessed to pay per child out-of-pocket for child care services

Element 6b (Columns B-L). AVERAGE monthly amount families are assessed to pay for child care services per child in each care type



Report the average co-payment per child.

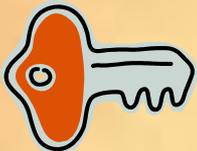
Poverty Thresholds

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	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 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													
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													
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													
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													

Count of Children By Family Poverty Threshold

Element 7a-d (Column A). Total number of children in families with income falling within poverty thresholds:

- a. at or below poverty threshold
- b. above poverty threshold but at or below 150% threshold
- c. above 150% but at or below 200% threshold
- d. above 200 % of poverty threshold



The annual poverty guidelines are available online at:

<https://www.acf.hhs.gov/occ/resource/current-technical-bulletins>

This is a count of CHILDREN, NOT families.

Payment Type

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	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

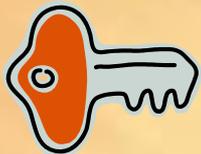
OCC distinguishes *between 4 payment types*:

- Grant/contract with provider
- Certificate or voucher to parent and/or provider
- Cash payment to parent
- Tribally-operated Center

Count of Children By Payment Type

Element 8a-d (Column A). Total number of children served for using each payment type.

Element 8a-d (Columns B-L). The number of children in each type of care that are served by each payment type.



This is a count of CHILDREN, NOT families.

How is your Program currently capturing data and calculating your ACF-700 Report?

Resources for Capturing/Managing Data

- Manual collection/calculation
- Excel Spreadsheet
- **Data Tracker**

Child Care Data Tracker



Office of Child Care

Child Care Data Tracker



Version 2.0c

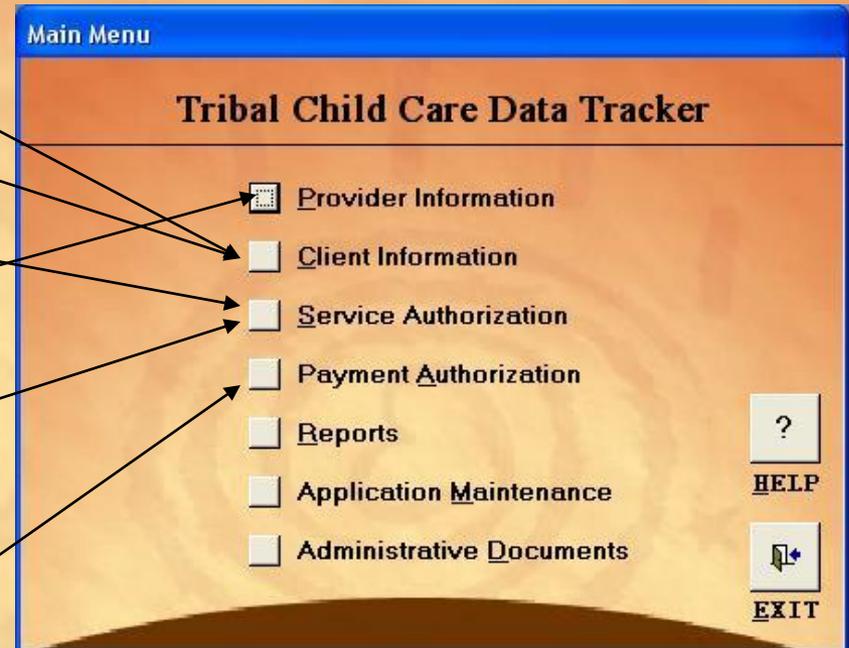
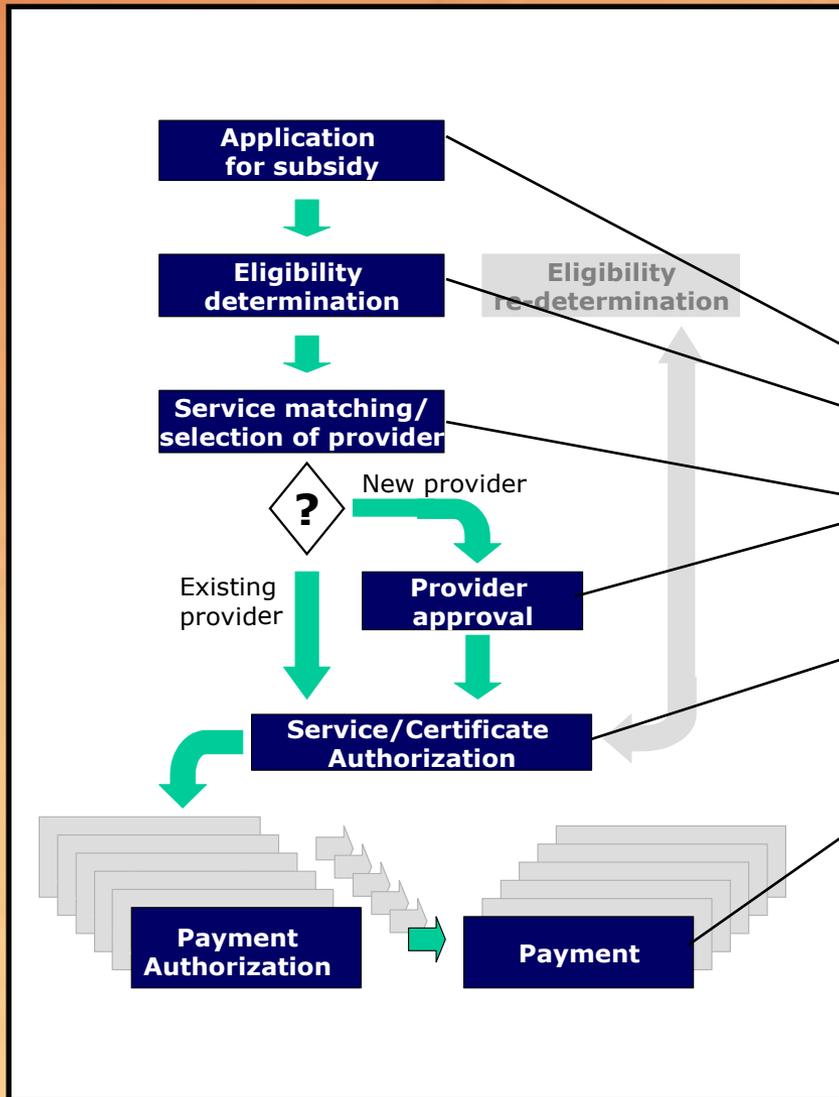
The Tracker :

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.



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

Integrated Help System

Id Care Data Tracker

Insert Records Window Help

Compact Database Close

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

Accreditation Type

Certifications/Accreditation

Help

Hide Back Print Options

- 1. Overview: What is Tribal Tracker?
- 2. Getting Started
- 3. Main Menu
- 4. Provider Information
 - 4.1 Add A Provider
 - 4.2 Edit A Provider
- 5. Client Information
- 6. Service Authorization
- 7. Payment Authorization
- 8. Reports
- 9. Application Maintenance
- 10. Administrative Documents

Add Provider Information

To ensure accuracy of reports and to have optimal use of the Tracker, enter as much information as possible about the Providers.

1. Click on the **Provider Information** button on the Main Menu.
2. Click on the **Add Provider Information** button to open the *Provider Information* form

Provider Information

Vendor Number

Provider Name

Password Protected to Secure Data

Tribal Child Care Data Tracker

Tribal Child Care Data Tracker

Version 2.0c

USERNAME:

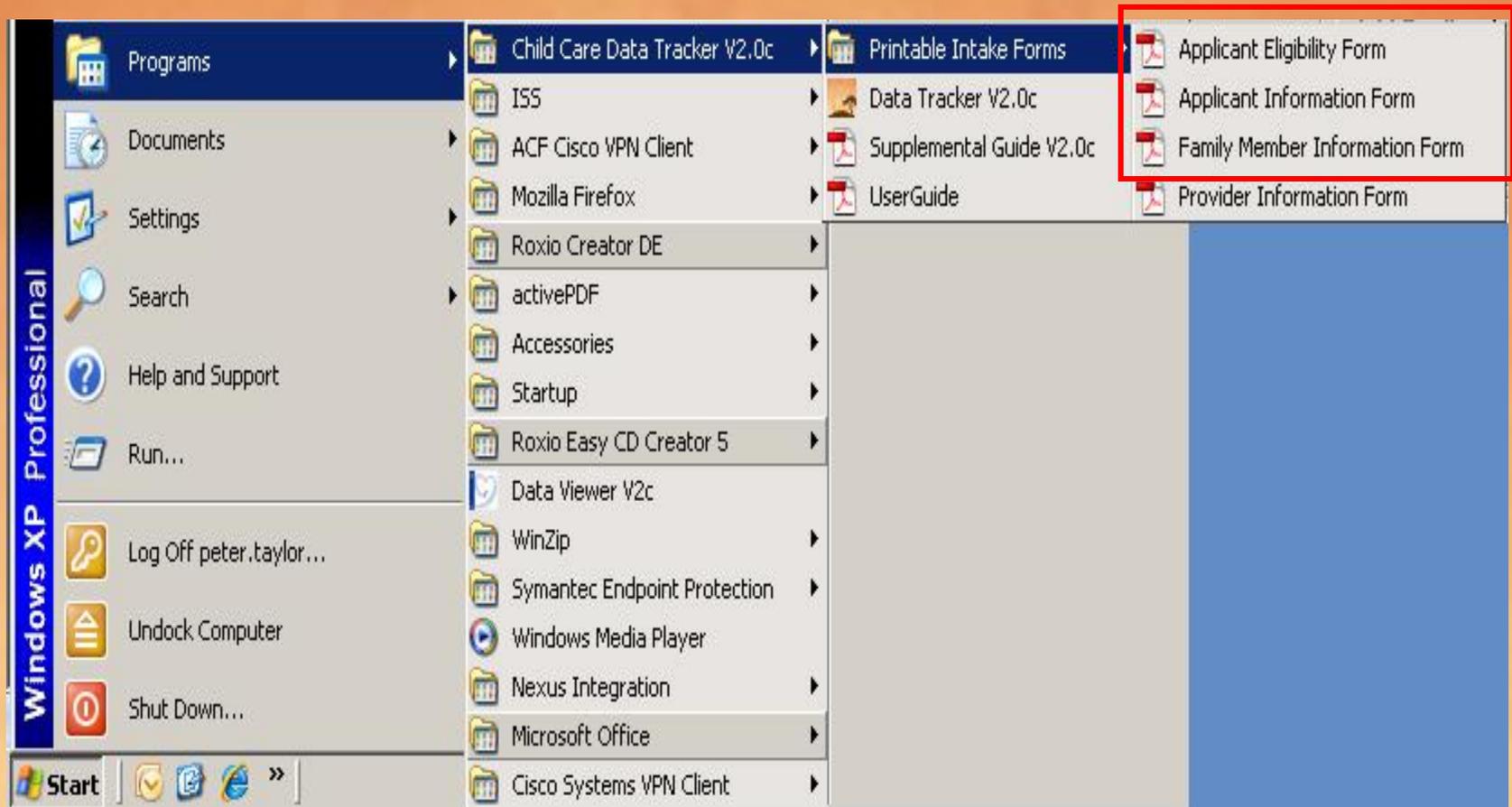
PASSWORD:

OK


EXIT



Printable Intake Forms



BEGIN DEMONSTRATION

Provider Information Module

Main Menu

Tribal Child Care Data Tracker

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

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HELP


EXIT

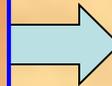
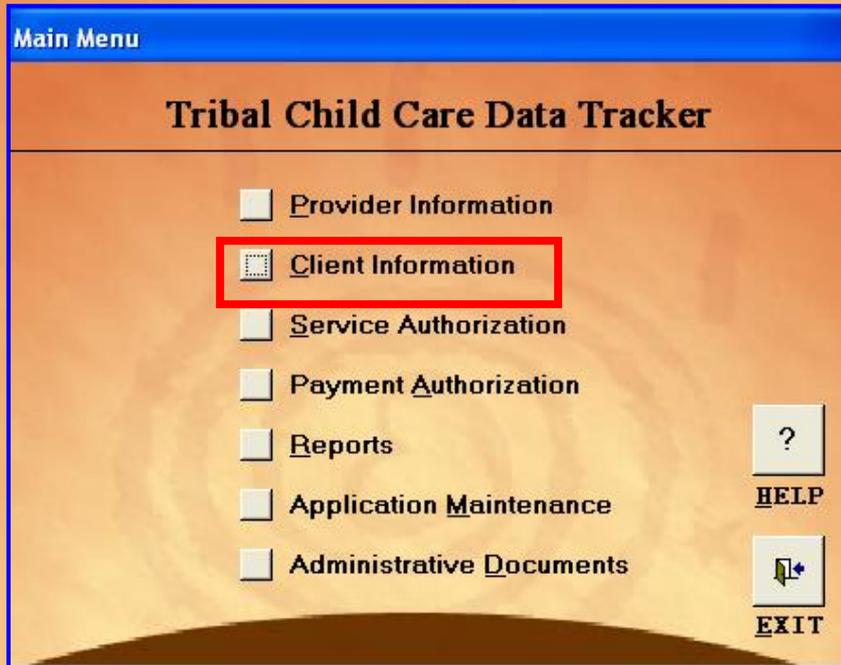
Provider Menu

Tribal Child Care Data Tracker

- Add Provider Information**
- Edit Provider Information**
- Main Menu**

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HELP

Client Information Module



Client Information

Client Information consists of 3 parts:

- Applicant Information
- Financial / Eligibility Information
- Family Member Information

Client Information Applicant Form

Any area that is highlighted in yellow is required information

Client Information
Applicant Information Data Entry Form

Applicant Information

Local Case ID	<input type="text"/>	Application Date	<input type="text"/>	Tribal Affiliation	<input type="text"/>
Tribal ID	<input type="text"/>	Initial Date	<input type="text"/>	Case Worker	<input type="text"/>
Applicant SSN	<input type="text"/>	Last Review Date	<input type="text"/>	Program Defined Information	<input type="text"/>
First Name	Jane	Next Review Date	<input type="text"/>	Eligibility Criteria	<input type="text"/>
Last Name	Doe	Closed Date	<input type="text"/>	Eligibility Documents	<input type="text"/>
Address	123 Maple Ave.		Closed Reason	<input type="text"/>	
City	Rockville		Eligibility/Financial Info		
State	MD	Zip	Eligibility Period		thru
County/Parish	<input type="text"/>		Gross Annual Income		
Phone #	<input type="text"/>		CCDF Monthly Income		
Single Parent	<input type="text"/>	Family Size	2		Monthly Parent Co-pay
Reason for Subsidy	<input type="text"/>		Comments		
Comments	<input type="text"/>		<input type="text"/>		

Reason for Subsidy dropdown menu:
Work
Training/Education
Work/Training/Education
Protective Services
Other

Buttons: View/Print Form, Save Applicant Info, Help, Close

Service Authorization Module

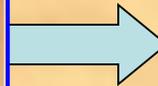
Main Menu

Tribal Child Care Data Tracker

- Provider Information
- Client Information
- Service Authorization
- Payment Authorization
- Reports
- Application Maintenance
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EXIT



Service Authorization Menu

Tribal Child Care Data Tracker

- Add Service Authorization
- Edit Service Authorization
- Remove Service Authorization
- Main Menu

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HELP

Payment Authorization Module



Payment Authorization Screen

Authorize Payments

Authorize Payments

Select Authorization End Date

Select Child

Select Provider

Child	Provider	Service Period	Payee	Payment Date	Hours	CCDF Payment	Authorized	Report
▶ Sugarloaf, Peter	Maryland Childcare Cent	9/1/2004 - 9/15/2004	Provider ▾	11/12/2004	100	\$250.00	Yes	<u>R</u> ▲
Sugarloaf, Annie	Maryland Childcare Cent	9/1/2004 - 9/15/2004	Provider ▾	11/12/2004	100	\$300.00	Yes	<u>R</u>
Jones, Martha	Maryland Childcare Cent	9/1/2004 - 9/30/2004	Provider ▾		150	\$400.00	No	<u>R</u>
Sugarloaf, Peter	Maryland Childcare Cent	9/16/2004 - 9/30/2004	Provider ▾		100	\$250.00	No	<u>R</u>
Sugarloaf, Annie	Maryland Childcare Cent	9/16/2004 - 9/30/2004	Provider ▾		100	\$300.00	No	<u>R</u>
Sugarloaf, Annie	Maryland Childcare Cent	10/1/2004 - 10/15/2004	Provider ▾		100	\$300.00	No	<u>R</u>
Sugarloaf, Peter	Maryland Childcare Cent	10/1/2004 - 10/15/2004	Provider ▾		100	\$250.00	No	<u>R</u>
Thompson, Carl	Maryland Childcare Cent	10/1/2004 - 10/15/2004	Provider ▾		100	\$250.00	No	<u>R</u>
Thompson, Cathv	Maryland Childcare Cent	10/1/2004 - 10/15/2004	Provider ▾		100	\$250.00	No	<u>R</u> ▼

You can edit the Payee, Payment Date, CCDF Payment, and Hours information at any time.
Once Payment Date has been entered, the **"Authorized"** label will change from "No" to "Yes".

View All Payments

Print All

Help

Clear List

Close

Report Module

Main Menu

Tribal Child Care Data Tracker

- Provider Information
- Client Information
- Service Authorization
- Payment Authorization
- Reports
- Application Maintenance
- Admistrative 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

(Required)

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**

Application Maintenance Module

Main Menu

Tribal Child Care Data Tracker

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

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HELP
EXIT

Application Maintenance

License Type List	Program Defined Information	Poverty Guidelines Chart	Username / Password
Case Worker List	Program Location List	Marital Status List	Client Closed Reason List
Approval Letter Subj Text	Approval Letter Footer Text	Certificate Title Text	Certificate Footer Text
Letterhead Information	Tribal Affiliation List	Eligibility Lists	Payment Schedule/Copayment

Agency Name:

Street Address:

City:

State: Zip Code:

Contact:

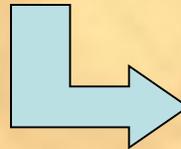
Contact Title:

Email Address:

Phone #:

Fax #:

Help Close



Administrative Documents

Main Menu

Tribal Child Care Data Tracker

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

?
HELP

+
EXIT

Application Maintenance

License Type List	Program Defined Information	Poverty Guidelines Chart	Username / Password
Case Worker List	Program Location List	Marital Status List	Client Closed Reason List
Approval Letter Subj Text	Approval Letter Footer Text	Certificate Title Text	Certificate Footer Text
Letterhead Information	Tribal Affiliation List	Eligibility Lists	Payment Schedule/Copayment

Agency Name:

Street Address:

City:

State: Zip Code:

Contact:

Contact Title:

Email Address:

Phone #:

Fax #:

Help Close

END DEMONSTRATION

Questions?

Bringing it All Together

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		CARE PROVIDED BY											
FOR SERVICES PROVIDED FROM October 01, 2007 THROUGH September 30, 2008		A CCF PROVIDER-NO LICENSE CATEGORY AVAILABLE						CARE PROVIDED BY CCF PROVIDER- LICENSED OR REGULATED					
COMPLIANCE WITH LIC 300.0001		TYPE OF PROVIDER						TYPE OF PROVIDER					
LIC 300.0001		CAREGIVER		TEACHER		OTHER		CAREGIVER		TEACHER		OTHER	
LIC 300.0001		CAREGIVER		TEACHER		OTHER		CAREGIVER		TEACHER		OTHER	
1. Number of children enrolled (all care centers)	3												
2a. Number of children enrolled per month	20												
2b. Total number of children enrolled (all care centers)	8	1	0	0	0	0	0	0	4	2	0	0	1
3. Age breakdown of children enrolled (all care centers):													
a. Total by age	0	0	0	0	0	0	0	0	0	0	0	0	0
b. 1 year to 2 years	1	0	0	0	0	0	0	1	0	0	0	0	0
c. 2 years to 3 years	0	0	0	0	0	0	0	0	0	0	0	0	0
d. 3 years to 4 years	2	1	0	0	0	0	0	0	1	0	0	0	0
e. 4 years to 5 years	0	0	0	0	0	0	0	0	0	0	0	0	0
f. 5 years to 6 years	1	0	0	0	0	0	0	1	0	0	0	0	0
g. 6 years to 12 years	4	0	0	0	0	0	0	2	1	0	0	0	0
h. 13 to 17 years (includes before/after school)	0	0	0	0	0	0	0	0	0	0	0	0	0
i. 18 to 24 years	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Number of children enrolled (all care centers) broken down by:													
a. Parents (or parent) working	2												
b. Parents (or parent) not working or on sick leave	1												
c. Other (includes all other categories)	1												
d. Total parents with work	1												
e. Total parents with no work or on sick leave	2												
f. Total parents with no work or on sick leave (includes all other categories)	0												
5. Average monthly enrollment (all care centers) broken down by:													
a. Total enrollment	10,119	000	000	000	000	000	000	7300	5570	000	000	190,00	
b. Average monthly enrollment for all care centers per month	\$38072	\$000	\$000	\$000	\$000	\$000	\$000	\$176,00	\$107,00	\$0,00	\$0,00	\$300,00	
c. Average monthly enrollment per child	\$14,36	\$000	\$000	\$000	\$000	\$000	\$000	\$4,36	\$19,00	\$0,00	\$0,00	\$27,00	
6. Number of children enrolled (all care centers) broken down by:													
a. Total enrollment	7												
b. Total enrollment for all care centers (all care centers)	1												
c. Total enrollment for all care centers (all care centers)	0												
d. Total enrollment for all care centers (all care centers)	0												
e. Total enrollment for all care centers (all care centers)	0												
f. Total enrollment for all care centers (all care centers)	0												
7. Number of children enrolled (all care centers) broken down by:													
a. Total enrollment	6	1	0	0	0	0	0	3	2	0	0	0	0
b. Total enrollment for all care centers (all care centers)	1	0	0	0	0	0	0	1	0	0	0	0	0
c. Total enrollment for all care centers (all care centers)	0	0	0	0	0	0	0	0	0	0	0	0	0
d. Total enrollment for all care centers (all care centers)	1	0	0	0	0	0	0	0	0	0	0	0	0

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!



Record or update the required information on a MONTHLY basis:

- Grantee Identifying Information
- Caseload Information
- Age of Child
- Reason for Receiving Care
- Hours of Child Care Service
- Amount paid for Child Care
- Family Poverty Level
- Method of Payment

Getting it Right!



Read the form and be sure you provide the information that is requested:

- Counts vs. average
- Family count vs. child count
- Separate values in each care type column



Read and follow OCC Guidance:

- Provide information for each separate care type you support with your grant
- Make sure the numbers are consistent and add or average correctly

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 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....

- Do not leave any fields blank – use zeros if there is no data for any particular field
- Read each item carefully and provide the information requested
- Be sure to enter information in the correct row and column.

Once you have good data, use it!

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



***ACF-700 REPORT
SUBMISSION***

OCC Web Site

<http://www.acf.hhs.gov/programs/occ>

The screenshot shows the Office of Child Care website. The navigation menu includes: HOME, ABOUT, INITIATIVES, DATA & FUNDING, TECHNICAL ASSISTANCE, and POLICY & PROGRAM RESOURCES. Under POLICY & PROGRAM RESOURCES, the sub-menu items are CCDF Reporting and Program Instructions. A search bar is located in the top right, with a search button and radio buttons for "Search all of OCC" and "Search OCC Resources".

The main content area features a large image of a woman holding a baby and a smartphone. Below the image, the text reads: "The Office of Child Care supports low-income wo... children's learning by improving the qua...".

A search for "CCDF Reporting" has been performed, resulting in a page titled "CCDF Reporting Guidelines and Resources for States, Territories and Tribes" dated April 25, 2012. The page includes social sharing buttons for Twitter, LinkedIn, and Facebook. The content is organized into sections: "States and Territories:" and "Tribes:". A red arrow points to the "Tribes:" section, which lists "Overview of all reporting requirements for Tribes" and "ACF-700 - Annual Aggregate Child Care Data Report".

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.

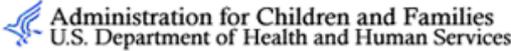
[Go to ACF-700 data submission site now](#)

Or:

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



ACF-700 Submission Site



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 Don Cline

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 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

Or

- the Tribal Story Page Button to generate
(NOTE: ACF-700 data must be entered)

edit, view ACF-700 data

00 Tribal Story Page

ate Tribal Story Page)

ACF-700 Form (Data Entry)

Tribal Story Page

(Text Version)

(Text Version)

ACF-700 Form Part 2 Page 1

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:
 Aroostook Band of Micmac Indians
Address:
 7 Northern Road
City: Presque Isle
State: ME **Zip:** 04769
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**

City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/> Contact Person: <input type="text"/> Phone: <input type="text"/> E-mail: <input type="text"/>	NO LICENSE CATEGORY AVAILABLE IN A								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	38											
2a. Average number of children served each month	22											
2b. Total number of children that received services this fiscal year	60	0	0	0	0	0	0	60	0	0	0	0
3. Total number of children receiving services that fall into each age category:												
a. 0 up to 1 year	3	0	0	0	0	0	0	3	0	0	0	0
b. 1 year up to 2 years	5	0	0	0	0	0	0	5	0	0	0	0
c. 2 years up to 3 years	6	0	0	0	0	0	0	6	0	0	0	0
d. 3 years up to 4 years	2	0	0	0	0	0	0	2	0	0	0	0
e. 4 years up to 5 years	5	0	0	0	0	0	0	5	0	0	0	0
f. 5 years up to 6 years	21	0	0	0	0	0	0	21	0	0	0	0
g. 6 years up to 13 years	18	0	0	0	0	0	0	18	0	0	0	0
h. Total number of children 0 up to 13 years (Add Column A, 3a through 3g)	60	0	0	0	0	0	0	60	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	39											
b. Their parent(s) were in training or an education program	10											
c. Child received or is in need of protective services	3											
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											

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>

Address: 1234 Child Care Blvd.
 City: Jane Doe
 State: AK Zip: 54321
 Contact Person: Jane Doe
 Phone: 222-222-2222
 E-mail: ccarc@childcaredata.org

	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 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 ofthe 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. abow 200 percent of the poverty threshold for families of the same size	2											
Comments:												

Resources

CCDF Reporting Resources

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

ACF-700 Technical Bulletins

<https://www.acf.hhs.gov/occ/resource/current-technical-bulletins>

#11r-v2 - ACF-700 and Other CCDF Reporting Requirements: Frequently Asked Questions

#12 - ACF-700 Clarifications

#13r - Child Care Data Tracker Clarifications

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