# DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



June 10, 1992

|                                           | REASON FOR THIS TRANSMITTAL                |  |  |
|-------------------------------------------|--------------------------------------------|--|--|
| ALL-COUNTY INFORMATION NOTICE NO. 1-27-92 |                                            |  |  |
| TO: ALL COUNTY WELFARE DIRECTORS          | Change [ ] Court Order or Settlement       |  |  |
|                                           | Agreement [ ] Clarification Requested by   |  |  |
|                                           | One or More Counties [x] Initiated by SDSS |  |  |

SUBJECT: CHILD CARE REPORTING REQUIREMENTS

#### REFERENCE:

This letter transmits a copy of the Federal Action Transmittal (Number CC-ACF-AT-92-1) which implements the Administration for Children and Families (ACF-115) Child Care Reporting Requirements.

At this time, we are asking all counties to review the attached document for reporting feasibility, i.e., is data available? If not, what would it take to obtain the data; when would the county begin reporting, etc.

The Federal implementation data for this report was October 1, 1991. Therefore, the need to collect and submit the mandated data is paramount.

The ACF-115 will be redesigned to meet state form requirements. However, the basic content of the ACF-115 will remain the same.

Please review the attached document, instructions, and comment (in writing) by June 30, 1992, to:

State Department of Social Services Statistical Services Bureau 744 P Street, M.S. 19-84 Sacramento, California 95814

Attention: Levy St. Mary

Your prompt cooperation is appreciated. If you have any questions, please contact Levy St. Mary at 916/445-2135.

DENNIS J. BOYLE

Acting Deputy Director Administration Division

Enclosures

cc: CWDA

# TITLE IV-A CHILL CARE ACTION TRANSMITTAL

Toke who have a considered

ADMINISTRATION FOR CHILDREN SOPPRAMILIES,

Transmittal Number:

CC-ACF-AT-92-1

Date

April 6, 1992

Andle Control

# UNIFORM REPORTING REQUIREMENTS IV-A AND IV-F FUNDED CHILD CARE FOR NON-JOBS PARTICIPANTS AND TRIBAL JOBS PARTICIPANTS

TO:

STATE IV-A AGENCIES ADMINISTERING PUBLIC

ASSISTANCE PLANS APPROVED UNDER TITLE IV-A OF THE

SOCIAL SECURITY ACT AND OTHER INTERESTED ORGANIZATIONS, AGENCIES AND INDIVIDUALS

SUBJECT:

Implementation of Form ACF-115, Child Care

Reporting Requirements

BACKGROUND:

This reporting requirement, approved by the Office of Management and Budget (OMB Control No. 0970-0115), is required to comply with Section 606 of the Family Support Act of 1988, by the final JOBS regulation published on October 13, 1989 (45 CFR 255.6 and 256.4), and by sections 402(i)(6) and 403(e) of the Social Security Act. Data for the At-Risk Child Care program are required of all State public assistance agencies administering or supervising the administration of an approved At-Risk Child Care State Plan. All other data are required of all State public assistance agencies administering or supervising the administration of approved IV-A State Plans.

GENERAL
INSTRUCTIONS:

This form consists of two sections. The first section on page one collects data on families receiving non-JOBS related and non-At-Risk IV-A funded child care (IV-F and IV-A funded in the territories). Row-wise breakouts are by number of families, program status, expenditures, and months in receipt of services. Columnar categories are broken out by presence or lack of earnings and IV-

A status.

The second section on page two collects data on the number of children receiving child care by family program status, the number of families receiving child care services by program status, and expenditures by program status. Columnar category breakouts are by type of child care, whether it is provided by a relative or non-relative of the child and whether it is in the child's home, in a family day care home, or in a center.

All sections of this report, with the exception of the rows for At-Risk child care data, collect monthly data to be reported on a quarterly basis. At-Risk child care data, which consist of average monthly numbers for the reporting fiscal year, are to be reported annually only. A State may, with prior approval by the Regional Office, use a sample to estimate the universe data required by this report.

INSTRUCTIONS:

Specific instructions for completing this report are incorporated into the report form attached hereto.

EFFECTIVE DATE:

The effective date of this report is October 1, 1991. The reports must be submitted to ACF Central Office and the appropriate Regional Office within 45 days after the end of the federal fiscal quarter; i.e., February 14, May 15, August 14, and November 14. The first quarterly report was due February 14, 1992.

11)

Beginning with federal fiscal year 1993, the first annual At-Risk Child Care report is required within 45 days following the end of the federal fiscal year for which the State operated an approved State At-Risk Child Care program. The first annual At-Risk Child Care Report will be due on November 14, 1993.

INQUIRIES TO:

ACF Regional Administrators

Jason Turner

Director

Office of Family Assistance

Attachment: Form ACF-115 and instructions

| CHILD CARE REPORTING REQUIREMENTS     | OMB Approval No.: 0970-0115<br>Expires: 09/30/93 |                                                 |            |                                         |                                                   |  |  |  |
|---------------------------------------|--------------------------------------------------|-------------------------------------------------|------------|-----------------------------------------|---------------------------------------------------|--|--|--|
| AT ATE.                               | Families receiving child care                    |                                                 |            |                                         |                                                   |  |  |  |
| STATE:                                | Total   With earnings   No earnings              |                                                 | Under IV-A | Not under IV-A                          |                                                   |  |  |  |
| REPORT MONTH:YEAR:                    | (a)                                              | (b)                                             | (c)        | (d)                                     | (c)                                               |  |  |  |
| Number of families receiving child    | <u> </u>                                         |                                                 |            | I<br>I XXXXXXXXXXX                      | <br>  XXXXXXXXXXXX                                |  |  |  |
| care services, current month          | 1                                                |                                                 | l          | XXXXXXXXXX                              | XXXXXXXXXXX                                       |  |  |  |
| 2. Program status: Number of families | :::::::::::::::::::::::::::::::::::::            | <b> </b> ::::::::::::::::::::::::::::::::::::   |            |                                         |                                                   |  |  |  |
| receiving child care assistance:      |                                                  | :::::::::::::::::::::::::::::::::::::           |            | 1:::::::::::::::::::::::::::::::::::::: |                                                   |  |  |  |
| 1. on AFDC-Basic                      |                                                  | <u> </u>                                        | 1          | XXXXXXXXXX                              | XXXXXXXXXXX                                       |  |  |  |
| 2. on AFDC-UP                         | l                                                | •                                               | l          | XXXXXXXXXX                              | XXXXXXXXXXX                                       |  |  |  |
| 3. in transition                      |                                                  | 1                                               | XXXXXXXXXX | XXXXXXXXXXX                             | XXXXXXXXXXXX                                      |  |  |  |
| 4. AFDC applicant                     | İ                                                | 1                                               |            | XXXXXXXXXX                              | XXXXXXXXXXXXXX                                    |  |  |  |
| 3. Total IV-A Expenditures            |                                                  |                                                 |            |                                         |                                                   |  |  |  |
| 4. Number of families by number       | :::::::::::::::::::::::::::::::::::::            |                                                 |            | <br>  ::::::::                          | <u> </u><br>  ::::::::::::::::::::::::::::::::::: |  |  |  |
| of months receiving child care:       | ***************************************          | ::::: <u>'</u>  ::::::::::::::::::::::::::::::: |            | :::::::::::::::::::::::::::::::::::::   | :::::::::::::::::::::::::::::::::::::             |  |  |  |
| 1. 3 or less                          | 1                                                |                                                 |            | 1                                       |                                                   |  |  |  |
| 2. 4 - 6                              | 1                                                |                                                 | Ì          | 1                                       | 1                                                 |  |  |  |
| 3. 7-9                                | 1                                                | 1                                               | l          | 1                                       | 1                                                 |  |  |  |
| 4. 10 - 12                            | 1                                                |                                                 | İ          | 1                                       | 1                                                 |  |  |  |
| 5. 13 – 24                            | 1                                                |                                                 |            | l                                       | 1                                                 |  |  |  |
| 6. over 24                            | Ì                                                | 1                                               |            | l                                       | 1                                                 |  |  |  |

NOTE: For all elements, the sum of Rows 2.1 through 2.4 should equal Row 1. The sum of Rows 4.1 through 4.6 should equal Row 1. The sum of Columns (b) and (c) should equal Column (s). The sum of Columns (d) and (e) should equal Column (a).

### CHILD CARE REPORTING REQUIREMENTS

OMB Approval No.: 0970-0115

Expires: 09/30/93

|                                        |                                         | Type of Child Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|----------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| STATE:                                 |                                         | Care Provided by Relative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         | Care Provided by a Non-Relative in a    |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| REPORT MONTH: YEAR:                    | TOTAL                                   | in Child's<br>Home                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Outside<br>Child's Home                 | Child's<br>Home                         | Family Day Care Home                    | Center<br>Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| REPORT YEAR (AT-RISK ONLY):            | (a)                                     | (р)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (c)                                     | (d)                                     | (e)                                     | (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |
| 1. Number of children receiving child  | *************************************** | :::::::::::::::::::::::::::::::::::::::                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | **************                          |                                         | *****************                       | :::::::::::::::::::::::::::::::::::::::                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| care services and family is            | ***************                         | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | *****************                       | *****************                       | *************                           | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| 1. on AFDC-Basic                       |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| 2. on AFDC-UP                          |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| 3. in transition                       |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| 4. an AFDC applicant                   |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| 5. At-Risk (annual only)               |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| 2. Number of families receiving        | *************************************** |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | *************************************** |                                         | ::::::::::::::::::::::::::::::::::::::: | ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| child care services and                | *************************************** | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;; |                                         | *************************************** | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| 1. on AFDC-Basic                       |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                                         | :                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| 2. on AFDC-UP                          |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| 3. in transition                       |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| 4. an AFDC applicant                   |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| 5. At-Risk (annual only)               |                                         | Andreas and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second |                                         |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| 3. Expenditures for families receiving | ::::::::::::::::::::::::::::::::::::::: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ::::::::::::::::::::::::::::::::::::::: |                                         | *************************************** |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| child care services and                | 1:::::::::::::::::::::::::::::::::::::: | 111111111111111111111111111111111111111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ::::::::::::::::::::::::::::::::::::::: | ::::::::::::::::::::::::::::::::::::::: | *************************************** | :::::::::::::::::::::::::::::::::::::::                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
|                                        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| 1. on AFDC-Basic                       | 1                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                                         |                                         | the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa |  |  |
| 2. on AFDC-UP                          |                                         | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| 3. in transition                       |                                         | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| 4. an AFDC applicant                   |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1                                       |                                         |                                         | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
| 5. At-Risk (annual only)               |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         | ,                                       |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |

NOTE: In column s, the sum of rows 2.1 thru 2.5 should equal item is on page 1, and the sum of rows 3.1 thru 3.5 should equal item 3a on page 1. In row 3, column s should be equal to the sum of columns b through f.

# DEPAR TENT OF ELALTH AND EUMAL SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES OFFICE OF FAMILY ASSISTANCE

#### INSTRUCTIONS FOR FORM ACF-115

The sample-based reporting requirements, using Form FSA-108 transmitted in FSA-JOBS-AT-91-6, superseded Part I and II of Form FSA-104 only for families participating in the federally aided Job Opportunities and Basic Skills Training (JOBS) Program. Form ACF-115 replaces Part II of Form FSA-104 in order to collect child care data for Tribal JOBS participants and all other families who are not participating in the JOBS program and receive child care assistance paid with IV-A funds.

Form ACF-115 comprises information on the child care assistance provisions of the Family Support Act of 1988 and section 5081 of the Omnibus Budget Reconciliation Act of 1990. Child care information is cross-tabulated by number of families and children served, IV-A program status of families, number of months families receive services, types of child care providers, and IV-A expenditures.

Requirements: This information collection is mandated as a uniform reporting requirement by Section 606 of the Family Support Act of 1988, by the final JOBS regulation published on October 13, 1989 (45 CFR 250.82, 255.6, and 256.4), and by section 402(i)(6) of the Social Security Act. Data for all items concerning this program are required of all State public assistance agencies administering or supervising the administration of approved IV-A plans and State At-Risk Child Care Plans.

#### GENERAL INSTRUCTIONS

Data to be entered must correspond with the definitions contained in this transmittal. Specific instructions are detailed below.

Do not include IV-A funded child care assistance to JOBS participants, with the exception of Tribal JOBS participants, on Form ACF-115.

For purposes of this report, States must count each child or family assisted, not the number of transactions. Families or children may be counted in more than one column as appropriate. For example, a family or a child may receive assistance from more than one type of child care provider.

Form ACF-115 consists of non-overlapping categories and should produce only unduplicated counts within each column for the report month. For the annual At-Risk report, duplication may occur since the State is to report for the federal fiscal year the average of the monthly total number of children and families receiving At-Risk child care assistance.

REPORT PERIOD: With the exception of At-Risk child care data elements, data are to be entered for each month of program operation and must represent data specified in the instructions and relevant to the given calendar/reporting month (i.e., families served or actual expenditures made during the report month). The three month period covered by each report should correspond to the calendar quarter, e.g. January-March, etc., or a fiscal quarter consisting of an equivalent period that coincides with a calendar quarter as nearly as is administratively feasible. While data for each month in a quarter must be provided, submittal frequency is quarterly.

### Monthly data to be reported quarterly:

All data elements for each column on page 1 and 2 of Form ACF-115 are required to be reported monthly and submitted quarterly for families with the following program status.

- (1) on AFDC-Basic
- (2) on AFDC-UP

- (3) in transition (AFDC eligibility has ceased due to increased hours of, or earnings from, employment of a result of the loss of income disregard? e to the expiration of time limits)
- (4) an AFDC applicant

The monthly reports should include data only for the above families.

#### Data to be reported annually:

For all States operating an approved State At-Risk Child Care program, At-Risk data must be reported annually as an average monthly number of children or families receiving at-risk child care. Those families included in the category of At-Risk families must conform with the approved State At-Risk Child Care Plan.

Data for At-Risk families are required on the number of children assisted, types of child care providers, and IV-A expenditures. These categories are contained only on page 2 of Form ACF-115, columns (a) through (f) and rows 1.5, 2.5, and 3.5. Average monthly At-Risk data should be reported on the last monthly report for the federal fiscal year, i.e. September, and submitted with the last quarterly report for the fiscal year.

<u>INOUTRIES:</u> Where additional guidance is needed on a particular item, inquiries should be directed to the Regional Administrator for Children and Families.

SUBMITTAL PROCEDURE: One copy of each report should be submitted to:

- 1. Family Assistance Reports
  ACF/OFA/DPE/JIMB
  370 L Enfant Promenade, S.W.
  Washington, D.C. 20447
- Regional Administrator
   Administration for Children and Families

The reports must be submitted to the appropriate offices within 45 days after the end of the federal fiscal quarter, i.e., February 14, May 15, August 14, and November 14, or federal fiscal year for At-Risk data. If these deadlines cannot be met, contact the regional office and provide all available data by these dates, with the understanding that missing data will follow at the earliest possible time.

EFFECTIVE DATE: October 1, 1991. The first quarterly report will be due February 14, 1992 and every quarter thereafter. Beginning with federal fiscal year 1993, the first annual At-Risk Child Care report is required within 45 days following the end of the federal fiscal year for which the State operated an approved At-Risk Child Care program, i.e., November 14, 1993 and every year thereafter. Beginning in federal fiscal year 1992, States which operated an At-Risk Child Care program have the option of submitting its first annual report by November 14, 1992.

REPORTING BURDEN: Public reporting burden for this collection of information is estimated to average 35 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to DHHS/ACF/OFA, 370 L'Enfant Promenade, SW, Washington D.C. 20447, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

#### SPECIFIC INSTRUCTIONS

#### General Instructions.

- Enter the State name.
- For monthly reports, enter the report month and year on page 1 and 2.
- For the last month of the federal fiscal year, also enter the report year on page 2 only.
- Report periods are monthly for data on child care assistance given to AFDC-Basic and AFDC-UP families, AFDC applicants, and families in transition. Report periods are annual for At-Risk families.
- Annual average monthly data for At-Risk families are to be reported only on page 2 and should be reported on the last monthly report of the federal fiscal year, i.e. September.
- Include only child care for which IV-A (also include applicable IV-F funds for the territories only) funds are expended through direct provision of service, cash payments to provider or recipient, vouchers, child care disregard, or any other method contained in the State's approved Supportive Services Plan and/or At-Risk Child Care Plan.
- For calculating IV-A expenditures when the child care disregard is used, the total amount of the earned income disregarded for child care, plus any supplemental payments, should be reported rather than the net impact on the AFDC grant.
- Round expenditures to the nearest dollar and omit cents. All expenditures reported should reflect the actual payments made during the report period, regardless of when the child care services were rendered. Likewise, States are to report the actual number of families and children receiving services in a given report period, regardless of when actual payments are made.
- Each row and column should have reported data. When data cannot be reported, enter the appropriate notation below.
  - (1) Enter NA, for not applicable, if the requested data are not applicable to the State. For instance, the State does not operate an approved At-Risk Child Care Program.
  - (2) Enter a 0 if the State reports no children or families for a data field and the data are applicable to the State. For instance, the State operates an approved At-Risk Child Care Program but no children receive child care assistance from a relative.
  - (3) Enter a dash (-) if the State does not have the requested data available for submission. When data are not available, the State should include an explanation in a footnote or attachment and submit the missing data as soon as it is available.

- PAGE 1, By Column: (Data must reflect the characteristics defined by each row.)
- Column (a) through (e) FAMILIES RECEIVING CHILD CARE: Enter the data for families receiving child care. Include data for AFDC-Basic, AFDC-UP, AFDC applicants, and in transition families. For row 3 enter the appropriate dollar amount by column category.
- Column (a) TOTAL FAMILIES: Enter the total, unduplicated count of families receiving child care during the current month, without regard to earnings or State IV-A (AFDC) Plan status.
- Column (b) WITH EARNINGS: Enter the total, unduplicated count of families receiving child care during the current month that had earned income during the month. (Note: All transitional cases have earned income.)
- Column (c) NO EARNINGS: Enter the total, unduplicated count of families receiving child care during the current month that had no earned income during the month.
- Column (d) UNDER IV-A: Enter the total, unduplicated count of families receiving child care during the current month that were covered by the State IV-A Plan (the family was receiving AFDC during the current month).
- Column (e) NOT UNDER IV-A: Enter the total, unduplicated count of families receiving child care during the current month that were not covered by the State IV-A Plan (the family was not receiving AFDC during the current month). This would include applicants and families in transition.
- PAGE 1, By Row: (Data must reflect the characteristics defined under each column.)
- Row 1 NUMBER OF FAMILIES RECEIVING CHILD CARE, CURRENT MONTH: Enter the total, unduplicated count of families receiving child care services for the month regardless of when the payment for such services is made.
- Row 2.1 through 2.4 PROGRAM STATUS: NUMBER OF FAMILIES: Enter the total, unduplicated count of families by IV-A program status under each column meeting each column's characteristics.
- Row 3 TOTAL IV-A EXPENDITURES: Enter the total IV-A expenditures, excluding administrative costs, for each group as defined by the column heading.
- Row 4.1 through 4.6 NUMBER OF FAMILIES BY NUMBER OF MONTHS RECEIVING CHILD CARE: Enter the total, unduplicated count of families that received child care assistance for each of the periods of duration in months defined in rows 4.1-4.6, i.e., for 3 months or less, for 4 to 6 months, for 7 to 9 months, for 10 to 12 months, for 13 to 24 months, or for more than 24 months, counting back from (and including) the current month. Do not count the months prior to implementation of the Family Support Act or for transitional child care earlier than April 1, 1990.

# Note 1 to Page 1 - Changes in column-wise or row-wise status:

If a family changes column-wise status, i.e., from the non-earnings to the earnings category or vice versa, or from the IV-A to the non-IV-A category or vice versa, it should be counted only in the column of its latest status for the report month and removed from the column of its previous status so as to preserve an unduplicated count across columns (per Note 2, below). Thus, if a family had previously been counted as receiving child care while on AFDC (i.e., "Under IV-A"), but left AFDC, for example, due to expiration of the earnings disregards, the family should no longer be counted as "Under IV-A" (Column

(d)) but counted in the "Not under IV-A" (Column (e)), if it continues to receive child care during its transition period.

In the above situation, regarding the row-wise status of "number of months assisted", the family's total time assisted would continue to include the cumulative count of months before its AFDC status changed. Similarly, if a family's earnings status changed during or between periods, it would be counted only in the column describing its latest earnings status as of the current reporting month, but the family's (row-wise) total time in receipt of child care would include the months before its earnings status changed.

However, regarding the row-wise status of "program status", a family should be counted only in the row for its latest program status for the report month.

# Note 2 to Page 1 - Unduplicated aggregation by columns or rows:

For all elements, Rows 2.1 through 2.4 should exactly add up to Row 1 and Rows 4.1 through 4.6 should exactly add up to Row 1. Additionally, Columns (b) and (c) should exactly add up to Column (a) and Columns (d) and (e) should exactly add up to Column (a).

PAGE 2, By Column: (Data must reflect the characteristics defined by each row.)

NOTE: The report periods are monthly for AFDC-Basic and AFDC-UP families, AFDC applicants and families in transition. The report periods are annual for At-Risk families.

Column (a) through (f) - TYPE OF CHILD CARE: For the appropriate report period, by program status and type of child care enter: (1) for rows 1.1 through 1.5, the total number or annual monthly average of children in child care paid with IV-A funds; (2) for rows 2.1 through 2.5, the total number or annual monthly average of families receiving child care paid with IV-A funds; (3) for rows 3.1 through 3.5, the dollar amount of IV-A expenditures. See attached Definitions for Types of Child Care.

Column (a) - TOTAL: Enter the total number or annual monthly average of children (rows 1.1 through 1.5) or families (rows 2.1 through 2.5) receiving child care paid with IV-A funds during the report period.

Column (b) - CARE PROVIDED BY A RELATIVE IN A CHILD'S HOME: Enter the total number or annual monthly average of children or families receiving child care in a child's own home (in-home) and the caregiver is related to the child.

Column (c) - CARE PROVIDED BY A RELATIVE OUTSIDE A CHILD'S HOME: Enter the total number or annual monthly average of families or children receiving child care outside the child's own home and the caregiver is related to the child.

Column (d) - CARE PROVIDED BY A NON-RELATIVE IN A CHILD'S HOME: Enter the total number or annual monthly average of families or children receiving child care in a child's own home (inhome) and the caregiver is NOT related to the child.

Column (e) - CARE PROVIDED BY A NON-RELATIVE IN FAMILY DAY CARE HOME: Enter the total number or annual monthly average of families or children receiving child care in a family day care home.

Column (f) - CENTER CARE (CHILD CARE CENTER): Enter the total number or annual monthly

average of families or children receiving child care in a center-based facility.

PAGE 2, By Row: (Data must reflect the characteristics defined under each column.)

Row 1.1 through 1.5 - NUMBER OF CHILDREN RECEIVING CHILD CARE SERVICES: For the appropriate report period, enter the total number or annual monthly average of children receiving child care services by IV-A program category.

Row 2.1 through 2.5 - NUMBER OF FAMILIES RECEIVING CHILD CARE SERVICES: For the appropriate report period, enter the total number or annual monthly average of families for each TV-A program category receiving child care.

Row 3.1 through 3.5 - TOTAL EXPENDITURES: For the appropriate report period, enter the total IV-A expenditures, excluding administrative costs, for each category of child care as defined by the column heading and for each IV-A program category.

#### Note 3 to Page 2 - Edits and Consistency Checks

For Rows 1.1 through 1.5 and 2.1 through 2.5, the sum of columns (b) through (f) should be equal to or greater than column (a). For Rows 3.1 through 3.5, column (a) should be the sum of columns (b) through (f) for each category.

# Definitions for Types of Child Care

#### Care provided by a relative in a child's own home:

Relative care in the child's own home is care provided during a portion of the 24 hour day by a relative other than the child's own parents or a person(s) who normally takes care of the child, i.e., a guardian or other legally responsible person.

#### Care provided by a relative outside a child's own home:

Relative care outside the child's own home is care provided during a portion of the 24 hour day by a relative other than the child's own parents or a person(s) who normally takes care of the child, i.e., a guardian. Include in this category family day care and group family day care.

# Care provided by a non-relative in a child's own home:

Non-relative care in the child's own home is care provided during a portion of the 24 hour day by a non-related person who is not legally responsible for the child.

#### Care provided by a non-relative in a family day care home:

A family day care home or group family day care home is a family-type setting that meets the applicable standards of state and local laws in which child care is provided during a portion of the 24 hour day.

#### Care provided by a non-relative in a day care center:

A center is a group child care facility that meets the applicable standards of state and local laws in which care for a child is provided during a portion of the 24 hour day. Include in this category all facilities, including school sites, that would otherwise be considered a center except that they are exempt from applicable state and local laws.