OMB No: 1840-0763
Expiration Date: 07/31/2015

Child Care Access Means Parents in School (CCAMPIS) Program

2011-12 Annual Performance Report Form

Section I - Identification – Project Identification, Certification and Warning

(This section is expandable. Enter text in the gray box):

1. PR Award Number: P335A

2. Name and Address of Grantee Institution:

3. Name and Address of Project Director:

4. Project Director's Contact Information

Telephone Numbers:

Fax Numbers:

E-mail Address:

5. Grantee Institution Status (*Double click box to enter response. Click on "Check" to enter response in appropriate box.* Check one only)

2-year public institution ☐ 4-year public institution ☐

2-year private institution ☐ 4-year private institution ☐

(*Enter text in the gray box*)

B. Certification: We certify that the performance report information reported and submitted on is readily verifiable. The information reported is accurate and complete to the best of our knowledge.

Printed Name of Project Director	Printed Name of Certifying Official
_____	_____
Signature	Signature
_____	_____
Date	Date

C. Warning: Any person who knowingly makes a false statement or misrepresentation on this report is subject to penalties which may include fines, imprisonment, or both under the United States Criminal Code and 20 U.S.C. 1097. Further Federal funds or other benefits may be withheld under this program unless this report is completed and filed as required by existing law (20 USC 1231a) and regulations (34 CFR 75.590 and 75.720).

Authority: Public Law 102-325, as amended.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average seven hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The valid OMB control number for this information collection is 1840-0763. In accordance with Education Department General Administrative Regulations, § 80.40 Monitoring and reporting program performance, it is mandatory that grantees (shall) submit annual performance reports. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Avenue, S.W., Washington, DC 20210-4537 or e-mail ICDOCKETMGR@ed.gov and reference the OMB Control Number, 1840-0763. (Note: Please do not return the completed CCAMPIS APR to this address.)

Section II – Definitions

Participant — An eligible postsecondary **student** receiving CCAMPIS Program funded services. To be eligible to receive CCAMPIS Program funded services, a postsecondary student must be "eligible to receive a Federal Pell Grant for the fiscal year for which the determination is made." See Section 419N (b)(7) of the *HEOA of 2008*. A **participant** is the Pell-eligible parent(s) of those children to whom you provide child care services. If you use CCAMPIS funds to pay salaries of child care providers/instructors, a **participant** is the Pell-eligible parent(s) of those children in the class(es) of the child care providers/instructors paid with CCAMPIS funds. (Do not count as a **participant** those parent(s) who do not meet CCAMPIS participation requirements.)

As a result of the Higher Education Opportunity Act of 2008 (HEOA), students enrolled in a graduate or first professional course of study and students in the United States for a temporary purpose are eligible to receive the benefits of CCAMPIS-supported projects. (See HEOA, Sec. 410(7)(B)(i)and (ii).)

Participant ID — The participant ID is the college or university identification number (NOT THE SOCIAL SECURITY NUMBER) used at the institution to uniquely identify each participant. Use the same number for each participant each time he/she is reported (example: a student assigned as Participant ID #0678 must be reported as Participant ID #0678 on subsequent annual reports).

Race/Ethnicity — The seven categories set for participant ethnicity are *American Indian or Alaska Native* (AI), *Asian* (AS), *Black or African American* (B), *Hispanic or Latino* (H), *Hawaiian or Other Pacific Islander* (PI), *White* (W), and *Two or More Races (TM)*.

Gender — The two categories set for the participant gender are *male* (M) and *female* (F).

Household status — The three categories set for the participants' household status are *Married* (M), *Not Married and Dependent on Parent(s)* (D), and *Not Married and Independent* (I). An unmarried participant who lives with or is supported by a person(s) other than a parent(s) is considered not married and independent.

Pell Grant status — The two categories set for the participants' Pell Grant status are *Receiving Pell Grant* (R) and *Eligible but not receiving Pell Grant* (E). Additionally, students may be coded as *Low Income Graduate Student (LIG), or Low Income Foreign Student (LIF).*

Academic Status — The registration status of participating CCAMPIS student-parents. This may be Enrolled (E), Graduated (G), Transferred (T), or Withdrew (W).

CCAMPIS Participation Status — Report whether or not the student-parent participated in the CCAMPIS program while enrolled at the institution or declined CCAMPIS participation at any point while enrolled. Participation status selection codes is: Enrolled Participating in CCAMPIS (EPC) or Enrolled but Declined CCAMPIS Participation (EDPC).

Non-participant —Individual receiving child care services, but who is not supported with CCAMPIS Program funds. This may include other students, community members, faculty, staff, etc.

Years taken to transfer/completion — The number of years that a participant has taken to transfer (from a two-year institution to a four-year institution) or graduate (with a degree or certificate) from your institution of higher education (IHE) while receiving CCAMPIS funded services.

Degree/Certificate — The four categories for the participants' degree/certificate are: *Certificate/Diploma* (C), *Associate's* (AA), *Bachelor's* (BA), *Teaching Credential* (TC), and MS (Masters Degree). Only fill in this column if the participant completed/graduated from your institution while receiving CCAMPIS services.

Number of hours of child care provided — Record the number of hours of child care paid for with CCAMPIS funds for each parent participant.

***Note: In the cases of dual-parents (married couples, shared parenting relationships), the child/ren should be counted for each student-parent independently. Child/ren and hours of child care are reported specific to each parent participant.*

Number of children served — The number of the participants' children who are receiving CCAMPIS Program funded services whether enrolled full- or part-time in any licensed child care delivery system on or off campus. Count each child only once.

Section III A: Participant Demographics, Attendance, Persistence and Graduation

INSTRUCTIONS: The 2011-12 report must also reflect data reported by the institution for the 2009-10 and 2010-2011 periods. Grantees funded in 2010 should begin the Section III report by reporting data in the appropriate 2010-2011 section. Complete and submit in an Excel format.

- Definitions for selection choices for each column are found on Excel pages 3-4.
- After selecting a report cell, an arrow will appear on the right. Left click on the arrow to see and make the appropriate selection choice.
- Reporters must manually input data for the Participant Codes (college or university identification number used at the institution to uniquely identify each participant - NOT SOCIAL SECURITY NUMBERS), Years taken to transfer or completions, and Number of Children served.
- If your IHE has two academic terms during an academic year (AY) – running fall through spring – fill in the information for the first term in the "Fall" column, and fill in information for the second term in the "Spring" column. Leave both the "Winter" and "Summer" columns blank.
- If your IHE has three academic terms during an academic year (AY) – running fall through summer – fill in information for the first term of the academic year in the "Fall" column, fill in information for the second term in the "Spring" column, and fill in information for the third term in the "Summer" column. Leave the "Winter" column blank.
- However, if you have four academic terms during an academic year (AY) – running fall through summer – fill in the information in the "Fall," "Winter," Spring" and "Summer" columns, accordingly.
- Data on previous participants, from past report years, must be filled in and all of the information on new participants must also be completely filled in.
- Code each participant using an E, G, T, or W for each academic term in which the participant received CCAMPIS Program services at any time during the term.
    - "E" designates a participant who completed the term without completing his/her studies, graduating, transferring, or withdrawing during the term or at the end of the term.
    - "G" designates a participant who earned a certificate/diploma, associate's, bachelor's, or teaching credential during or at the end of the term.

  - “T” designates a participant who transferred from your two-year IHE to a four-year IHE or from one four-year institution to another four-year institution during or at the end of the term.
  - “W” designates a participant who officially withdrew from your institution during the term.

- Code each participant using an EPC or EDPC for each academic term in which the participant received CCAMPIS Program services at any time during the term.
  - “EPC” designates a participant that is enrolled at the institution and an Enrolled Participating in CCAMPIS
  - “EDPC” designates a participant that is enrolled at the institution; but has declined CCAMPIS program participation.
- Copy and complete additional Excel pages if necessary. Please submit Section III as an (electronic) Excel attachment.

Section III A: Participant Demographics, Attendance, Persistence and Graduation.

Use the Excel Report to complete and submit this section

Section III B–Participant Demographics, Attendance, Persistence and Graduation

INSTRUCTIONS: Enter responses to the following eight questions by clicking in the gray text box. (*Data reported below should be reflective of data reported on the Excel report.*)

1. Total Number of CCAMPIS student-parents attended/enrolled in FY 10-11:

2. Total Number of CCAMPIS student-parents that graduated from the institution:

3. Total Number of CCAMPIS student-parents that withdrew from the institution:

4. Total Number of CCAMPIS student-parents reported on the institution's FY 10-11 APR that persisted at the institution in FY 11-12:

5. Total Number of CCAMPIS student-parents reported on the institution's FY 11-12 APR expected to persist at institution into FY 12-13:

6. Total Number of CCAMPIS student-parents reported on the institution's FY 11-12 APR expected to persist at institution into FY 13-14:

7. Total Number of CCAMPIS student-parents graduating from the 4-year institution in the reporting year:

Certificate

Diploma (BS/BA)

Diploma (MS/MA)

8. Total Number of CCAMPIS student-parents that transferred from a 2-year institution to a 4-year institution in this reporting year:

Certificate

With a Diploma (AA)

Without Diploma (AA)

9. What was the grade point average of CCAMPIS student-parents enrolled at the institution during the reporting years:

	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
Certificate seeking students				
Degree seeking CCAMPIS students				
Graduate Degree seeking students				

Section III C– Student Reported Data

INSTRUCTIONS: Enter responses to the following five questions by clicking in the gray text box. (*Data below should be extracted from the institution's CCAMPIS student-parent survey data.*)

1. The number of student-parents who are enrolled and/or persisted at the institution because of CCAMPIS grant assistance: ☐

2. The number of student-parents reporting they would not be able to enroll and/or persist at the institution without the CCAMPIS grant assistance:

Enroll ☐ Persist ☐

3. Enrolled but no longer needing CCAMPIS support: ☐

4. The number of student-parents reporting that they would not be able to complete a certificate course of study or graduate from the institution without the CCAMPIS grant assistance.

Certificate ☐

Undergraduate Degree ☐

Graduate Degree ☐

5. During hours of CCAMPIS provided child care, CCAMPIS student-parents were able to (check all reported responses):

Attend Class ☐

Take earlier classes ☐

Take later classes ☐

Have additional study time ☐

Spend more time in the library/computer lab ☐

Obtain tutoring assistance ☐

Obtain advising or counseling support ☐

Participate in group study projects or meetings ☐

Other:

6. How significant was the CCAMPIS grant support in enabling the student-parent to complete his/her degree or certificate (checks the appropriate response and indicate the number of students selecting that response):

Response	Number of Student-Parents Responding
Extremely important	
Important	
Helpful	
Not important	
Not helpful	

Please enter any additional information on CCAMPIS student-parents' academic outcomes for this APR year (FY10-11) or prior reporting year (FY09-10), below:

Section IV – Project Services and Activities – Types of Services Offered

INSTRUCTIONS: Check all appropriate responses. Do not indicate number of participants using these services, simply check whether or not you provided these services either directly (Institution-run) or by contract with a third-party (Contracted). Double click in the gray box to enter a response. Click on "Check" to enter response in the appropriate box.

A. CCAMPIS Program Funded Services Provided for Participants
Check all that apply.

Type of Service	Institution-run	Contracted
1. Full-time child care services	☐	☐
2. Part-time child care services	☐	☐
3. Before-care services	☐	☐
4. After-care services	☐	☐
5. Evening services	☐	☐
6. Weekend services	☐	☐
7. Summer term services	☐	☐
8. 24-hour services	☐	☐
9. Emergency services	☐	☐
10. Drop-in services (hourly)	☐	☐
11. Parenting classes	☐	☐
12. Seminars	☐	☐
13. Meetings	☐	☐

14. Other (specify):

B. Fee Schedule for Participants and Non-participants:

Check all that apply.

	Participants	Non-participants
1. Sliding Fee Scale	☐	☐
2. Free Child Care Services	☐	☐
3. Standard-set Fee	☐	☐
4. Partial Tuition/Scholarship for child	☐	☐

A. Total number of participants' infant children served:
B. Total number of participants' toddler children served:
C. Total number of participants' preschool children served:
D. Total number of participants' school age children served:

***Non-Participant*:**

E. Total number of non-participants served:
F. Total number of non-participants' children served:

Section IV C. Project Services and Activities - Wait Lists –

INSTRUCTIONS: Enter responses to the following four questions by clicking in the gray text box.

Waiting list for child care services for CCAMPIS-eligible students:

1. Numbers of CCAMPIS-eligible student-parents and children on wait list at the beginning of the 2010-11 academic year by age groupings:

Infants	
Toddlers	
Preschool	
School Age	

2. Numbers of CCAMPIS-eligible student-parents and children on wait list at the beginning of the 2011-12 academic year by age groupings:

Infants	
Toddlers	
Preschool	
School Age	

3. Numbers of CCAMPIS-eligible student-parents and children on wait list at the beginning of the 2012-13 academic year by age groupings:

Infants	
Toddlers	
Preschool	
School Age	

4. Numbers of CCAMPIS-eligible student-parents and children on wait list at the beginning of the 2013-14 academic year by age groupings:

Infants	
Toddlers	
Preschool	
School Age	

Section IV D – Project Services and Activities - Early Childhood Education (ECE) Coordination

INSTRUCTIONS: Enter responses to the questions below by clicking in the gray (expandable) text box.

D. In the gray text box provided below, please explain how the CCAMPIS Program funded child care services have coordinated with the institution's Early Childhood Education (ECE) program. (The ECE program refers to the institution's academic program for college students seeking credit for course work involving ECE.) *Please use an additional page (with the appropriate section header) to respond.*

E. If the CCAMPIS Program does not coordinate with the institution's ECE program, Please explain why.

Section V – Campus and Community Resources and Funding

INSTRUCTIONS: Identify the resources, including technical expertise and financial support, the institution has used to support the child care program and participation in the CCAMPIS program. Specify type of funds, funding entities, and amounts. Enter responses by clicking in the gray (expandable) text box.

A. Local/Community Funding: Total $ / Identify the resource(s):

B. State Funding: Total $ / Identify the resource(s):

C. Institutional Student Activity Fees: Total $ / Identify the resource(s):

D. Other fees: Total $ / Identify the resource(s):

E. Foundation grants: Total $ / Identify the resource(s):

F. Institutional funds: Total $ / Identify the resource(s):

G. In-kind contributions: Total $ / Identify the resource(s):

H. Below, explain how funds have been leveraged from the institution's and/or local resources to support child care activities for low-income (Pell grant-eligible/CCAMPIS Program-eligible) student-parents, and how the use of a sliding fee scale resulted in a high number of such students obtaining a postsecondary education:

I. If funds **have not been** leveraged from the institution and/or local resources, please provide a response in the text box below:

Section VI-A – Institution (Campus) Owned Child Care Services Accreditation and Licensing

INSTRUCTIONS: Please provide responses to accreditation and licensing queries about the instiution owned child care facilities used to support CCAMPIS student-parents with CCAMPIS funds. Enter responses by either clicking in the gray area to check the appropriate response or by entering text in the (expandable) text box. (To report additional facilities, copy Section IV-A and attach additional page(s) to this section of the APR.)

Campus-Based Child Care Program (institution-run, on-campus or owned and operated by the institution):

1. Is the CCAMPIS Program funded child care program accredited?
   Yes ☐ No ☐ Facility Name:

2. If the program is accredited:
   a. Date of accreditation mm/dd/year
   b. Expiration date of accreditation mm/dd/year
   c. Accrediting Agency – Name and Address:

3. If the program is not accredited and accreditation is not being sought, please explain why in the text box below:

   a. Are you in the process of obtaining accreditation?

   Yes ☐ No ☐

   b. Check all the steps completed in accreditation process:

   Self-Assessment ☐

   Applying for Candidacy ☐

   Candidacy Status ☐

Awaiting an Accreditation Visit ☐

Awaiting Renewal Visit ☐

Awaiting Commission Decision ☐

Deferred ☐

c. Estimated date accreditation is expected: mm/dd/year

d. Accrediting Agency – Name and Address:

4. If this is a new child care program (less than three years established), detail the actions taken, including a timeline to achieve the goals set forth in the application, in the text box below.

5. Is the child care program and facility licensed by State and local licensing agencies? Yes ☐ No ☐

a. Date of licensing mm/dd/year

b. Expiration date of licensing mm/dd/year

c. Licensing Agency – Name and Address:

Section VI-B – Contracted-Child Care Services Accreditation and Licensing

INSTRUCTIONS: Please provide responses to the accreditation and licensing queries about the contracted-child care facilities, or programs used to support CCAMPIS student-parents with CCAMPIS funds. Enter responses by either clicking in the gray area to check the appropriate response or by entering text in the (expandable) text box. (To report additional facilities, copy Section IV-B and attach additional page(s) to this section of the APR.)

Contracted-Child Care Program:

1. Is the CCAMPIS Program funded contracted child care program accredited?
   Yes ☐ No ☐ Facility Name:

2. If the program is accredited:
   a. Date of accreditation mm/dd/year
   b. Expiration date of accreditation mm/dd/year
   c. Accrediting Agency – Name and Address:

3. If the program is not accredited:
   a. Are you in the process of obtaining accreditation?

   Yes ☐ No ☐

   b. Check all the steps completed in accreditation process:

   Self-Assessment ☐

   Applying for Candidacy ☐

   Candidacy Status ☐

   Awaiting an Accreditation Visit ☐

   Awaiting Renewal Visit ☐

   Awaiting Commission Decision ☐

   mm/dd/year

Deferred ☐

c. Estimated date accreditation is expected:

d. Accrediting Agency – Name and Address:

4. If this is a new child care program (less than three years established), detail the actions taken, including a timeline to achieve goals set forth in the application regarding licensing and accreditation:

5. Is the child care program and facility licensed by the State and local licensing agencies? Yes ☐ No ☐

Section VI-C – Contracted Home Child Care Services Accreditation and Licensing

INSTRUCTIONS: Please provide responses to accreditations and licensing queries about home child care providers used to support CCAMPIS student-parents with CCAMPIS funds. Enter responses to the questions below by either clicking in the gray to check the appropriate response or by entering text in the (expandable) text box. (To report additional facilities, using the section title as a header, attach additional pages to this section of the APR.)

Contracted Home Child Care Program:

1. Is the CCAMPIS Program funded contracted home child care program accredited?
   Yes ☐ No ☐ Name of Provider:

2. If the provider is accredited:
   a. Date of accreditation mm/dd/year
   b. Expiration date of accreditation mm/dd/year
   c. Accrediting Agency – Name and Address:

3. If the provider is not accredited:
   a. Is the provider in the process of obtaining accreditation?
   Yes ☐ No ☐
   b. Check all the steps completed in accreditation process:
   Self-Assessment ☐
   Applying for Candidacy ☐
   Candidacy Status ☐
   Awaiting an Accreditation Visit ☐
   Awaiting Renewal Visit ☐

Awaiting Commission Decision ☐

Deferred ☐

c. Estimated date accreditation is expected ☐

d. Accrediting Agency – Name and Address:

4. If this is a new home child care program (less than three years established), detail the actions taken, including a timeline and mentoring provided to achieve the goals set forth in the application below:

5. Is the child care provider and home licensed by the State and local licensing agencies? Yes ☐ No ☐

Licensing Date mm/dd/year

Licensing Expiration Date mm/dd/year

Name of the licensing agency/ agencies: