

## Child Care Access Means Parents in School (CCAMPIS) Program 18-Month (36-Month) Performance Report

### Section I – Project Identification, Certification and Warning

#### A. Identification

1. PR Award Number: \_\_\_\_\_

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 (check one)

2-year public institution

4-year public institution

2-year private institution

4-year private institution

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 it displays a valid OMB control number. The valid OMB control number for this information collection is 1840-0763. The time required to complete this information collection is estimated to average 8 hours per response, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4651. If you have comments or concerns regarding the status of your individual submission of the form, write directly to: CCAMPIS Program, U.S. Department of Education, 1990 K Street, N.W., Suite 7000, Washington, DC 20006-8510.

## Section II – Demographic Profile of Project Participants

“**Participant**” means an eligible postsecondary student receiving CCAMPIS Program funded services.

An “**eligible student**” is one “who is eligible to receive a Federal Pell Grant for the fiscal year for which the determination is made.” See Section 419N(b)(7) of the Higher Education Act of 1965, as amended.

“**Other**” means an individual receiving child care services at your institution, but who is not eligible to participate in CCAMPIS Program funded services. This may include students, community members, faculty, staff, etc.

A. Total Number of Participants Served: \_\_\_\_\_

B. Total Number of Participants’ Children Served: \_\_\_\_\_

C. Participant's Race/Ethnicity – Count Each Participant only once:

	Numbers
1. American Indian or Alaska Native	_____
2. Asian American	_____
3. Black or African-American	_____
4. Hispanic or Latino	_____
5. Native Hawaiian or other Pacific Islander	_____
6. White	_____
7. No race reported	_____
Total (This should equal Section II-A)	_____

D. Participant Distribution by Gender:

	Numbers
1. Female	_____
2. Male	_____
Total (This should equal Section II-A)	_____

E. Participants by Household Status:

	Numbers
1. Single Dependent Female	_____
2. Single Dependent Male	_____
3. Single Female -- Head of Household	_____
4. Single Male -- Head of Household	_____
5. Married Female	_____
6. Married Male	_____
Total (This should equal Section II-A)	_____

F. Participants by Pell Grant Status -- Count Each Participant only once:

	Numbers
1. Participants Receiving Pell Grants	_____
2. Participants Certified by the Institution as Pell Grant-eligible but not receiving Pell Grants	_____
<b>Total</b> (This should equal Section II-A)	_____

**NOTE:** If you use CCAMPIS Program grant funds to pay for part of the costs for participants' child care services and use other funds to pay the remainder of those costs, attach a chart showing the breakout of costs and funding.

G. "Others" served by the institution's child care program:

	Numbers
1. Community Members	_____
2. Students who are not eligible for Pell Grants	_____
3. Institution Staff/Faculty	_____
4. Eligible students – who are eligible for or receiving Pell Grants and whose child cares services are not funded from CCAMPIS grant funds	_____
<b>Total</b>	_____
5. Of the "Others": The number of low-income individuals (150% of the poverty level – see attachment)	_____

H. Participant Distribution by Classification

**"Cohort Year"** – the academic year in which the participant began receiving CCAMPIS Program funded services. Each cohort year begins with the fall academic term.

Cohort Year	Freshman	Sophomore	Junior	Senior	Total
2006-2007					
2007-2008					

**For the charts below:**

**Cohort:** The group of postsecondary student participants who began receiving services in a specific academic year.

**Fall Term - beginning:** First academic term beginning in August or September. *Counts for the fall term should be taken at the beginning of the fall term.*

**Students transferring in:** Those student participants who begin receiving services after the start of the “Fall Term.”

**Spring Term - ending:** In a “semester system” – the second academic term, beginning in January and ending in May/June. In a “quarter system” – the third academic term beginning in the spring and ending in May/June. *Counts for the spring term should be taken at the end of the spring term.*

**New Participants:** The number of students that began participation in the CCAMPIS Program during the academic year – after the academic year/Fall Term began.

**Withdrawals:** The number of students that withdrew from the institution or from participation in the CCAMPIS Program during the academic year.

**\*Graduated - 3/6:** Students that (a) received a 2-year certificate or a terminal degree within 3 years of enrolling in a 2-year IHE or within 6 years of enrolling in a 4-year IHE; or (b) transferred from a 2-year IHE to a 4-year IHE.

**\* Graduated - 4/7:** Students that (a) received a 2-year certificate or a terminal degree within a period longer than 3 years after enrolling in a 2-year IHE or within a period longer than 6 years after enrolling in a 4-year IHE or (b) transferred from a 2-year IHE to a 4-year IHE.

**\* PLEASE NOTE:** Graduation data is to be determined by cohort. Each chart, below, is for a specific cohort, and the data requested on that chart – including the graduation data – is for that specific cohort only. *Example:* For the 2006 cohort chart, provide the number of that cohort – those student participants who began receiving services in the 2006-2007 academic year – who “graduated 3/7” and “graduated 4/7.”

<b>2006 Cohort</b>	Freshman		Sophomore		Junior		Senior		Totals	
	Enrolled	CCAMPIS services	Enrolled	CCAMPIS services	Enrolled	CCAMPIS services	Enrolled	CCAMPIS services	Enrolled	CCAMPIS services
Fall Term 2006 – beginning										
Students Transferring In										
Spring Term 2007 – ending										
Students Transferring In										
Fall Term 2007 – beginning										
Students Transferring In										
Spring Term 2008 – ending										
Graduated - 3/6										
Graduated – 4/7										

<b>2007 Cohort</b>	Freshman		Sophomore		Junior		Senior		Totals	
	Enrolled	CCAMPIS services	Enrolled	CCAMPIS services	Enrolled	CCAMPIS services	Enrolled	CCAMPIS services	Enrolled	CCAMPIS services
Fall Term 2007 – beginning										
Students Transferring In										
Spring Term 2008 – ending										
Graduated - 3/6										
Graduated – 4/7										

### Section III – Project Services and Activities

A. CCAMPIS Program Funded Services Provided:

*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) _____	_____	_____

B. CCAMPIS Program Funded Services for Participants:

*Check all that apply*

- 1. Parenting Classes \_\_\_\_\_
  - 2. Seminars \_\_\_\_\_
  - 3. Meetings \_\_\_\_\_
  - 4. Other – specify \_\_\_\_\_
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C. Fee Schedule for Participants:

*Check all that apply*

- 1. Sliding Fee Scale \_\_\_\_\_
- 2. Free Child Care Services \_\_\_\_\_
- 3. Standard-set Fee \_\_\_\_\_
- 4. Partial Tuition/Scholarship for child \_\_\_\_\_

D. Fee Schedule for Others:

*Check all that apply*

- 1. Sliding Fee Scale \_\_\_\_\_
- 2. Standard-set Fee \_\_\_\_\_
- 3. Free Services \_\_\_\_\_
- 4. Partial Tuition/Scholarship for child \_\_\_\_\_

E. Availability of Childcare Services:

- 1. Waiting list for childcare services for CCAMPIS Program Participants
 

	Numbers
a. The semester prior to CCAMPIS Program funding	_____
b. At the beginning of the reporting period	_____
c. At the end of the reporting period	_____

F. Institutional and Local Resources

List the Institution's funding and local resources and funding used by the child care center to help eligible students access childcare services. Include technical expertise.

1. Local/Community Funding - Specify type of funds, funding entity, and amounts:

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2. State Funding - Specify type of funds, funding entity, and amounts:

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3. Institutional Student Activity Fees: \$\_\_\_\_\_

4. Other fees - Specify type of funds, funding entity, and amounts:

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5. Foundation grants - Specify type of funds, funding entity, and amounts:

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6. Institutional funds - Specify type of funds, funding entity, and amounts:

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7. In-kind contributions - Specify type of funds, funding entity, and amounts:

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G. Have any of these resources increased student tuition at the Institution?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

H. Explain how you have leveraged the Institution's and local resources to support child care activities for low-income (Pell Grant-eligible/CCAMPIS Program eligible) students, and how the use of a sliding fee scale resulted in a high number of such students obtaining a postsecondary education. *Please use a separate sheet of paper and attach it to this Report.*

I. Explain how the CCAMPIS Program funded childcare services have coordinated with the Institution's early childhood education program? (The early childhood education program refers to the Institution's academic program for college students seeking credit for course work involving early childhood education.) *Please use a separate sheet of paper and attach it to this Report.*

J. Child Care Services Accreditation and Licensing:

If you contract out the childcare services, provide the requested information (Items J. 1 – 5, below) for each childcare facility with which you contract using CCAMPIS Program funds. *Please use a separate sheet of paper and attach it to this Report.*

1. Is the CCAMPIS Program funded childcare program accredited?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

2. If the program is accredited:

a. Date of accreditation \_\_\_\_\_

b. Expiration of accreditation \_\_\_\_\_

c. Accrediting Agency – Name and Address

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3. If the program is not accredited:  
a. Are you in the process of obtaining accreditation?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

b. Accrediting Agency – Name and Address

\_\_\_\_\_

c. Date accreditation is expected: \_\_\_\_\_

4. If this is a new child care program (less than 3 years established), detail the actions taken, including a timeline that you have taken to achieve the goals set forth in the application. *Please use a separate sheet of paper, and attach it to this Report.*

5. Is the childcare program and facility licensed by the State and local licensing agencies? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the program and facility are not licensed, provide an explanation of why these are not licensed. *Please use a separate sheet of paper, and attach it to this Report.*

K. Explain, *on a separate sheet of paper and attach it to this Report*, the impact of the grant on:

1. Quality of campus-based child care services;
2. Availability of campus-based child care services; and
3. Affordability of campus-based child care services.

**2008 Annual Low Income Levels**

(Effective February 2008 Until Further Notice)

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$15,600	\$19,500	\$17,940
2	\$21,000	\$26,250	\$24,150
3	\$26,400	\$33,000	\$30,360
4	\$31,800	\$39,750	\$36,570
5	\$37,200	\$46,500	\$42,780
6	\$42,600	\$53,250	\$48,990
7	\$48,000	\$60,000	\$55,200
8	\$53,400	\$66,750	\$61,410

For family units with more than eight members, add the following amount for each additional family member: \$5,400 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$6,750 for Alaska; and \$6,210 for Hawaii.

The term "low-income individual" means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount.

The figures shown under family income represent amounts equal to 150 percent of the family income levels established by the Census Bureau for determining poverty status. The poverty guidelines were published by the U.S. Department of Health and Human Services in the [Federal Register](#), Vol. 73, No. 15, January 23, 2008, pp. 3,971-3,972.