



UNITED STATES DEPARTMENT OF EDUCATION  
OFFICE OF POSTSECONDARY EDUCATION

CHILD CARE ACCESS MEANS PARENTS IN SCHOOL (CCAMPIS) PROGRAM

ANNUAL PERFORMANCE REPORT FORM

OMB NO: 1840-0763  
Exp. Date: 01/31/2026

**SECTION I: IDENTIFICATION - PROJECT IDENTIFICATION, CERTIFICATION AND WARNING**

**A. Identification**

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

2. Grantee Institution Information: Institution Name \_\_\_\_\_

OPEID: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Hours of Operation \_\_\_\_\_

3. Project Director's Information: Project Director's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

4. Grantee Institution Status (check one)    2-year public    2-year private    4-year public    4-year private

**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 my knowledge.

Project Director's Name \_\_\_\_\_ Certifying Official's Name \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

# Child Care Access Means Parents in School (CCAMPIS) Program

## Annual Performance Report Form

**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), regulations (34 CFR 75.590 and 75.720), and authority (P.L. 102-335, as amended).

Paperwork Burden Notice: 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 28 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 obligation to respond to this collection is mandatory citing (Education Department General Administrative Regulations, § 80.40)/required to obtain or retain benefit citing (Education Department General Administrative Regulations, § 80.40)/ or voluntary. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to [regulations.gov](http://regulations.gov) during the public comment period for this collection of information. If you have specific questions about the form, instrument or survey, please contact (to the U.S. Department of Education, 400 Maryland Avenue, S.W. 279-11, Washington, DC 20210-4537 or e-mail [Harold.Wells@ed.gov](mailto:Harold.Wells@ed.gov)).

### SECTION II: DEFINITIONS

<b>Participant</b>	An eligible postsecondary <b>student</b> 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 <i>HEOA of 2008</i> . A <b>participant</b> 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 <b>participant</b> 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 <b>participant</b> 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))
<b>Participant ID</b>	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).
<b>Race/Ethnicity</b>	The seven categories set for participant ethnicity are <i>American Indian or Alaska Native (AI)</i> , <i>Asian (AS)</i> , <i>Black or African American (B)</i> , <i>Hispanic or Latino (H)</i> , <i>Hawaiian or Other Pacific Islander (PI)</i> , <i>White (W)</i> , and <i>Two or More Races (TM)</i> .
<b>Gender</b>	The two categories set for the participant gender are <i>male (M)</i> and <i>female (F)</i> .
<b>Household Status</b>	The three categories set for the participants' household status are <i>Married (M)</i> , <i>Not Married and Dependent on Parent(s) (D)</i> , and <i>Not Married and Independent (I)</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.
<b>Pell Grant Status</b>	The two categories set for the participants' Pell Grant status are <i>Receiving Pell Grant (R)</i> and <i>Eligible but not receiving Pell Grant (E)</i> . Additionally, students may be coded as <i>Low Income Graduate Student (LIG)</i> , or <i>Low Income Foreign Student (LIF)</i> .
<b>Academic Status</b>	The registration status of participating CCAMPIS student-parents. This may be <i>Enrolled (E)</i> , <i>Graduated (G)</i> , <i>Transferred (T)</i> or <i>Withdrew (W)</i> .
<b>CCAMPIS Participation Status</b>	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: <i>Enrolled Participating in CCAMPIS (EPC)</i> , <i>Enrolled but Declined CCAMPIS Participation (EDPC)</i> or <i>Withdrew From CCAMPIS Participation (WFCP)</i> .
<b>Non-Participant</b>	Individual receiving child care services, but who is not supported with CCAMPIS Program funds. This may include other students, community members, faculty, staff, etc.
<b>Years Taken to Transfer/ Completion</b>	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.
<b>Degree/ Certificate</b>	The five categories for the participants' degree/certificate are: <i>Certificate/Diploma (C)</i> , <i>Associate's (AA)</i> , <i>Bachelor's (BA)</i> , <i>Teaching Credential (TC)</i> , and <i>Master's (MS)</i> Degrees. Only fill in this column if the participant completed/graduated from your institution while receiving CCAMPIS services.
<b>Number of Hours of Child Care Provided</b>	Record the number of hours of child care paid for with CCAMPIS funds for each parent participant.  <i>*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.</i>
<b>Half-time/Part time Status</b>	An enrolled student who is carrying a half-time academic workload, as determined by the institution, that amounts to at least half of the workload of the applicable minimum requirement outlined in the definition of a full-time student.

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**Section III-A: PARTICIPANT DEMOGRAPHICS, ATTENDANCE, PERSISTANCE AND GRADUATION**

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**INSTRUCTIONS:** The 2022-2023 report must also reflect data reported by the institution for that period.

- Definitions for selection choices for each column are found below.
- In the Fiscal Year field, select the appropriate fiscal year for which you are reporting from the drop down list,
- 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. Provide data from past years by clicking the 'Add a School Year Button' at the bottom of the survey data chart.
- 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.
  - “WFCP” designates a participant that withdrew from the institution and was withdrawn from CCAMPIS program participation.
- If applicable, report data for multiple school years by clicking the Add School Year button at the bottom of the survey data chart.

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**Section III-B: PARTICIPANT DEMOGRAPHICS, ATTENDANCE, PERSISTANCE AND GRADUATION**

**INSTRUCTIONS:** Enter responses to the following eight questions.  
*(Data reported below should be reconciled with data reported in the chart at the end of this form)*

**1. Total Number of CCAMPIS student-parents reported on the institution's APR**  
 that persisted at the institution in \_\_\_\_\_

**2. Total Actual Number of CCAMPIS student-parents attended/enrolled in Total Actual** \_\_\_\_\_

**3. Number of CCAMPIS student-parents that graduated from the institution in** \_\_\_\_\_

**4. Total Actual Number of CCAMPIS student-parents that withdrew from the institution in** \_\_\_\_\_

**5. Total Actual Number of CCAMPIS student-parents reported on the institution's APR**  
 expected to persist at the institution into \_\_\_\_\_

**6. Total Actual Number of CCAMPIS student-parents that graduated from the 4-year institution in the reporting year:**

Certificate \_\_\_\_\_ Diploma (BS/BA) \_\_\_\_\_ Diploma (MS/MA) \_\_\_\_\_

**7. Total Actual 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 a Diploma (AA) \_\_\_\_\_

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

	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
Certificate Seeking Students					
Degree Seeking Students					
Graduate Degree Seeking Students					

\*Data is not required for FY 2023-24.

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**Section III-C: STUDENT REPORTED DATA**

**INSTRUCTIONS:** Enter responses to the following six questions.

*(Data below should be extracted from the institution's CCAMPIS student-parent survey data for this report year.)*

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

\_\_\_\_\_

a. The number of student-parents enrolled at least halftime:

\_\_\_\_\_

**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. Enter 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         | Have Additional Study Time            | Spend More Time in the Library/Computer Lab     |
| Take Earlier Classes | Obtain Tutoring Assistance            | Participate in Group Study Projects or Meetings |
| Take Later Classes   | Obtain Advising or Counseling Support | Other   |

**6. How significant was the CCAMPIS grant support in enabling the student-parent to complete his/her degree or certificate:**

*(Please indicate the total number of Student-parents responding and the number of student-parents selecting each specific response.)*

**Extremely Important:**                      **Not Important:**                      **Number of Student-Parents Responding** \_\_\_\_\_

**Important:**                                      **Not Helpful:**

**Helpful:**

**Please enter any additional information on CCAMPIS student-parents' academic outcomes such as the number of participants on track to graduate or transfer successfully, relevant employment outcomes, anecdotal stories of how CCAMPIS has enabled participants to succeed or the importance of the program to their feelings of acceptance and belonging, or other information: *(max 750 characters)***

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**Section IV: PROJECT SERVICES and ACTIVITIES - TYPES of SERVICES RENDERED**

**INSTRUCTIONS:** Check all appropriate responses. Please indicate number of participants using these services, either directly (Institution-run) or by contract with a third-party (Contracted).

**A. CCAMPIS Program-Funded Services Provided for Participants** *(check all that apply)*

Type of Service	Institution-Run	Contracted	Total number of Children	Total Number of Participants
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				
11. Parenting Classes				
12. Seminars				
13. Meetings				
14. Other				

**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		

**Participants**

- 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-Participants**

- E. Total number of non-participants' served: \_\_\_\_\_
- F. Total number of non-participants' children served: \_\_\_\_\_
- G. Total number of children of the employees of the institution served:(Optional) \_\_\_\_\_
- H. Total number of children of non-affiliated members of the community served: (Optional) \_\_\_\_\_

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**Section IV-C: PROJECT SERVICES AND ACTIVITIES - WAIT LISTS**

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**INSTRUCTIONS:** Enter responses to the following four questions

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

**1. Numbers of CCAMPIS-eligible children on wait list at the beginning of the 2022-23 academic year by age groupings:**

Infants \_\_\_\_\_ Toddlers \_\_\_\_\_ Preschool \_\_\_\_\_ School Age \_\_\_\_\_

**2. Numbers of CCAMPIS-eligible children on wait list at the beginning of the 2023-24 academic year by age groupings:**

Infants \_\_\_\_\_ Toddlers \_\_\_\_\_ Preschool \_\_\_\_\_ School Age \_\_\_\_\_

**3. Numbers of CCAMPIS-eligible children on wait list at the beginning of the 2024-25 academic year by age groupings:**

Infants \_\_\_\_\_ Toddlers \_\_\_\_\_ Preschool \_\_\_\_\_ School Age \_\_\_\_\_

**4. Numbers of CCAMPIS-eligible children on wait list at the beginning of the 2025-26 academic year by age groupings:**

Infants \_\_\_\_\_ Toddlers \_\_\_\_\_ Preschool \_\_\_\_\_ School Age \_\_\_\_\_

**5. Numbers of CCAMPIS-eligible children on wait list at the beginning of the 2026-27 academic year by age groupings:**

Infants \_\_\_\_\_ Toddlers \_\_\_\_\_ Preschool \_\_\_\_\_ School Age \_\_\_\_\_

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**Section IV- D: PROJECT SERVICES and ACTIVITIES - EARLY CHILDHOOD EDUCATION (ECE) COORDINATION**

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**INSTRUCTIONS:** Enter responses to the following questions.

**D. 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.) (max 2,000 characters)*

**E. If the CCAMPIS Program does not coordinate with the institution's ECE program, please explain why.** *(max 2,000 characters)*

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**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.

Funding Type	Total Amount	Identify the resource(s)
A. Local/Community Funding		
B. State Funding		
C. Institutional Student Activity Fees		
D. Other Fees		
E. Foundation Grants		
F. Institutional Funds		
G. In-Kind Contributions		

**H. 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. (max 750 characters)**

**I. Provide an explanation if funds have not been leveraged from the institution and/or local resources. (max 750 characters)**

**J. Enrollment fees\* What percentage of your total budget covers childcare costs?**

\*This refers to the cost of childcare, that would otherwise be an out-of-pocket expense for low-income, Pell eligible student parents.



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**SECTION VI: CHILD CARE SERVICE ACCREDITATION AND LICENSING**

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**INSTRUCTIONS:** CCAMPIS provides funding for three categories of child care programs:

- INSTITUTION (CAMPUS) OWNED CHILD CARE SERVICES (VI-A)
- CONTRACTED-CHILD CARE SERVICES (VI-B)
- CONTRACTED HOME CHILD CARE SERVICE (VI-C)

Please provide accreditation and licensing information for each facility or provider operating under your institution's CCAMPIS program by clicking the appropriate button below and completing the form generated. If you require additional forms you may press the corresponding button for that category more than once to add facilities or providers.

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

**VI-B. Contracted-Child Care Program:**

**VI-C. Contracted Home Child Care Program:**

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**SECTION VI-A: INSTITUTION (CAMPUS) OWNED CHILD CARE SERVICES ACCREDITATION AND LICENSING**

**INSTRUCTIONS:** Please provide responses to accreditation and licensing queries about the institution owned child care facilities used to support CCAMPIS student-parents with CCAMPIS funds. (To report additional facilities, click the Report Additional Facilities Button at the end of section VI-A)

**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:

Hours of Operation:

**2. If the program is accredited?**      Date of Accreditation      Accreditation Exp Date

Accreditation Agency Information

Agency Name:

Address:

City:      State:      ZipCode:

**3. If the program is not accredited and accreditation is not being sought, please explain. (max 2,000 characters)**

a. Are you in the process of obtaining accreditation?      Yes      No

b. Check all the steps completed in the accreditation process:

Self-Assessment	Awaiting Renewal Visit	Applying for Candidacy
Awaiting Commission Decision	Candidacy Status	Deferred
Awaiting an Accreditation Visit		

c. Estimated date accreditation is expected?

d. Accreditation Agency Information:

Agency Name:

Address:

City:      State:      ZipCode:

**4. If this is a new child care program (less than 3 years established), detail the actions taken, including a timeline to achieve the goals set forth in the application. (max 2,000 characters)**

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

a. Date of licensing

b. Expiration date of licensing

c. Licensing Agency Information:

Agency Name:

Address:

City:      State:      ZipCode:

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**SECTION VI-B: CONTRACTED-CHILD CARE SERVICES ACCREDITATION AND LICENSING**

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**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. (To report additional facilities, click the Report Additional Facilities Button at the end of section VI-B)

**Contracted-Child Care Program:**

**1. Is the CCAMPIS Program-funded child care program accredited?**      Yes      No

Facility Name:

Hours of Operation:

**2. If the program is accredited?**      Date of Accreditation      Accreditation Exp Date

Accreditation Agency Information

Agency Name:

Address:

City:      State:      ZipCode:

**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 the accreditation process:

Self-Assessment      Awaiting Renewal Visit      Applying for Candidacy

Awaiting Commission Decision      Candidacy Status      Deferred

Awaiting an Accreditation Visit

c. Estimated date accreditation is expected?

d. Accreditation Agency Information:

Agency Name:

Address:

City:      State:      ZipCode:

**4. If this is a new child care program (less than 3 years established), detail the actions taken, including a timeline to achieve the goals set forth in the application. (max 2,000 characters)**

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

a. Date of licensing

b. Expiration date of licensing

c. Licensing Agency Information:

Agency Name:

Address:

City:      State:      ZipCode:

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**SECTION VI- C: CONTRACTED HOME CHILD CARE SERVICE ACCREDITATION AND LICENSING**

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**INSTRUCTIONS:** Please provide responses to accreditations and licensing queries about home child care providers used to support CCAMPIS student-parents with CCAMPIS funds. (To report additional facilities, click the Report Additional Facilities Button at the end of section VI-C)

**Contracted Home Child Care Program:**

**1. Is the CCAMPIS Program-funded contracted home child care program accredited?**      Yes      No

Facility Name:

Hours of Operation:

**2. If the provider is accredited?**      Date of Accreditation      Accreditation Exp Date

Accreditation Agency Information

Agency Name:

Address:

City:      State:      ZipCode:

**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 the accreditation process:

Self-Assessment      Awaiting Renewal Visit      Applying for Candidacy

Awaiting Commission Decision      Candidacy Status      Deferred

Awaiting an Accreditation Visit

c. Estimated date accreditation is expected?

d. Accreditation Agency Information:

Agency Name:

Address:

City:      State:      ZipCode:

**4. If this is a new home child care program (less than 3 years established), detail the actions taken, including a timeline to achieve the goals set forth in the application. (max 2,000 characters)**

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

a. Date of licensing

b. Expiration date of licensing

c. Licensing Agency Information:

Agency Name:

Address:

City:      State:      ZipCode: