

Facility Detail Report

Report Purpose Provides detailed information for each accepted-active and emergency congregate care facility and foster home for a District/Agency.

Prompts None

Data Item	Data Definition
Date of this Report	The date on which the report was run.
CONNECTIONS Data As Of Date	The latest refresh date of the OCFS Data Warehouse – that is, the last time data was retrieved from CONNECTIONS. Data for this report is refreshed each week.
Authorizing Agency	The name of the agency that owns the resource.
Authorizing Agency Code	The 3-digit code of the agency that owns the resource.
Sub Agency	Sub Agency primarily applies to NYC Foster or Adoptive Homes. The sub agency code is populated with the NYC “800” level decode appropriate to the home when it is created. Sub agency allows users to search and sort Foster or Adoptive homes by the “800” code.
Worker Agency Code	The 3-digit agency code of the office to which the worker is ‘in’ assigned.
Worker Name	The full name of the worker assigned to the resource.
Worker Office	The name of the office to which the worker is assigned.
Worker Unit	The 3-digit code identifying the unit in which the worker is currently active.
Home Name	The name by which the facility is known.
Resource ID	The CONNECTIONS identification number for the facility.
Facility ID	The CONNECTIONS vendor identification number for this resource.
Home Status	The current status of the facility. Values include: <ul style="list-style-type: none"> Accepted-Active Emergency
Setting	The type of setting for the facility. Values include: <ul style="list-style-type: none"> Foster Home Congregate

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Level of Care	<p>The level of care provided by the resource. These categories are rolled-up to form the Setting. Values include:</p> <ul style="list-style-type: none"> • Agency Boarding Home • Approved Relative Foster Home • Certified Foster Home • Foster/Adoptive Home • Group Home • Group Residence • Institution • Supervised Ind Living Program
Cert From	The date on which the facility was last authorized.
Cert To	The date by which the home needs to be recertified. This information is blank for congregate care facilities.
Beds Available	The number of children the facility currently has room for.
Beds Unavail	The number of children the facility currently has in occupancy.
Male – Minimum Yrs & Mos	The minimum age, in years and months, of male children that the resource is licensed to accept.
Male – Maximum Yrs & Mos	The maximum age, in years and months, of male children that the resource is licensed to accept.
Female – Minimum Yrs & Mos	The minimum age, in years and months, of female children that the resource is licensed to accept.
Female – Maximum Yrs & Mos	The maximum age, in years and months, of female children that the resource is licensed to accept.
Program Types	<p>A series of indicators (Y/N) to describes the types of programs offered by the resource. Programs include:</p> <ul style="list-style-type: none"> • Regular • Emergency • Therapeutic • Medical • Behavioral • HIV+/AIDS • Maternity • Mother Child • Hard to Place • Refugee Assistance • Supervised Ind Living • Diagnostic Reception Center • Sexual Offender
Home Address	The street address of the resource.

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Mailing Address	The mailing address of the resource.
Phone	The phone number for the resource.
County	The county in which the resource is physically located.
NYC CD	The Community District in which the NYC resource is physically located.
Language	The language(s) spoken at the facility.
Race	The race and ethnicity related to the facility.
Religion	The predominant religion practiced at the facility.
Member Name	The name of each individual who is a member of the foster home. This information is blank for congregate care facilities.
Person ID	Unique CONNECTIONS identification number assigned to an individual who is a member of a foster home.
Relationship	Describe the relationship of the home member. This information is blank for congregate care facilities.
Role	Identifies the principal and collateral relationships in the foster home. This information is blank for congregate care facilities. Values include: <ul style="list-style-type: none"> • Principal • Collateral
DOB	The birth date of the home member.
Gender	The gender of the home member.
Race	The race of the home member.
Finger Print Card Sent	Date on which a fingerprint card for the home member was sent for a criminal background check. This information is blank for congregate care facilities and foster home members under 18 years old.
Finger Print Card Returned	Date on which the results of the criminal background check were received. This information is blank for congregate care facilities and foster home members under 18 years old.
Medical Exam Date	Date on which the home member received a medical examination. This information is blank for congregate care facilities and foster home members under 18 years old.
CIN ID	Unique identification number assigned to the child in the CCRS system

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Child Name	The name of the child that has been placed at the resource.
ASFA Time in Care	The number of months the child has been in care, based on ASFA guidelines.
Total Siblings	The number of siblings in the family of the placed child.
Siblings Placed	The number of siblings in the family that are placed in care.
Facility Admit Date	The date the child was admitted to foster care.
District	The District to which the child's case was assigned.
Unit	The 3-digit code identifying the unit in which the worker assigned to the child's case is currently active.
Worker ID	The ID of the worker assigned to the child's case.

The Office of Children and Family Services (OCFS) Data Warehouse is committed to providing information and tools to the Districts and Voluntary Agencies working with the children and families of New York State.

For More Information

Contact the Data Warehouse at data.warehouse@ocfs.state.ny.us.