

FOR SERVICES PROVIDED FROM _____ THROUGH _____

Expires: 06/30/2015

Complete Name of Grantee:	<div>(A)</div> <div>TOTAL</div>	CATEGORY/TYPE OF CHILD CARE										
Address:		CARE PROVIDED BY A LICENSED OR REGULATED PROVIDER IN A					CARE PROVIDED BY A LEGALLY OPERATING PROVIDER (LICENSE CATEGORY UNAVAILABLE IN A STATE OR LOCALITY) IN A					
Contact Person, Phone & Email:		(B)	(C)	(D)	(E)	CHILD'S HOME BY A		FAMILY HOME BY A		GROUP HOME BY A		(L)
		Child's Home	Family Home	Group Home	Center	(F)	(G)	(H)	(I)	(J)	(K)	
					Relative	Non-Relative	Relative	Non-Relative	Relative	Non-Relative	Center	

Number Served:

1. Number of families receiving child care services													
2. Number of children receiving child care services													
3a. Does the State claim public pre-kindergarten expenditures on CCDF-eligible children as State CCDF Match?	Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/>												
3b. Does the State claim public pre-kindergarten expenditures on CCDF-eligible children as State CCDF MOE?	Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/>												
4. If yes to 3a or 3b, indicate the estimated number of CCDF eligible children receiving public pre-kindergarten services for which CCDF Match or MOE is claimed.													

Payment Methods:

[illegible]**Provider Information:**[illegible]

Consumer Education:		Page 2	
9a. Estimated number of families receiving consumer education			
9b. How is the estimated number of families receiving consumer education determined?			
10. Indicate the <u>Content</u> Used on a Regular Basis:			
10a. Information about use of certificates, grants or contracts	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		
10b. Information for locating legally operating child care providers, and/or lists of legally operating child care providers	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		
10c. Information about types and quality of child care	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		
10d. Information about health and safety requirements	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		
10e. Information about child care laws and regulations	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		
10f. Information about provider complaint policies	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		
11. Indicate the <u>Methods</u> Used on a Regular Basis:			
11a. Written materials including brochures, booklets, checklists, newspaper articles, or billboards about child care topics	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		
11b. Counseling from Resource and Referral Agencies	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		
11c. Mass media broadcasts including TV announcements or radio announcements about child care topics	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		
11d. Electronic media publications or broadcasts including Internet sites and webcasts about child care topics	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		
Pooling Factor:			
12. Is this report based on pooled CCDF and non-CCDF funds?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		
13. If this report is based on pooled CCDF and non-CCDF funds, what is the percent of funds which are CCDF?	_____ %		

- 14a. Title XX (Social Services Block Grant, SSBG)
- 14b. State-only child care funds (in excess of State funds used to meet CCDF Match and MOE requirements)
- 14c. TANF direct funds for child care not transferred into CCDF
- 14d. Title IV-B or IV-E funds
- 14e. Supplemental Nutrition Assistance Program (formerly Food Stamps)
- 14f. Other: (Please specify other non-CCDF funds included in the pool)
- Y

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N

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- Y

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N

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- Y

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N

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- Y

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N

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- Y

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N

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- Y

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N

☐

Other: (Optional)

15. Please enter explanatory comments regarding any of the data elements as appropriate.
16. Please attach any reports, materials, information developed as a result of the use of CCDF quality funds.