

FOR SERVICES PROVIDED FROM _____ THROUGH _____											Expires: XX/XX/XXXX		
Complete Name of Grantee:		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:		(A) TOTAL	(B) Child's Home	(C) Family Home	(D) Group Home	(E) Center	(F) Relative	(G) Non-Relative	(H) Relative	(I) Non-Relative	(J) Relative	(K) Non-Relative	(L) Center
Number Served:													
1. Number of families receiving child care services													
2. Number of children receiving child care services													
2a. Number of child fatalities													
3a. Does the State claim public pre-kindergarten expenditures on CCDF-eligible children as State CCDF Match?		Y											
3b. Does the State claim public pre-kindergarten expenditures on CCDF-eligible children as State CCDF MOE?		Y											
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:													
5. Number of children served through grants or contracts													
6. Number of children receiving child care services through certificates and/or cash													
7. Of children served through certificates, number of children served through cash payments directly to parents (only)													
Provider Information:													

14c. TANF direct funds for child care not transferred into CCDF	Y	<input type="radio"/>
14d. Title IV-B or IV-E funds	Y	<input type="radio"/>
14e. No longer collected effective FFY2015		
14f. Other: (Please specify other non-CCDF funds included in the pool)	Y	<input type="radio"/>

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.