

Grantee:
 Contact Person & Phone:

Consumer Education, continued:

10c. Information about types and quality of child care	Y <input type="checkbox"/> N <input type="checkbox"/>
10d. Information about health and safety requirements	Y <input type="checkbox"/> N <input type="checkbox"/>
10e. Information about child care laws and regulations	Y <input type="checkbox"/> N <input type="checkbox"/>
10f. Information about provider complaint policies	Y <input type="checkbox"/> N <input type="checkbox"/>
11. Indicate the <i>Methods Used on a Regular Basis:</i>	
11a. Written materials including brochures, booklets, checklists, newspaper articles, or billboards about child care topics	Y <input type="checkbox"/> N <input type="checkbox"/>
11b. Counseling from Resource and Referral Agencies	Y <input type="checkbox"/> N <input type="checkbox"/>
11c. Mass media broadcasts including TV announcements or radio announcements about child care topics	Y <input type="checkbox"/> N <input type="checkbox"/>
11d. Electronic media publications or broadcasts including Internet sites and webcasts about child care topics.	Y <input type="checkbox"/> N <input type="checkbox"/>

Pooling Factor:

12. Is this report based on pooled CCDF and non-CCDF funds?
 Y N

13. If this report is based on pooled CCDF and non-CCDF funds, what is the percent of funds which are CCDF?
 _____%

14. If this report is based on pooled CCDF and non-CCDF funds, please indicate which non-CCDF funds are included in the pool.

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

DRAFT

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(Effective for FFY 2010 and Subsequent Reports)

OMB Approval Number: XXXX-XXXX

FOR SERVICES PROVIDED FROM _____ THROUGH _____

Expires: XX/XX/XXXX

Grantee:

Contact Person & Phone:

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.