



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"/> |  |
| <b>11. Indicate the <i>Methods Used on a Regular Basis</i>:</b>   |   |  |
| 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 <input type="checkbox"/> N <input type="checkbox"/> |
| 13. If this report is based on pooled CCDF and non-CCDF funds, what is the percent of funds which are CCDF?                          | _____ %   |
| <b>14. If this report is based on pooled CCDF and non-CCDF funds, please indicate which non-CCDF funds are included in the pool.</b> |   |
| 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**

|   |  |  |                                |
|---|--|--|--------------------------------|
| <b>Page 3 - CHILD CARE AND DEVELOPMENT FUND ANNUAL REPORT (ACF-800)</b>                                       |  | <b>(Effective for FFY 2010 and Subsequent Reports)</b> | OMB Approval Number: XXXX-XXXX |
| FOR SERVICES PROVIDED FROM _____ THROUGH _____  |  |  | Expires: XX/XX/XXXX            |
| Grantee:  |  |  |                                |
| Contact Person & Phone:   |  |  |                                |
| <b>Other: (Optional)</b>  |  |  |                                |
| 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. |  |  |                                |