FOR SERVICES PROVIDED FROM	THROUGH										Expires: X	X/XX/XXXX	
Complete Name of Grantee:		CATEGORY/TYPE OF CHILD CARE											
		CARE P	ROVIDED	By a licen	ISED OR	CARE PROVIDED BY A LEGALLY OPERATING PROVIDER (LICENSE CATEGORY							
Address:		REGULATED PROVIDER IN A				UNAVAILABLE IN A STATE OR LOCALITY) IN A							
						CHILD'S HOME BY A FAMILY HOME BY A G				GROUP	GROUP HOME BY A		
Contact Person, Phone & Email:	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(1)	(1)	(K)	(L)	
	TOTAL	Child's	Family	Group	Center	Relative	Non-Relative	Relative	Non-Relative	Relative	Non-Relative	Center	
		Home	Home	Home									
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	A ON O												
CCDF-eligible children as State													
CCDF Match?													
3b. Does the State claim public pre-													
kindergarten expenditures on	k 0.1 9)											
CCDF-eligible children as State													
CCDF MOE?													
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													
<u>certificates</u> , number of children													
served through cash payments													

directly to parents (only)										
Provider Information:										
8. Number of child care providers										
receiving CCDF funding by type of										
care										
Consumer Education:										
9a. Estimated number of families receiving										
consumer education										
9b. How are estimates of the number of										
families receiving consumer										
education determined?										
10. No longer collected effective FFY2016										
11. Indicate the <u>Methods</u> Used on										
a Regular Basis:		_								
11a. Written materials including										
brochures, booklets, checklists,	Y O*1									
newspaper articles, or billboards										
about child care topics										
11b. Counseling from Resource	A O.1	\								
and Referral Agencies, eligibility workers,										
and other entities										
11c. Mass media broadcasts										
including TV announcements or	A O A									
radio announcements about child										
care topics										
11d. Electronic media publications										
or broadcasts including Internet	A O,1	,								
sites and webcasts about child care										
topics										
11e. Referral to other programs for										
which parents might be eligible		<u> </u>								
Pooling Factor:										
12. Is this report based on pooled CCDF and non-CCDF funds?						<u> </u>				
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-CC	DF funds, p	lease indic	ate							
which non-CCDF funds are included in the pool.										

14a. Title XX (Social Services Block Grant, SSBG)	_A O.1 O
14b. State-only child care funds (in excess of State funds used	A O,1 °
to meet CCDF Match and MOE requirements)	
14c. TANF direct funds for child care not transferred into CCDF	Y O1 •
14d. Title IV-B or IV-E funds	Y Ŏ1 O
14e. No longer collected effective FFY2016	
14f. Other: (Please specify other non-CCDF funds included in the pool)	γ Ο' °
<u>Other: (Optional)</u>	
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 auality funds.	