

FOR SERVICES PROVIDED FROM _____ THROUGH _____		CATEGORY/TYPE OF CHILD CARE										
Complete Name of Grantee:		CARE PROVIDED BY A LICENSED OR REGULATED PROVIDER IN A										
Address:		CARE PROVIDED BY A LEGALLY OPERATING PROVIDER (LICENSE CATEGORY UNAVAILABLE IN A STATE OR LOCALITY) IN A										
Contact Person (First, Middle, Last Name)	(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
Contact Person Phone: Phone Type: (select one)												
Contact Person Email:												
<b>Number Served:</b>												
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 <input checked="" type="checkbox"/> N <input 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 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.												
<b>Payment Methods:</b>												
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)												
<b>Provider Information:</b>												
8. Number of child care providers receiving CCDF funding by type of care												
<b>Consumer Education:</b>												
9a. Estimated number of families receiving consumer education												
9b. How are estimates of the number of families receiving consumer education determined?												
<b>10. No longer collected effective FFY2016 (OCC is not changing the numbering of the questions, so that users of the data are not confused when they analyze data across fiscal years.)</b>												
<b>11. Indicate the Methods Used on a Regular Basis:</b>												
11a. Written materials including brochures, booklets, checklists, newspaper articles, or billboards about child care topics	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>											
11b. Counseling from Resource and Referral Agencies, eligibility workers,	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>											

and other entities		
11c. Mass media broadcasts including TV announcements or radio announcements about child care topics	<input checked="" type="radio"/> Y <input type="radio"/> N	
11d. Electronic media publications or broadcasts including Internet sites and webcasts about child care topics	<input checked="" type="radio"/> Y <input type="radio"/> N	
11e. Referral to other programs for which parents might be eligible	<input checked="" type="radio"/> Y <input type="radio"/> N	
<b>Pooling Factor:</b>		
12. Is this report based on pooled CCDF and non-CCDF funds?	<input checked="" type="radio"/> Y <input type="radio"/> N	
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)	<input checked="" type="radio"/> Y <input type="radio"/> N	
14b. State-only child care funds (in excess of State funds used to meet CCDF Match and MOE requirements)	<input checked="" type="radio"/> Y <input type="radio"/> N	
14c. TANF direct funds for child care not transferred into CCDF	<input checked="" type="radio"/> Y <input type="radio"/> N	
14d. Title IV-B or IV-E funds	<input checked="" type="radio"/> Y <input type="radio"/> N	
14e. No longer collected effective FFY2016	<input checked="" type="radio"/> Y <input type="radio"/> N	
14f. Other: (Please specify other non-CCDF funds included in the pool)	<input checked="" type="radio"/> Y <input type="radio"/> N	
<b>Other: COVID-19 Supplemental CCDF Funding</b>		
<p>15. Please enter data elements as appropriate - The Office of Child Care (OCC) understands that state and territory systems vary in how they collect and report data for families, children, and providers funded fully or partially with any of the COVID-19 supplemental CCDF funds appropriated by the Coronavirus Aid, Relief, and Economic Security (CARES) Act, Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act, and the American Rescue Plan (ARP) Act versus other CCDF or non-CCDF monies. Please specify the COVID-19 supplemental CCDF funds used for the population of families, children, and providers reported under #1, #2, and #8 of this form: <i>[please specify - refer to the ACF-800 instructions for guidance]</i></p>		
<p>Check all that apply.</p> <p><input type="checkbox"/> CCDF CARES Act Funding:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> My state has included ALL families, children, and providers with subsidies funded with CCDF CARES Act funding in this report.</li> <li><input type="checkbox"/> My state has included a subset of families, children, and providers with subsidies funded by CCDF CARES Act: (check all the subsets that apply) <ul style="list-style-type: none"> <li><input type="checkbox"/> those families, children and providers who were funded fully or partially based on children's enrollment rather than attendance</li> <li><input type="checkbox"/> children of essential workers (e.g., medical workers, first responders, etc. as defined by the state) and providers who provided child care services to them</li> <li><input type="checkbox"/> those families, children and providers where the state paid another provider for the same time of service (double pay of both a closed and open provider)</li> <li><input type="checkbox"/> some other subset. Describe: _____.</li> </ul> </li> <li><input type="checkbox"/> My state has NOT included families, children, and providers funded with CCDF CARES Act funds.</li> </ul> <p><input type="checkbox"/> CCDF CRRSA Act Funding:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> My state has included ALL families, children and providers with subsidies funded with CCDF CRRSA Act funding in this report.</li> <li><input type="checkbox"/> My state has included a subset of families, children, and providers with subsidies funded by CCDF CRRSA Act: (check all the subsets that apply) <ul style="list-style-type: none"> <li><input type="checkbox"/> those families, children and providers who were funded fully or partially based children's enrollment rather than attendance</li> <li><input type="checkbox"/> children of essential workers (e.g., medical workers, first responders, etc. as defined by the state) and providers who provided child care services to them</li> <li><input type="checkbox"/> those families, children and providers where the state paid another provider for the same time of service (double pay of both a closed and open provider)</li> <li><input type="checkbox"/> some other subset. Describe: _____.</li> </ul> </li> <li><input type="checkbox"/> My state has NOT included families, children, and providers funded with CCDF CRRSA Act funds in this report.</li> </ul> <p><input type="checkbox"/> CCDF ARP Act Discretionary Supplemental Funding:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> My state has included ALL families, children and providers with subsidies funded with CCDF ARP Act Discretionary Supplemental funding.</li> <li><input type="checkbox"/> My state has included a subset of families, children, and providers with subsidies funded by CCDF ARP Act Discretionary Supplemental funding: (check all the subsets that apply) <ul style="list-style-type: none"> <li><input type="checkbox"/> those families, children and providers who were funded fully or partially based on children's enrollment rather than attendance</li> <li><input type="checkbox"/> children of essential workers (e.g., medical workers, first responders, etc. as defined by the state) and providers who provided child care services to them</li> <li><input type="checkbox"/> some other subset. Describe: _____.</li> </ul> </li> <li><input type="checkbox"/> My State has NOT included families, children, and providers funded with CCDF ARP Act Discretionary Supplemental funds in this report.</li> </ul>		

<p>While your actual counts of families, children, and providers funded with COVID-19 supplemental CCDF funds (CARES Act, CRRSA Act, and/or ARP Act dollars) may not be available as described above, we want all states and territories to provide annual estimates to help us understand how COVID-19 supplemental CCDF funds (CARES Act, CRRSA Act, and/or ARP Act Discretionary Supplemental dollars) were used. Please provide numerical annual unduplicated estimates of the following broad categories of families, children and providers receiving subsidies for slots only, funded fully or partially through grants, contracts, or certificates. Do not include ARP Act Stabilization Grants funds or quality and supply grants that are NOT linked to the eligibility of specific families and children as those will be included under the Quality Progress Report.</p>		
<p>15-1a. Number of families served whose subsidy was fully or partially funded with COVID-19 supplemental CCDF funds (CCDF CARES Act, CCDF CRRSA Act, CCDF ARP Act Discretionary Supplemental dollars).</p>		
<p>15-1b. Number of children served whose subsidy was fully or partially funded with COVID-19 supplemental CCDF funds (CARES Act, CRRSA Act, and/or ARP Act Discretionary Supplemental dollars).</p>		
<p>15-1c. Specify COVID-19 supplemental funds used (check all that apply):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> CCDF CARES Act</li> <li><input type="checkbox"/> CCDF CRRSA Act</li> <li><input type="checkbox"/> CCDF ARP Act Discretionary Supplemental</li> </ul>		
<p>15-2a. Number of essential worker (e.g., medical workers, first responders, etc. as defined by the state) families who received a subsidy because of the COVID-19 crisis (funded with CCDF CARES Act, CCDF CRRSA Act, CCDF ARP Act Discretionary Supplemental, and broader CCDF dollars).</p>		
<p>15-2b. Number of children of essential workers (e.g., medical workers, first responders, etc. as defined by the state) who received a subsidy because of the COVID-19 crisis (funded with CCDF CARES Act, CCDF CRRSA Act, CCDF ARP Act Discretionary Supplemental, and broader CCDF dollars).</p>		
<p>15-2c. Specify COVID-19 supplemental funds used (check all that apply):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> CCDF CARES Act</li> <li><input type="checkbox"/> CCDF CRRSA Act</li> <li><input type="checkbox"/> CCDF ARP Act Discretionary Supplemental</li> <li><input type="checkbox"/> Broader CCDF</li> </ul>		
<p>15-3a. Number of providers that received subsidies while the provider was temporarily closed, based on enrollment rather than attendance of subsidy-eligible children (funded with CCDF CARES Act, CCDF CRRSA Act, CCDF ARP Act Discretionary Supplemental, and broader CCDF dollars).</p>		
<p>15-3b. Specify COVID-19 supplemental funds used (check all that apply):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> CCDF CARES Act</li> <li><input type="checkbox"/> CCDF CRRSA Act</li> <li><input type="checkbox"/> CCDF ARP Act Discretionary Supplemental</li> <li><input type="checkbox"/> Broader CCDF</li> </ul>		