OMB Approval Number: 0970-0150 **THROUGH** Expires: XX/XX/XXXX FOR SERVICES PROVIDED FROM CATEGORY/TYPE OF CHILD CARE Complete Name of Grantee: CARE PROVIDED BY A LICENSED 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 GROUP HOME BY A** (G) (H) Contact Person (First, Middle, Last Name) (A) (B) (C) (D) (E) (F) (I)(J) (K) (L) Contact Person Phone: Phone Type: (select one) **TOTAL** Child's Family Group Center Relative Non-Relative Relative Non-Relative Relative Non-Relative Center Contact Person Email: 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 prekindergarten expenditures on YO ON CCDF-eligible children as State CCDF Match? 3b. Does the State claim public prekindergarten expenditures on X@ □1 CCDF-eligible children as State CCDF MOE? 4. If yes to 3a or 3b, indicate the estimated number of CCDF eligible children receiving public prekindergarten 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)	1	1	1						1	
Provider Information:					-		-	 		
8. Number of child care providers									'	
receiving CCDF funding by type of		1							'	
care		1							'	
Consumer Education:		-	1	-!		-1		-	-	'
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</b> (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.)										
11. Indicate the <u>Methods</u> Used on										
a Regular Basis:										
11a. Written materials including										
brochures, booklets, checklists,	Y()									
newspaper articles, or billboards	-									
about child care topics	'									
11b. Counseling from Resource	Y@ QV									
and Referral Agencies, eligibility workers,	'	1								
and other entities		l						 	 	
11c. Mass media broadcasts										
including TV announcements or	Y@ QV									
radio announcements about child	' '									
care topics	<u> </u> !									
11d. Electronic media publications										
or broadcasts including Internet	Y@ QV									
sites and webcasts about child care	' '									
topics										
11e. Referral to other programs for										
which parents might be eligible	Y@_Q\									
Pooling Factor:										
12. Is this report based on pooled CCDF and non-CCDF funds?  YOUNG										
13. If this report is based on pooled CCDF and non-CCDF funds, what is the %										

percent of funds which are CCDF?	
13a. If this year's pooling factor has changed more than +/- 5% since last year, please	
explain what led to the change	
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@  C V
to meet CCDF Match and MOE requirements)	
14c. TANF direct funds for child care not transferred into CCDF	YO C
14d. Title IV-B or IV-E funds	Y@ C1
14e. No longer collected effective FFY2016	
14f. Other: (Please specify other non-CCDF funds included in the pool)	Yel .◯I