CHILD CARE AND DEVELOPMEN	T FUND ANN	IUAL AGGREGA	TE REPORT							OMB Ap	proval Number	: 0970-0150
FOR SERVICES PROVIDED FROM	VICES PROVIDED FROM THROUGH Expires: 11/30/2009											
Complete Name of Grantee	CATEGORY/TYPE OF CHILD CARE											
		CARE PROV	IDED BY A LICE	ENSED OR REGU	LATED	CARE I	PROVIDED BY A	LEGALLY	OPERATING PR	OVIDER (LI	CENSE CATE	GORY
Address:		PROVIDER IN A				UNAVAILABLE IN A STATE OR LOCALITY) IN A						
						CHILD'S	S HOME BYA	FAMILY	HOME BY A	GROUP I	HOME BY A	
Contact Person, Phone & Email:	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
	TOTÁL	Child's Home	Family Home	Group Home	Center	Relative	Non-Relative	Relative	Non-Relative	Relative	Non-	Center
				1							Relative	
1. Number of families receiving												
child care services												
2. Number of children receiving												
child care services												
Payment Methods:												
3. Number of children served												
through grants or contracts												
4. Number of children receiving												
child care services through												
certificates and/or cash												
5. Of children served through												
certificates, number of children												
served through cash payments												
6a. Number of child care providers												
receiving CCDF funding by type of												
care												
6b. Total licensed capacity in centers												
and homes (No longer collected as												
of FFY 2003)												
7. Estimated number of families										•		•
receiving consumer education												
How is the estimated number of				•		-				-	-	
families receiving consumer												
education determined?												
Below, Indicate Methods Used on												
a Regular Basis:												
8. Information to subsidized families	Y□N□											
concerning the choice of a certificate	NA 🗆											
or grant/contract	NA L											
9. Resource and referral counseling	Y $\square$ N $\square$											
10. List of legally operating child	YONO											_
care providers	IUNU											
11. Brochure, booklet or written	Y $\square$ N $\square$											
material about types of care and	ILIND											
quality of care												
12. Checklist of health and safety	VOND	-										
concerns	$Y \square N \square$											
13. Copies of child care regulatory	VOND	-										
information	$Y \square N \square$											
14. Familiarization with child care	N/ - N/ -											
provider complaint policies (any	$Y \square N \square$											
method)												
15. Mass media such as: television,	N/ C NT C											
radio, internet sites, billboards, etc.	$Y \square N \square$											
16. Other (Please explain in next	T/ C NT C											
field)	$Y \square N \square$											
If other indicated please explain.												

CHILD CARE AND DEVELOPMENT FUND ANNU FOR SERVICES PROVIDED FROM	JAL REPORTTHROUGH	Page 2 - ACF-800	OMB Approval Number: 0970-0150 Expires: 08/31/2006				
Grantee: Contact Person & Phone:							
17. Is this report based on pooled CCDF and non-CCD	F funds?	Y 🗆 N 🗆					
18. If this report is based on pooled CCDF and non-CC which are CCDF?	CDF funds, what is the percent of funds	%					
19. If this report is based on pooled CCDF and non-CCDF funds, please indicate which funds are included in the pool.	CCDF Funds:  Do you include Pre-K funds as part of Market State funds ure and the state of the state funds?  Y □ N □ MOE funds?	used to match Federal funds?	Non-CCDF Funds:  Y□N□ Title XX  Y□N□ State-only child care funds  Y□N□ Welfare to Work  Y□N□ Title IV-B or Title IV-E  Y□N□ Private/donated funds  Y□N□ Food Stamp child care funds  Y□N□ Non-compulsory school funds  Y□N□ TANF funds not transferred into Discretionary Fund  Y□N□ HUD child care funds  Y□N□ Other:  ———————————————————————————————————				
20. State or Territory conducts routine unannounced in providers. (No longer collected as of FFY 2003)							
21. Please enter explanatory comments regarding any o		(Optional)					
22. Please attach any reports, materials, information de quality funds.	eveloped as a result of the use of CCDF	(Optional)					