

Grantee:
 Contact Person & Phone:

17. Is this report based on pooled CCDF and non-CCDF funds? **Y** **N**

18. If this report is based on pooled CCDF and non-CCDF funds, what is the percent of funds which are CCDF? _____%

<p>19. If this report is based on pooled CCDF and non-CCDF funds, please indicate which funds are included in the pool.</p>	<p>CCDF Funds: Do you include Pre-K funds as part of Match or MOE:</p> <p style="padding-left: 40px;">Y <input type="checkbox"/> N <input type="checkbox"/> State funds used to match Federal funds?</p> <p style="padding-left: 40px;">Y <input type="checkbox"/> N <input type="checkbox"/> MOE funds?</p>	<p>Non-CCDF Funds:</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> Title XX</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> State-only child care funds</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> Welfare to Work</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> Title IV-B or Title IV-E</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> Private/donated funds</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> Food Stamp child care funds</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> Non-compulsory school funds</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> TANF funds not transferred into Discretionary Fund</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> HUD child care funds</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> Other: _____</p>
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20. State or Territory conducts routine unannounced inspections of regulated child care providers. **(No longer collected as of FFY 2003)**

21. Please enter explanatory comments regarding any of the data elements as appropriate. **(Optional)**

22. Please attach any reports, materials, information developed as a result of the use of CCDF quality funds. **(Optional)**