

CHILD CARE FUND FISCAL AND STATISTICAL REPORT
Annual Federal Statistical Schedule
DHS-4174-A

**NOTE: THIS FORM IS TO BE USED FOR REPORTING EXPENDITURES AND FAMILIES AND CHILDREN FOR PAYMENTS MADE OUT OF A SYSTEM
OTHER THAN THE ORIGINAL MEC² OR MEC² INTEGRATED.**

County Name _____ County Number _____ Federal Fiscal Year Reported (MM/YY - MM/YY) _____

Annual Number of Children by Type of Child Care Used: (Note: This section should include data from October 1 through September 30)

A. Care Provided by "Registered" Provider

1. Basic Sliding Fee Child Care (Includes BSF and Portability Pool)
2. MFIP Child Care/DWP (Includes Transition Year, Social Service Child Care Only, and Transition Year Extension)
3. Total of all Recipients (lines 1 & 2)

(A) CHILD'S HOME RELATIVE	(B) NON-RELATIVE	(C) FAMILY HOME RELATIVE	(D) NON-RELATIVE	(E) CENTER

B. Care Provided by "Licensed" Provider

Lines 1-3 Continued

1. Basic Sliding Fee Child Care (Includes BSF and Portability Pool)
2. MFIP Child Care/DWP (Includes Transition Year, Social Service Child Care Only, and Transition Year Extension)
3. Total of all Recipients (lines 1 & 2)

(F) FAMILY HOME RELATIVE	(G) NON-RELATIVE	(H) CENTER	(I) TOTAL (A-H)