



Child Care Expense Statement for Foster Children

Child Care Provider Name and Address		Special Needs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Child Care Provider Type: <input checked="" type="checkbox"/> Licensed <input type="checkbox"/> Registered <input type="checkbox"/> Other <input type="checkbox"/> Non-Registered (with CCA Agreement)		Category of Care (Registered Child Development Homes Only): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Quality Rating (licensed centers or registered child development homes only): <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		Unit Rate (1 unit = 5 hours):
Name of Child (One Child Per Form)		Date of Birth Age Group
Billing Period From: To:		

Week 1	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Units per Week 0
Absent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
In Out								
In Out								Total Cost \$0.00
Units Per Day	0	0	0	0	0	0	0	

Week 2	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Units per Week 0
Absent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
In Out								
In Out								Total Cost \$0.00
Units Per Day	0	0	0	0	0	0	0	

NOTE: When a child is scheduled to attend childcare but is absent (up to four (4) days per month) check the "Absent" box and enter scheduled hours. A unit is up to five hours. For example, attendance at childcare for eight hours would be two units.

Any day where service is provided in excess of 11 hours requires the form be printed, filled in, and calculated manually, with signature.

Signatures denote that the above hours of care for the timeframe identified are **accurate** and have been **paid in full**.

"Double-Click Here to Calculate"

Child Care Provider Name Printed	Date
Child Care Provider Signature	
Payment Type	Payment Date
Foster Parent Name Printed	Date
Foster Parent Signature	

Table 1 Half-Day Rate Ceilings for (Licensed Center)								
Age Group	No QRS		QRS 1 or 2		QRS 3 or 4		QRS 5	
	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs
Infant and Toddler	\$23.21	\$51.94	\$23.21	\$51.94	\$23.21	\$51.94	\$24.05	\$51.94
Preschool	\$18.98	\$30.43	\$19.50	\$30.43	\$20.00	\$30.43	\$21.00	\$30.43
School Age	\$15.00	\$30.34	\$15.50	\$30.34	\$16.00	\$30.34	\$17.00	\$30.34

Table 2 Half-Day Rate Ceilings for (Child Development Home A or B)								
Age Group	No QRS		QRS 1 or 2		QRS 3 or 4		QRS 5	
	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs
Infant and Toddler	\$14.00	\$21.00	\$14.00	\$21.00	\$14.00	\$21.00	\$15.00	\$22.50
Preschool	\$12.75	\$19.13	\$13.00	\$19.50	\$13.75	\$20.63	\$15.00	\$22.50
School Age	\$11.25	\$16.88	\$12.50	\$18.75	\$13.00	\$19.50	\$13.50	\$20.25

Table 3 Half-Day Rate Ceilings for (Child Development Home C)								
Age Group	No QRS		QRS 1 or 2		QRS 3 or 4		QRS 5	
	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs
Infant and Toddler	\$15.25	\$15.25	\$15.25	\$15.25	\$15.25	\$15.25	\$15.25	\$15.25
Preschool	\$15.00	\$22.50	\$15.00	\$22.50	\$15.00	\$22.50	\$16.00	\$24.00
School Age	\$13.00	\$19.50	\$13.75	\$20.63	\$14.50	\$21.75	\$15.00	\$22.50

Table 4 Half-Day Rate Ceilings for Child Care Home (Not Registered)		
Age Group	Basic	Special Needs
Infant and Toddler	\$12.98	\$19.47
Preschool	\$12.50	\$18.75
School Age	\$10.82	\$16.23