



## 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 ( <b>Registered Child Development Homes Only</b> ): <input checked="" 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): \$19.30	
Name of Child ( <b>One Child Per Form</b> )		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	\$19.30	\$ 51.94	\$ 20.50	\$ 51.94	\$ 21.50	\$ 51.94	\$23.21	\$ 51.94
Preschool	\$17.00	\$ 30.43	\$18.00	\$ 30.43	\$18.98	\$ 30.43	\$20.00	\$ 30.43
School Age	\$13.50	\$ 30.34	\$14.75	\$ 30.34	\$15.00	\$ 30.34	\$16.00	\$ 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	\$ 12.98	\$ 19.47	\$ 13.50	\$ 20.25	\$ 13.75	\$ 20.63	\$ 14.00	\$ 21.00
Preschool	\$ 12.50	\$ 18.75	\$ 12.75	\$ 19.13	\$ 13.00	\$ 19.50	\$ 13.75	\$ 20.63
School Age	\$ 10.82	\$ 16.23	\$ 11.25	\$ 16.88	\$ 12.00	\$ 18.00	\$ 12.50	\$ 18.75

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	\$14.00	\$21.00	\$14.50	\$21.75	\$15.00	\$22.50	\$15.25	\$22.88
Preschool	\$13.75	\$20.63	\$14.50	\$21.75	\$14.75	\$22.13	\$ 15.00	\$ 22.50
School Age	\$ 11.25	\$ 16.88	\$12.50	\$18.75	\$13.00	\$19.50	\$14.50	\$21.75

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