

Owner of Facility (Family or Group Child Care Provider) Monthly Income Worksheet (Proof of Hourly Wage)

NAME: _____ DATE: _____

1	What is the total amount paid to you by parents each week?	
<i>If fees are calculated on a per month basis go directly to line 2.</i>		
	Multiply by 4.33 (weeks per month)	x 4.33
2	Total Monthly Parent Fees	
3	How much was your Child & Adult Care Food Program Reimbursement for the month?	
4	How much was the ICCP or other subsidy for children in your care for the month?	
	Total Monthly Revenue (Add lines 2,3 and 4)	
Monthly Expenses: How much did you spend for children in your child care home last month on:		
6	Food	
7	Toys	
8	Assistant/Substitute Care	
9	Crafts/Supplies	
10	Transportation (\$0.36 per mile)	
11	Training Fees	
12	Gifts for Children/Families	
13	Other? (specify, i.e. rent)	
14	Total Monthly Expenses (Add lines 6, 7, 8, 9, 10, 11, 12 and 13)	
Hourly Wage Calculation		
a	Insert line 5	
b	Insert line 14	
c	Subtract line (b) from (a)	
d	Divide line (c) by 4.33	
e	Number of hours worked per week	
f	Divide line (d) by line (e) (number of hours worked per week) to calculate Hourly Wage	