

# CHILD CARE PLAN HOUR WORKSHEET

Child Care Calculation for: \_\_\_\_\_ KsCares #: \_\_\_\_\_

Date of Application : \_\_\_\_\_

Date of Applicable Employment: \_\_\_\_\_ Ongoing Employment: \_\_\_\_\_ Other: \_\_\_\_\_

Child Care Type:  SRS Contracted  In-Home Provider  Out-of-Home Relative

Household Income: \_\_\_\_\_ Provider(s) Name/Address: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\$ \_\_\_\_\_ = Total Monthly Income

Corresponding Family Fee: \$ \_\_\_\_\_

Mother's Work Schedule: N/A

Monday = \_\_\_\_\_ hrs.  
 Tuesday = \_\_\_\_\_ hrs.  
 Wednesday = \_\_\_\_\_ hrs.  
 Thursday = \_\_\_\_\_ hrs.  
 Friday = \_\_\_\_\_ hrs.  
 Saturday = \_\_\_\_\_ hrs.  
 Sunday = \_\_\_\_\_ hrs.

Father's Work Schedule: N/A

Monday = \_\_\_\_\_ hrs.  
 Tuesday = \_\_\_\_\_ hrs.  
 Wednesday = \_\_\_\_\_ hrs.  
 Thursday = \_\_\_\_\_ hrs.  
 Friday = \_\_\_\_\_ hrs.  
 Saturday = \_\_\_\_\_ hrs.  
 Sunday = \_\_\_\_\_ hrs.

Child Care Calculation: (with travel hours included):

Child #1 \_\_\_\_\_

Child #2 \_\_\_\_\_

Provider: \_\_\_\_\_

Provider:: \_\_\_\_\_

**Special Rate	Y	N	Type	SN	SP
Monday	_____	_____	=	_____	hours
Tuesday	_____	_____	=	_____	hours
Wednesday	_____	_____	=	_____	hours
Thursday	_____	_____	=	_____	hours
Friday	_____	_____	=	_____	hours
Saturday	_____	_____	=	_____	hours
Sunday	_____	_____	=	_____	hours
Total					_____ hours per week
X					4.3 weeks

**Special Rate	Y	N	Type	SN	SP
Monday	_____	_____	=	_____	hours
Tuesday	_____	_____	=	_____	hours
Wednesday	_____	_____	=	_____	hours
Thursday	_____	_____	=	_____	hours
Friday	_____	_____	=	_____	hours
Saturday	_____	_____	=	_____	hours
Sunday	_____	_____	=	_____	hours
Total					_____ hours per week
X					4.3 weeks

\*Total hours month \_\_\_\_\_

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Add any out of school time \_\_\_\_\_

Add any out of school time \_\_\_\_\_

Approved \_\_\_\_\_ hrs for \_\_\_\_\_

Approved \_\_\_\_\_ hrs for \_\_\_\_\_

Approved \_\_\_\_\_ hrs from \_\_\_\_\_

Approved \_\_\_\_\_ hrs from \_\_\_\_\_

\*Greater than 215 hours needs supervisory approval (ES-1606).

\*\*Special Needs/Special Purpose Rate hours require ES-1627a.

Child #3 \_\_\_\_\_  
 Provider: \_\_\_\_\_

**Special Rate	Y	N	Type	SN	SP
Monday	_____	_____	=	_____	_____ hours
Tuesday	_____	_____	=	_____	_____ hours
Wednesday	_____	_____	=	_____	_____ hours
Thursday	_____	_____	=	_____	_____ hours
Friday	_____	_____	=	_____	_____ hours
Saturday	_____	_____	=	_____	_____ hours
Sunday	_____	_____	=	_____	_____ hours
Total _____					_____ hours per week
X _____					4.3 weeks

\*Total hours month \_\_\_\_\_  
 Add any out of school time \_\_\_\_\_  
 Approved \_\_\_\_\_ hrs for \_\_\_\_\_  
 Approved \_\_\_\_\_ hrs from \_\_\_\_\_

Child #5 \_\_\_\_\_  
 Provider: \_\_\_\_\_

**Special Rate	Y	N	Type	SN	SP
Monday	_____	_____	=	_____	_____ hours
Tuesday	_____	_____	=	_____	_____ hours
Wednesday	_____	_____	=	_____	_____ hours
Thursday	_____	_____	=	_____	_____ hours
Friday	_____	_____	=	_____	_____ hours
Saturday	_____	_____	=	_____	_____ hours
Sunday	_____	_____	=	_____	_____ hours
Total _____					_____ hours per week
X _____					4.3 weeks

\*Total hours month \_\_\_\_\_  
 Add any out of school time \_\_\_\_\_  
 Approved \_\_\_\_\_ hrs for \_\_\_\_\_  
 Approved \_\_\_\_\_ hrs from \_\_\_\_\_

Child #4 \_\_\_\_\_  
 Provider:: \_\_\_\_\_

**Special Rate	Y	N	Type	SN	SP
Monday	_____	_____	=	_____	_____ hours
Tuesday	_____	_____	=	_____	_____ hours
Wednesday	_____	_____	=	_____	_____ hours
Thursday	_____	_____	=	_____	_____ hours
Friday	_____	_____	=	_____	_____ hours
Saturday	_____	_____	=	_____	_____ hours
Sunday	_____	_____	=	_____	_____ hours
Total _____					_____ hours per week
_____					X4.3 weeks

\*Total hours month \_\_\_\_\_  
 Add any out of school time \_\_\_\_\_  
 Approved \_\_\_\_\_ hrs for \_\_\_\_\_  
 Approved \_\_\_\_\_ hrs from \_\_\_\_\_

Child #6 \_\_\_\_\_  
 Provider:: \_\_\_\_\_

**Special Rate	Y	N	Type	SN	SP
Monday	_____	_____	=	_____	_____ hours
Tuesday	_____	_____	=	_____	_____ hours
Wednesday	_____	_____	=	_____	_____ hours
Thursday	_____	_____	=	_____	_____ hours
Friday	_____	_____	=	_____	_____ hours
Saturday	_____	_____	=	_____	_____ hours
Sunday	_____	_____	=	_____	_____ hours
Total _____					_____ hours per week
X _____					4.3 weeks

\*Total hours month \_\_\_\_\_  
 Add any out of school time \_\_\_\_\_  
 Approved \_\_\_\_\_ hrs for \_\_\_\_\_  
 Approved \_\_\_\_\_ hrs from \_\_\_\_\_

\*Greater than 215 hours needs supervisory approval (ES-1606).  
 \*\*Special Needs/Special Purpose Rate hours require ES-1627a.