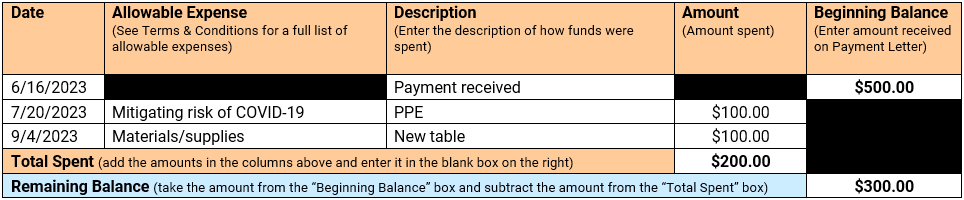
***Child Care Counts: Stabilization Payment Program Round 5* Spending Tool**

Child care providers are encouraged to use this document to help track spending *of Child Care Counts* payments each month. Each month's payment must be completely spent within 120 days of the date the Payment Letter.

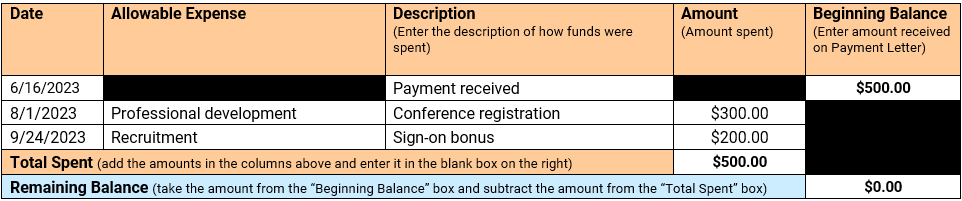
This document can be filled out using Word, Google Docs, or by printing and filling it in by hand. To use this document, you will need each month’s Payment Letter. These can be found in your Child Care Provider Portal.

There are three different sections you may need to fill out for each month, depending on which programs you apply for: Payment Program A, Payment Program B: Quality Incentive Tracking, and Payment Program B: Base Per-Staff Tracking. Examples for how each of these sections could be filled out, are provided below, on this page. This is an optional tool to help you track spending in one place. You must save all receipts for how funding was spent. If selected for an audit, those will be needed as proof that funds were spent according to terms and conditions and within the spending time frame.

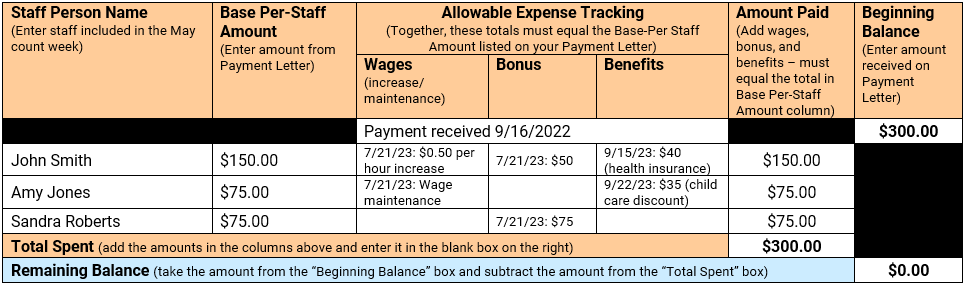
**Payment Program A**



**Payment Program B: Quality Incentive Tracking**



**Payment Program B: Base Per-Staff Tracking**



**July 2024 Payment Program A**

**Note:** All *Child Care Counts* funds received for the July payment must be spent by December 14, 2024.  
Scroll down in the worksheet to view the sum of the total amounts spent and your remaining balance.

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| **Date** | **Allowable Expense**  (See Terms & Conditions for a full list of allowable expenses) | **Description**  (Enter the description of how funds were spent) | **Amount**  (Amount spent) | **Beginning Balance**  (Enter amount received on Payment Letter) |
| 8/16/2024 |  | Payment received |  |  |
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| **Total Spent** (add the amounts in the columns above and enter it in the blank box on the right) | | |  |  |
| **Remaining Balance** (take the amount from the “Beginning Balance” box and subtract the amount from the “Total Spent” box) | | | |  |

*July 2024 Payment Program A Tracking Page 1/1*

**July 2024 Payment Program B: Quality Incentive Tracking**

**Note:** All *Child Care Counts* funds received for the July payment must be spent by December 14, 2024.  
Scroll down in the worksheet to view the sum of the total amounts spent and your remaining balance.

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| **Date** | **Allowable Expense** | **Description**  (Enter the description of how funds were spent) | **Amount**  (Amount spent) | **Beginning Balance**  (Enter amount received on Payment Letter) |
| 8/16/2024 |  | Payment received |  |  |
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| **Total Spent** (add the amounts in the columns above and enter it in the blank box on the right) | | |  |  |
| **Remaining Balance** (take the amount from the “Beginning Balance” box and subtract the amount from the “Total Spent” box) | | | |  |

*July 2024 Payment Program B: Quality Incentive Tracking Page 1/1*

**July 2024 Payment Program B: Base Per-Staff Tracking**

**Note:** All *Child Care Counts* funds received for the July payment must be spent by December 14, 2024.  
Scroll down in the worksheet to view the sum of the total amounts spent and your remaining balance.

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| **Staff Person Name** (Enter staff included in the May Count Week) | **Base Per-Staff Amount**  (Enter amount from Payment Letter) | **Allowable Expense Tracking**  (Together, these totals must equal the Base-Per Staff Amount listed in your Payment Letter) | | | **Amount Paid**  (Add wages, bonus, and benefits – must equal the total in Base Per-Staff Amount column) | **Beginning Balance**  (Enter amount received on  Payment Letter) |
| **Wages** (increase/ maintenance) | **Bonus** | **Benefits** |
|  |  | Payment received 8/16/2024 | | |  |  |
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*July 2024 Payment Program B: Base Per-Staff Tracking Page 1/2*

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| **Total Spent** (add the amounts in the columns above and enter it in the blank box on the right) | | | | |  |  |
| **Remaining Balance** (take the amount from the “Beginning Balance” box and subtract the amount from the “Total Spent” box) | | | | | |  |

*July 2024 Payment Program B: Base Per-Staff Tracking Page 2/2*

**August 2024 Payment Program A**

**Note:** All *Child Care Counts* funds received for the August payment must be spent by January 11, 2025.  
Scroll down in the worksheet to view the sum of the total amounts spent and your remaining balance.

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| **Date** | **Allowable Expense**  (See Terms & Conditions for a full list of allowable expenses) | **Description**  (Enter the description of how funds were spent) | **Amount**  (Amount spent) | **Beginning Balance**  (Enter amount received on Payment Letter) |
| 9/13/2024 |  | Payment received |  |  |
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| **Total Spent** (add the amounts in the columns above and enter it in the blank box on the right) | | |  |  |
| **Remaining Balance** (take the amount from the “Beginning Balance” box and subtract the amount from the “Total Spent” box) | | | |  |

*August 2024 Payment Program A Tracking Page 1/1*

**August 2024 Payment Program B: Quality Incentive Tracking**

**Note:** All *Child Care Counts* funds received for the August payment must be spent by January 11, 2025.  
Scroll down in the worksheet to view the sum of the total amounts spent and your remaining balance.

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| --- | --- | --- | --- | --- |
| **Date** | **Allowable Expense** | **Description**  (Enter the description of how funds were spent) | **Amount**  (Amount spent) | **Beginning Balance**  (Enter amount received on Payment Letter) |
| 9/13/2024 |  | Payment received |  |  |
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| **Total Spent** (add the amounts in the columns above and enter it in the blank box on the right) | | |  |  |
| **Remaining Balance** (take the amount from the “Beginning Balance” box and subtract the amount from the “Total Spent” box) | | | |  |

*August 2024 Payment Program B: Quality Incentive Tracking Page 1/1*

**August 2024 Payment Program B: Base Per-Staff Tracking**

**Note:** All *Child Care Counts* funds received for the August payment must be spent by January 11, 2025.  
Scroll down in the worksheet to view the sum of the total amounts spent and your remaining balance.

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| --- | --- | --- | --- | --- | --- | --- |
| **Staff Person Name** (Enter staff included in the June Count Week) | **Base Per-Staff Amount**  (Enter amount from Payment Letter) | **Allowable Expense Tracking**  (Together, these totals must equal the Base-Per Staff Amount listed in your Payment Letter) | | | **Amount Paid**  (Add wages, bonus, and benefits – must equal the total in Base Per-Staff Amount column) | **Beginning Balance**  (Enter amount received on  Payment Letter) |
| **Wages** (increase/ maintenance) | **Bonus** | **Benefits** |
|  |  | Payment received 9/13/2024 | | |  |  |
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*August 2024 Payment Program B: Base Per-Staff Tracking Page 1/2*

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| **Total Spent** (add the amounts in the columns above and enter it in the blank box on the right) | | | | |  |  |
| **Remaining Balance** (take the amount from the “Beginning Balance” box and subtract the amount from the “Total Spent” box) | | | | | |  |

*August 2024 Payment Program B: Base Per-Staff Tracking Page 2/2*

**September 2024 Payment Program A**

**Note:** All *Child Care Counts* funds received for the September payment must be spent by February 15, 2025.  
Scroll down in the worksheet to view the sum of the total amounts spent and your remaining balance.

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| --- | --- | --- | --- | --- |
| **Date** | **Allowable Expense**  (See Terms & Conditions for a full list of allowable expenses) | **Description**  (Enter the description of how funds were spent) | **Amount**  (Amount spent) | **Beginning Balance**  (Enter amount received on Payment Letter) |
| 10/18/2024 |  | Payment received |  |  |
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| **Total Spent** (add the amounts in the columns above and enter it in the blank box on the right) | | |  |  |
| **Remaining Balance** (take the amount from the “Beginning Balance” box and subtract the amount from the “Total Spent” box) | | | |  |

*September 2024 Payment Program A Tracking Page 1/1*

**September 2024 Payment Program B: Quality Incentive Tracking**

**Note:** All *Child Care Counts* funds received for the September payment must be spent by February 15, 2025.  
Scroll down in the worksheet to view the sum of the total amounts spent and your remaining balance.

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| **Date** | **Allowable Expense** | **Description**  (Enter the description of how funds were spent) | **Amount**  (Amount spent) | **Beginning Balance**  (Enter amount received on Payment Letter) |
| 10/18/2024 |  | Payment received |  |  |
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| **Total Spent** (add the amounts in the columns above and enter it in the blank box on the right) | | |  |  |
| **Remaining Balance** (take the amount from the “Beginning Balance” box and subtract the amount from the “Total Spent” box) | | | |  |

*September 2024 Payment Program B: Quality Incentive Tracking Page 1/1*

**September 2024 Payment Program B: Base Per-Staff Tracking**

**Note:** All *Child Care Counts* funds received for the September payment must be spent by February 15, 2025.  
Scroll down in the worksheet to view the sum of the total amounts spent and your remaining balance.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Staff Person Name** (Enter staff included in the July Count Week) | **Base Per-Staff Amount**  (Enter amount from Payment Letter) | **Allowable Expense Tracking**  (Together, these totals must equal the Base-Per Staff Amount listed in your Payment Letter) | | | **Amount Paid**  (Add wages, bonus, and benefits – must equal the total in Base Per-Staff Amount column) | **Beginning Balance**  (Enter amount received on  Payment Letter) |
| **Wages** (increase/ maintenance) | **Bonus** | **Benefits** |
|  |  | Payment received 10/18/2024 | | |  |  |
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*September 2024 Payment Program B: Base Per-Staff Tracking Page 1/2*

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| **Total Spent** (add the amounts in the columns above and enter it in the blank box on the right) | | | | |  |  |
| **Remaining Balance** (take the amount from the “Beginning Balance” box and subtract the amount from the “Total Spent” box) | | | | | |  |

*September 2024 Payment Program B: Base Per-Staff Tracking Page 2/2*

**October 2024 Payment Program A**

**Note:** All *Child Care Counts* funds received for the October payment must be spent by March 15, 2025.  
Scroll down in the worksheet to view the sum of the total amounts spent and your remaining balance.

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| --- | --- | --- | --- | --- |
| **Date** | **Allowable Expense**  (See Terms & Conditions for a full list of allowable expenses) | **Description**  (Enter the description of how funds were spent) | **Amount**  (Amount spent) | **Beginning Balance**  (Enter amount received on Payment Letter) |
| 11/15/2024 |  | Payment received |  |  |
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| **Total Spent** (add the amounts in the columns above and enter it in the blank box on the right) | | |  |  |
| **Remaining Balance** (take the amount from the “Beginning Balance” box and subtract the amount from the “Total Spent” box) | | | |  |

*October 2024 Payment Program A Tracking Page 1/1*

**October 2024 Payment Program B: Quality Incentive Tracking**

**Note:** All *Child Care Counts* funds received for the October payment must be spent by March 15, 2025.  
Scroll down in the worksheet to view the sum of the total amounts spent and your remaining balance.

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| **Date** | **Allowable Expense** | **Description**  (Enter the description of how funds were spent) | **Amount**  (Amount spent) | **Beginning Balance**  (Enter amount received on Payment Letter) |
| 11/15/2024 |  | Payment received |  |  |
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| **Total Spent** (add the amounts in the columns above and enter it in the blank box on the right) | | |  |  |
| **Remaining Balance** (take the amount from the “Beginning Balance” box and subtract the amount from the “Total Spent” box) | | | |  |

*October 2024 Payment Program B: Quality Incentive Tracking Page 1/1*

**October 2024 Payment Program B: Base Per-Staff Tracking**

**Note:** All *Child Care Counts* funds received for the October payment must be spent by March 15, 2025.  
Scroll down in the worksheet to view the sum of the total amounts spent and your remaining balance.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Staff Person Name** (Enter staff included in the August Count Week) | **Base Per-Staff Amount**  (Enter amount from Payment Letter) | **Allowable Expense Tracking**  (Together, these totals must equal the Base-Per Staff Amount listed in your Payment Letter) | | | **Amount Paid**  (Add wages, bonus, and benefits – must equal the total in Base Per-Staff Amount column) | **Beginning Balance**  (Enter amount received on  Payment Letter) |
| **Wages** (increase/ maintenance) | **Bonus** | **Benefits** |
|  |  | Payment received 11/15/2024 | | |  |  |
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*October 2024 Payment Program B: Base Per-Staff Tracking Page 1/2*

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| **Total Spent** (add the amounts in the columns above and enter it in the blank box on the right) | | | | |  |  |
| **Remaining Balance** (take the amount from the “Beginning Balance” box and subtract the amount from the “Total Spent” box) | | | | | |  |

*October 2024 Payment Program B: Base Per-Staff Tracking Page 2/2*

**November 2024 Payment Program A**

**Note:** All *Child Care Counts* funds received for the November payment must be spent by April 5, 2025.  
Scroll down in the worksheet to view the sum of the total amounts spent and your remaining balance.

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| --- | --- | --- | --- | --- |
| **Date** | **Allowable Expense**  (See Terms & Conditions for a full list of allowable expenses) | **Description**  (Enter the description of how funds were spent) | **Amount**  (Amount spent) | **Beginning Balance**  (Enter amount received on Payment Letter) |
| 12/6/2024 |  | Payment received |  |  |
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| **Total Spent** (add the amounts in the columns above and enter it in the blank box on the right) | | |  |  |
| **Remaining Balance** (take the amount from the “Beginning Balance” box and subtract the amount from the “Total Spent” box) | | | |  |

*November 2024 Payment Program A Tracking Page 1/1*

**November 2024 Payment Program B: Quality Incentive Tracking**

**Note:** All *Child Care Counts* funds received for the November payment must be spent by April 5, 2025.  
Scroll down in the worksheet to view the sum of the total amounts spent and your remaining balance.

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| --- | --- | --- | --- | --- |
| **Date** | **Allowable Expense** | **Description**  (Enter the description of how funds were spent) | **Amount**  (Amount spent) | **Beginning Balance**  (Enter amount received on Payment Letter) |
| 12/6/2024 |  | Payment received |  |  |
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| **Total Spent** (add the amounts in the columns above and enter it in the blank box on the right) | | |  |  |
| **Remaining Balance** (take the amount from the “Beginning Balance” box and subtract the amount from the “Total Spent” box) | | | |  |

*November 2024 Payment Program B: Quality Incentive Tracking Page 1/1*

**November 2024 Payment Program B: Base Per-Staff Tracking**

**Note:** All *Child Care Counts* funds received for the November payment must be spent by April 5, 2025.  
Scroll down in the worksheet to view the sum of the total amounts spent and your remaining balance.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Staff Person Name** (Enter staff included in the September Count Week) | **Base Per-Staff Amount**  (Enter amount from Payment Letter) | **Allowable Expense Tracking**  (Together, these totals must equal the Base-Per Staff Amount listed in your Payment Letter) | | | **Amount Paid**  (Add wages, bonus, and benefits – must equal the total in Base Per-Staff Amount column) | **Beginning Balance**  (Enter amount received on  Payment Letter) |
| **Wages** (increase/ maintenance) | **Bonus** | **Benefits** |
|  |  | Payment received 12/6/2024 | | |  |  |
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*November 2024 Payment Program B: Base Per-Staff Tracking Page 1/2*

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| **Total Spent** (add the amounts in the columns above and enter it in the blank box on the right) | | | | |  |  |
| **Remaining Balance** (take the amount from the “Beginning Balance” box and subtract the amount from the “Total Spent” box) | | | | | |  |

*November 2024 Payment Program B: Base Per-Staff Tracking Page 2/2*

**December 2024 Payment Program A**

**Note:** All *Child Care Counts* funds received for the December payment must be spent by May 10, 2025.  
Scroll down in the worksheet to view the sum of the total amounts spent and your remaining balance.

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| --- | --- | --- | --- | --- |
| **Date** | **Allowable Expense**  (See Terms & Conditions for a full list of allowable expenses) | **Description**  (Enter the description of how funds were spent) | **Amount**  (Amount spent) | **Beginning Balance**  (Enter amount received on Payment Letter) |
| 1/10/2025 |  | Payment received |  |  |
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| **Total Spent** (add the amounts in the columns above and enter it in the blank box on the right) | | |  |  |
| **Remaining Balance** (take the amount from the “Beginning Balance” box and subtract the amount from the “Total Spent” box) | | | |  |

*December 2024 Payment Program A Tracking Page 1/1*

**December 2024 Payment Program B: Quality Incentive Tracking**

**Note:** All *Child Care Counts* funds received for the December payment must be spent by May 10, 2025.  
Scroll down in the worksheet to view the sum of the total amounts spent and your remaining balance.

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| --- | --- | --- | --- | --- |
| **Date** | **Allowable Expense** | **Description**  (Enter the description of how funds were spent) | **Amount**  (Amount spent) | **Beginning Balance**  (Enter amount received on Payment Letter) |
| 1/10/2025 |  | Payment received |  |  |
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| **Total Spent** (add the amounts in the columns above and enter it in the blank box on the right) | | |  |  |
| **Remaining Balance** (take the amount from the “Beginning Balance” box and subtract the amount from the “Total Spent” box) | | | |  |

*December 2024 Payment Program B: Quality Incentive Tracking Page 1/1*

**December 2024 Payment Program B: Base Per-Staff Tracking**

**Note:** All *Child Care Counts* funds received for the December payment must be spent by May 10, 2025.  
Scroll down in the worksheet to view the sum of the total amounts spent and your remaining balance.

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| --- | --- | --- | --- | --- | --- | --- |
| **Staff Person Name** (Enter staff included in the September Count Week) | **Base Per-Staff Amount**  (Enter amount from Payment Letter) | **Allowable Expense Tracking**  (Together, these totals must equal the Base-Per Staff Amount listed in your Payment Letter) | | | **Amount Paid**  (Add wages, bonus, and benefits – must equal the total in Base Per-Staff Amount column) | **Beginning Balance**  (Enter amount received on  Payment Letter) |
| **Wages** (increase/ maintenance) | **Bonus** | **Benefits** |
|  |  | Payment received 1/10/2025 | | |  |  |
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*December 2024 Payment Program B: Base Per-Staff Tracking Page 1/2*

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| **Total Spent** (add the amounts in the columns above and enter it in the blank box on the right) | | | | |  |  |
| **Remaining Balance** (take the amount from the “Beginning Balance” box and subtract the amount from the “Total Spent” box) | | | | | |  |

*December 2024 Payment Program B: Base Per-Staff Tracking Page 2/2*

**January 2025 Payment Program A**

**Note:** All *Child Care Counts* funds received for the January payment must be spent by June 14, 2025.  
Scroll down in the worksheet to view the sum of the total amounts spent and your remaining balance.

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| --- | --- | --- | --- | --- |
| **Date** | **Allowable Expense**  (See Terms & Conditions for a full list of allowable expenses) | **Description**  (Enter the description of how funds were spent) | **Amount**  (Amount spent) | **Beginning Balance**  (Enter amount received on Payment Letter) |
| 2/14/2025 |  | Payment received |  |  |
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| **Total Spent** (add the amounts in the columns above and enter it in the blank box on the right) | | |  |  |
| **Remaining Balance** (take the amount from the “Beginning Balance” box and subtract the amount from the “Total Spent” box) | | | |  |

*January 2025 Payment Program A Tracking Page 1/1*

**January 2025 Payment Program B: Quality Incentive Tracking**

**Note:** All *Child Care Counts* funds received for the January payment must be spent by June 14, 2025.  
Scroll down in the worksheet to view the sum of the total amounts spent and your remaining balance.

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| --- | --- | --- | --- | --- |
| **Date** | **Allowable Expense** | **Description**  (Enter the description of how funds were spent) | **Amount**  (Amount spent) | **Beginning Balance**  (Enter amount received on Payment Letter) |
| 2/14/2025 |  | Payment received |  |  |
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| **Total Spent** (add the amounts in the columns above and enter it in the blank box on the right) | | |  |  |
| **Remaining Balance** (take the amount from the “Beginning Balance” box and subtract the amount from the “Total Spent” box) | | | |  |

*January 2025 Payment Program B: Quality Incentive Tracking Page 1/1*

**January 2025 Payment Program B: Base Per-Staff Tracking**

**Note:** All *Child Care Counts* funds received for the January payment must be spent by June 14, 2025.  
Scroll down in the worksheet to view the sum of the total amounts spent and your remaining balance.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Staff Person Name** (Enter staff included in the September Count Week) | **Base Per-Staff Amount**  (Enter amount from Payment Letter) | **Allowable Expense Tracking**  (Together, these totals must equal the Base-Per Staff Amount listed in your Payment Letter) | | | **Amount Paid**  (Add wages, bonus, and benefits – must equal the total in Base Per-Staff Amount column) | **Beginning Balance**  (Enter amount received on  Payment Letter) |
| **Wages** (increase/ maintenance) | **Bonus** | **Benefits** |
|  |  | Payment received 2/14/2025 | | |  |  |
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*January 2025 Payment Program B: Base Per-Staff Tracking Page 1/2*

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| **Total Spent** (add the amounts in the columns above and enter it in the blank box on the right) | | | | |  |  |
| **Remaining Balance** (take the amount from the “Beginning Balance” box and subtract the amount from the “Total Spent” box) | | | | | |  |

*January 2025 Payment Program B: Base Per-Staff Tracking Page 2/2*

**February 2025 Payment Program A**

**Note:** All *Child Care Counts* funds received for the February payment must be spent by July 19, 2025.  
Scroll down in the worksheet to view the sum of the total amounts spent and your remaining balance.

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| --- | --- | --- | --- | --- |
| **Date** | **Allowable Expense**  (See Terms & Conditions for a full list of allowable expenses) | **Description**  (Enter the description of how funds were spent) | **Amount**  (Amount spent) | **Beginning Balance**  (Enter amount received on Payment Letter) |
| 3/21/2025 |  | Payment received |  |  |
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| **Total Spent** (add the amounts in the columns above and enter it in the blank box on the right) | | |  |  |
| **Remaining Balance** (take the amount from the “Beginning Balance” box and subtract the amount from the “Total Spent” box) | | | |  |

*February 2025 Payment Program A Tracking Page 1/1*

**February 2025 Payment Program B: Quality Incentive Tracking**

**Note:** All *Child Care Counts* funds received for the February payment must be spent by July 19, 2025.  
Scroll down in the worksheet to view the sum of the total amounts spent and your remaining balance.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Allowable Expense** | **Description**  (Enter the description of how funds were spent) | **Amount**  (Amount spent) | **Beginning Balance**  (Enter amount received on Payment Letter) |
| 3/21/2025 |  | Payment received |  |  |
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| **Total Spent** (add the amounts in the columns above and enter it in the blank box on the right) | | |  |  |
| **Remaining Balance** (take the amount from the “Beginning Balance” box and subtract the amount from the “Total Spent” box) | | | |  |

*February 2025 Payment Program B: Quality Incentive Tracking Page 1/1*

**February 2025 Payment Program B: Base Per-Staff Tracking**

**Note:** All *Child Care Counts* funds received for the February payment must be spent by July 19, 2025.  
Scroll down in the worksheet to view the sum of the total amounts spent and your remaining balance.

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| **Staff Person Name** (Enter staff included in the September Count Week) | **Base Per-Staff Amount**  (Enter amount from Payment Letter) | **Allowable Expense Tracking**  (Together, these totals must equal the Base-Per Staff Amount listed in your Payment Letter) | | | **Amount Paid**  (Add wages, bonus, and benefits – must equal the total in Base Per-Staff Amount column) | **Beginning Balance**  (Enter amount received on  Payment Letter) |
| **Wages** (increase/ maintenance) | **Bonus** | **Benefits** |
|  |  | Payment received 3/21/2025 | | |  |  |
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*February 2025 Payment Program B: Base Per-Staff Tracking Page 1/2*

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| **Total Spent** (add the amounts in the columns above and enter it in the blank box on the right) | | | | |  |  |
| **Remaining Balance** (take the amount from the “Beginning Balance” box and subtract the amount from the “Total Spent” box) | | | | | |  |

*February 2025 Payment Program B: Base Per-Staff Tracking Page 2/2*

**March 2025 Payment Program A**

**Note:** All *Child Care Counts* funds received for the March payment must be spent by August 23, 2025.  
Scroll down in the worksheet to view the sum of the total amounts spent and your remaining balance.

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| --- | --- | --- | --- | --- |
| **Date** | **Allowable Expense**  (See Terms & Conditions for a full list of allowable expenses) | **Description**  (Enter the description of how funds were spent) | **Amount**  (Amount spent) | **Beginning Balance**  (Enter amount received on Payment Letter) |
| 4/25/2025 |  | Payment received |  |  |
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| **Total Spent** (add the amounts in the columns above and enter it in the blank box on the right) | | |  |  |
| **Remaining Balance** (take the amount from the “Beginning Balance” box and subtract the amount from the “Total Spent” box) | | | |  |

*March 2025 Payment Program A Tracking Page 1/1*

**March 2025 Payment Program B: Quality Incentive Tracking**

**Note:** All *Child Care Counts* funds received for the March payment must be spent by August 23, 2025.  
Scroll down in the worksheet to view the sum of the total amounts spent and your remaining balance.

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| --- | --- | --- | --- | --- |
| **Date** | **Allowable Expense** | **Description**  (Enter the description of how funds were spent) | **Amount**  (Amount spent) | **Beginning Balance**  (Enter amount received on Payment Letter) |
| 4/25/2025 |  | Payment received |  |  |
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| **Total Spent** (add the amounts in the columns above and enter it in the blank box on the right) | | |  |  |
| **Remaining Balance** (take the amount from the “Beginning Balance” box and subtract the amount from the “Total Spent” box) | | | |  |

*March 2025 Payment Program B: Quality Incentive Tracking Page 1/1*

**March 2025 Payment Program B: Base Per-Staff Tracking**

**Note:** All *Child Care Counts* funds received for the March payment must be spent by August 23, 2025.  
Scroll down in the worksheet to view the sum of the total amounts spent and your remaining balance.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Staff Person Name** (Enter staff included in the September Count Week) | **Base Per-Staff Amount**  (Enter amount from Payment Letter) | **Allowable Expense Tracking**  (Together, these totals must equal the Base-Per Staff Amount listed in your Payment Letter) | | | **Amount Paid**  (Add wages, bonus, and benefits – must equal the total in Base Per-Staff Amount column) | **Beginning Balance**  (Enter amount received on  Payment Letter) |
| **Wages** (increase/ maintenance) | **Bonus** | **Benefits** |
|  |  | Payment received 4/25/2025 | | |  |  |
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*March 2025 Payment Program B: Base Per-Staff Tracking Page 1/2*

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| **Total Spent** (add the amounts in the columns above and enter it in the blank box on the right) | | | | |  |  |
| **Remaining Balance** (take the amount from the “Beginning Balance” box and subtract the amount from the “Total Spent” box) | | | | | |  |

*March 2025 Payment Program B: Base Per-Staff Tracking Page 2/2*

**April 2025 Payment Program A**

**Note:** All *Child Care Counts* funds received for the April payment must be spent by September 27, 2025.  
Scroll down in the worksheet to view the sum of the total amounts spent and your remaining balance.

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| --- | --- | --- | --- | --- |
| **Date** | **Allowable Expense**  (See Terms & Conditions for a full list of allowable expenses) | **Description**  (Enter the description of how funds were spent) | **Amount**  (Amount spent) | **Beginning Balance**  (Enter amount received on Payment Letter) |
| 5/30/2025 |  | Payment received |  |  |
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| **Total Spent** (add the amounts in the columns above and enter it in the blank box on the right) | | |  |  |
| **Remaining Balance** (take the amount from the “Beginning Balance” box and subtract the amount from the “Total Spent” box) | | | |  |

*April 2025 Payment Program A Tracking Page 1/1*

**April 2025 Payment Program B: Quality Incentive Tracking**

**Note:** All *Child Care Counts* funds received for the December payment must be spent by September 27, 2025.  
Scroll down in the worksheet to view the sum of the total amounts spent and your remaining balance.

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| --- | --- | --- | --- | --- |
| **Date** | **Allowable Expense** | **Description**  (Enter the description of how funds were spent) | **Amount**  (Amount spent) | **Beginning Balance**  (Enter amount received on Payment Letter) |
| 5/30/2025 |  | Payment received |  |  |
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| **Total Spent** (add the amounts in the columns above and enter it in the blank box on the right) | | |  |  |
| **Remaining Balance** (take the amount from the “Beginning Balance” box and subtract the amount from the “Total Spent” box) | | | |  |

*April 2025 Payment Program B: Quality Incentive Tracking Page 1/1*

**April 2025 Payment Program B: Base Per-Staff Tracking**

**Note:** All *Child Care Counts* funds received for the April payment must be spent by September 27, 2025.  
Scroll down in the worksheet to view the sum of the total amounts spent and your remaining balance.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Staff Person Name** (Enter staff included in the September Count Week) | **Base Per-Staff Amount**  (Enter amount from Payment Letter) | **Allowable Expense Tracking**  (Together, these totals must equal the Base-Per Staff Amount listed in your Payment Letter) | | | **Amount Paid**  (Add wages, bonus, and benefits – must equal the total in Base Per-Staff Amount column) | **Beginning Balance**  (Enter amount received on  Payment Letter) |
| **Wages** (increase/ maintenance) | **Bonus** | **Benefits** |
|  |  | Payment received 5/30/2025 | | |  |  |
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*April 2025 Payment Program B: Base Per-Staff Tracking Page 1/2*

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| **Total Spent** (add the amounts in the columns above and enter it in the blank box on the right) | | | | |  |  |
| **Remaining Balance** (take the amount from the “Beginning Balance” box and subtract the amount from the “Total Spent” box) | | | | | |  |

*April 2025 Payment Program B: Base Per-Staff Tracking Page 2/2*

**May 2025 Payment Program A**

**Note:** All *Child Care Counts* funds received for the May payment must be spent by October 18, 2025.  
Scroll down in the worksheet to view the sum of the total amounts spent and your remaining balance.

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| --- | --- | --- | --- | --- |
| **Date** | **Allowable Expense**  (See Terms & Conditions for a full list of allowable expenses) | **Description**  (Enter the description of how funds were spent) | **Amount**  (Amount spent) | **Beginning Balance**  (Enter amount received on Payment Letter) |
| 6/20/2025 |  | Payment received |  |  |
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| **Total Spent** (add the amounts in the columns above and enter it in the blank box on the right) | | |  |  |
| **Remaining Balance** (take the amount from the “Beginning Balance” box and subtract the amount from the “Total Spent” box) | | | |  |

*May 2025 Payment Program A Tracking Page 1/1*

**May 2025 Payment Program B: Quality Incentive Tracking**

**Note:** All *Child Care Counts* funds received for the May payment must be spent by October 18, 2025.  
Scroll down in the worksheet to view the sum of the total amounts spent and your remaining balance.

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| --- | --- | --- | --- | --- |
| **Date** | **Allowable Expense** | **Description**  (Enter the description of how funds were spent) | **Amount**  (Amount spent) | **Beginning Balance**  (Enter amount received on Payment Letter) |
| 6/20/2025 |  | Payment received |  |  |
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| **Total Spent** (add the amounts in the columns above and enter it in the blank box on the right) | | |  |  |
| **Remaining Balance** (take the amount from the “Beginning Balance” box and subtract the amount from the “Total Spent” box) | | | |  |

*May 2025 Payment Program B: Quality Incentive Tracking Page 1/1*

**May 2025 Payment Program B: Base Per-Staff Tracking**

**Note:** All *Child Care Counts* funds received for the May payment must be spent by October 18, 2025.  
Scroll down in the worksheet to view the sum of the total amounts spent and your remaining balance.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Staff Person Name** (Enter staff included in the September Count Week) | **Base Per-Staff Amount**  (Enter amount from Payment Letter) | **Allowable Expense Tracking**  (Together, these totals must equal the Base-Per Staff Amount listed in your Payment Letter) | | | **Amount Paid**  (Add wages, bonus, and benefits – must equal the total in Base Per-Staff Amount column) | **Beginning Balance**  (Enter amount received on  Payment Letter) |
| **Wages** (increase/ maintenance) | **Bonus** | **Benefits** |
|  |  | Payment received 6/20/2025 | | |  |  |
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*May 2025 Payment Program B: Base Per-Staff Tracking Page 1/2*

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| **Total Spent** (add the amounts in the columns above and enter it in the blank box on the right) | | | | |  |  |
| **Remaining Balance** (take the amount from the “Beginning Balance” box and subtract the amount from the “Total Spent” box) | | | | | |  |

*May 2025 Payment Program B: Base Per-Staff Tracking Page 2/2*

**June 2025 Payment Program A**

**Note:** All *Child Care Counts* funds received for the June payment must be spent by November 8, 2025.  
Scroll down in the worksheet to view the sum of the total amounts spent and your remaining balance.

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| --- | --- | --- | --- | --- |
| **Date** | **Allowable Expense**  (See Terms & Conditions for a full list of allowable expenses) | **Description**  (Enter the description of how funds were spent) | **Amount**  (Amount spent) | **Beginning Balance**  (Enter amount received on Payment Letter) |
| 7/11/2025 |  | Payment received |  |  |
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| **Total Spent** (add the amounts in the columns above and enter it in the blank box on the right) | | |  |  |
| **Remaining Balance** (take the amount from the “Beginning Balance” box and subtract the amount from the “Total Spent” box) | | | |  |

*June 2025 Payment Program A Tracking Page 1/1*

**June 2025 Payment Program B: Quality Incentive Tracking**

**Note:** All *Child Care Counts* funds received for the June payment must be spent by November 8, 2025.  
Scroll down in the worksheet to view the sum of the total amounts spent and your remaining balance.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Allowable Expense** | **Description**  (Enter the description of how funds were spent) | **Amount**  (Amount spent) | **Beginning Balance**  (Enter amount received on Payment Letter) |
| 7/11/2025 |  | Payment received |  |  |
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| **Total Spent** (add the amounts in the columns above and enter it in the blank box on the right) | | |  |  |
| **Remaining Balance** (take the amount from the “Beginning Balance” box and subtract the amount from the “Total Spent” box) | | | |  |

*June 2025 Payment Program B: Quality Incentive Tracking Page 1/1*

**June 2025 Payment Program B: Base Per-Staff Tracking**

**Note:** All *Child Care Counts* funds received for the June payment must be spent by November 8, 2025.  
Scroll down in the worksheet to view the sum of the total amounts spent and your remaining balance.

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| **Staff Person Name** (Enter staff included in the September Count Week) | **Base Per-Staff Amount**  (Enter amount from Payment Letter) | **Allowable Expense Tracking**  (Together, these totals must equal the Base-Per Staff Amount listed in your Payment Letter) | | | **Amount Paid**  (Add wages, bonus, and benefits – must equal the total in Base Per-Staff Amount column) | **Beginning Balance**  (Enter amount received on  Payment Letter) |
| **Wages** (increase/ maintenance) | **Bonus** | **Benefits** |
|  |  | Payment received 7/11/2025 | | |  |  |
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*June 2025 Payment Program B: Base Per-Staff Tracking Page 1/2*

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| **Total Spent** (add the amounts in the columns above and enter it in the blank box on the right) | | | | |  |  |
| **Remaining Balance** (take the amount from the “Beginning Balance” box and subtract the amount from the “Total Spent” box) | | | | | |  |

*June 2025 Payment Program B: Base Per-Staff Tracking Page 2/2*