

**Owner of Facility Income Worksheet**  
**(Family, Group, or Owner of Center Child Care) (Proof of Hourly Wage)**

Please include income verification, such as copies of receipts for each of the children you take care of or a statement detailing your weekly rate and number of children you care for.

Anyone who does not have a pay stub should fill this out.

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
<b>2. Total Monthly Parent Fees</b>	
3. How much was your Child & Adult Care Food Program Reimbursement for the month?	
4. How much was the ICCP and other subsidy for children in your care for the month?	
<i>Add lines 2, 3, and 4</i>	
<b>5. Total Monthly Revenue</b>	
6. Food	
7. Toys	
8. Employee(s) salary(s) OR Assistant/Substitute Care	
9. Crafts/Supplies	
10. Transportation (current cost per mile—check with CCR&R for rate)	
11. Training Fees	
12. Gifts for children/families	
13. Other (Specify, i.e. rent)	
<i>Add lines 6, 7, 8, 9, 10, 11, 12, and 13</i>	
<b>14. Total Monthly Expenses</b>	
<b>Hourly Wage Calculation</b>	
a. Insert line 5	
b. Insert Line 14	
c. Subtract Line (b) from line (a)	
d. Divide line c by 4.33	
e. Number of hours worked each week	
f. Divide line (d) by line (e) to calculate <b>Hourly Wage</b>	