The Child Care Stabilization Grant (CCSG) Program sustains Arizona’s child care network by giving a consistent, reliable funding source directly to child care providers to cover increased cost and challenges due to COVID-19 through June 2023. The CCSG temporary funds are to help your program remain open by supporting operating and business expenses, as set forth in The American Rescue Plan (ARP) Act of 2021 (Public Law 117-2).

Effective July 2022, the CCSG Workforce Amount will be awarded to recipients of the CCSG who certify they will use the amount for personnel costs including payroll/wage supplements, bonuses, and employee benefits.

Providers must keep records of how they have spent the funds. As the CCSG is federal funding, child care providers who receive the grant are encouraged to review the Federal Cost Principles set forth in the Code of Federal Regulations at 2 CFR Subpart E § 200.403 Factors affecting allowability of costs.

This guide will help you to understand the steps to report your CCSG and how to set up a system to track your grant spending. It is organized into the following sections:

- **Important Reporting Requirements**
- **Reporting Categories**
- **Monthly Payment and Reporting Timeline**
- **Completing Your Monthly Reporting Form**
- **Allowable Expenses**
- **Tracking Your Spending**
- **Attachment A: Cost Reporting Worksheets**

**IMPORTANT Reporting Requirements**

In order to receive the monthly Child Care Stabilization Grant (CCSG) award, all providers must submit a monthly report detailing how funds have been spent. Each month’s report is due by the last day of the month for the previous month (example: The August 2022 CCSG report must be submitted by September 30, 2022). If you do not submit your monthly report by that date, you will not receive the next month’s grant payment.

Keep in mind that you can use your base CCSG award on expenses within these categories between January 31, 2020 and September 30, 2023. **The CCSG Workforce Amount can only be used on personnel costs.***
Reporting Categories
Effective August 2022, all CCSG Monthly Reporting of expenditures will be based on the seven categories listed below.

- Personnel Costs (Allowable CCSG Workforce Amount Category)
- Rent/Mortgage/Utilities
- Facilities Maintenance or Improvement
- Goods and Services
- Personal Protective Equipment
- Equipment and Supplies for Public Health Emergency
- Mental Health Supports

For more information about each of these reporting categories, see the Allowable Expenses section below.

REMINDEERS!

✔ You may be saving up for a bigger expense, and do not need to spend your entire monthly grant award - or report on how you spent your entire month’s award - to receive your next award payment.

✔ Keep a detailed record of your grant spending, including an expense report and proof of payment such as receipts, invoices, or bank statements. We recommend using Attachment A: Cost Reporting Worksheet as your expense report.

✔ CCSG grantees will be selected for a random audit during the grant award period.

✔ You will be required to spend all grant funds and submit a complete report of spending by September 30, 2023. Any funds that have not been used on allowable expenses by September 30, 2023 must be returned to DES.

Need Help?
For more information on how to best utilize this funding, providers are encouraged to reach out to a business coach through the Southwest Human Development Early Childhood Business Management Program at ECBMP@swhd.org.

Additional technical assistance and support is available through Arizona Association for the Education of Young Children (AzAEYC): azaeyc.org/ccsg or by e-mail info@azaeyc.org.
# Monthly Payment and Reporting Timeline

<table>
<thead>
<tr>
<th>July 2022</th>
<th>August 2022</th>
<th>September 2022</th>
<th>October 2022</th>
<th>November 2022</th>
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<tbody>
<tr>
<td>Grant payment issued at the end of the month.</td>
<td>Grant payment issued at the end of the month.</td>
<td>Grant payment issued at the end of the month.</td>
<td>Grant payment issued at the end of the month.</td>
<td>Grant payment issued at the end of the month.</td>
</tr>
<tr>
<td><strong>You must submit your report for July 2022 program updates and spending categories by the end of August 2022.</strong></td>
<td><strong>You must submit your report for August 2022 program updates and total grant expenditures through August 31, 2022 by September 30, 2022.</strong></td>
<td><strong>You must submit your report for September 2022 program updates and total grant expenditures through September 30, 2022 by October 31, 2022.</strong></td>
<td><strong>You must submit your report for October 2022 program updates and total grant expenditures through October 31, 2022 November 30, 2022.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>New Monthly Reporting Requirements Beginning September 2022</strong></td>
<td></td>
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<table>
<thead>
<tr>
<th>December 2022</th>
<th>January 2023</th>
<th>February 2023</th>
<th>March 2023</th>
<th>April 2023</th>
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</thead>
<tbody>
<tr>
<td>Grant payment issued at the end of the month.</td>
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<tr>
<td><strong>You must submit your report for November 2022 program updates and total grant expenditures through November 30, 2022 by December 31, 2022.</strong></td>
<td><strong>You must submit your report for December 2022 program updates and total grant expenditures through December 31, 2022 by January 31, 2022.</strong></td>
<td><strong>You must submit your report for January 2023 program updates and total grant expenditures through January 31, 2023 February 2023.</strong></td>
<td><strong>You must submit your report for February 2023 program updates and total grant expenditures through February 28, 2023 by the end of March 2023.</strong></td>
<td><strong>You must submit your report for March 2023 program updates and total grant expenditures through March 31, 2023 by the end of April 2023.</strong></td>
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</tbody>
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<table>
<thead>
<tr>
<th>May 2023</th>
<th>June 2023 Final Payment</th>
<th>July 2023</th>
<th>October 2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant payment issued at the end of the month.</td>
<td>Grant payment issued at the end of the month.</td>
<td>All must be spent by September 30, 2023.</td>
<td>All funds must be spent by September 30, 2023.</td>
</tr>
<tr>
<td><strong>You must submit your report for April 2023 program updates and total grant expenditures through April 30, 2023 by the end of May 2023.</strong></td>
<td><strong>You must submit your report for May 2023 program updates and total grant expenditures through May 31, 2023 by the end of June 2023.</strong></td>
<td><strong>You must submit your report for June 2023 program updates and total grant expenditures through June 30, 2023 by the end of July 2023.</strong></td>
<td><strong>You must submit your program updates and total grant expenditures through September 30, 2023 Final Report by the end of October 2023.</strong></td>
</tr>
</tbody>
</table>

**REMINDER!** Failing to submit your monthly report by the deadline will result in not receiving the following month’s grant payment!
Completing Your Monthly Reporting Form
In each monthly reporting form, you will complete two sections:

- **Section 1 Previous Month Reporting**: Open/close status, planned closures, staffing, enrollment, and waitlist by age.
- **Section 2 Total Grant Expenditures**: Cumulative grant funds spent since the first payment of grant funds received (i.e., dating back to August 2021 or when the provider first received the grant) not just grant funds spent or received the previous month.

Your monthly reporting form can be completed in seven simple steps:

**STEP 1: Open the reporting form and read the instructions**
You will access your reporting form by entering the Child Care Stabilization Grant reporting portal available at des.az.gov/CCSG. If you have any difficulty, you can always contact the Child Care Grant team by email at ChildCareGrants@azdes.gov.

Read the instructions at the top of the form and use this guide for more information.

**STEP 2: Select your Provider Information**
Next you will see drop down boxes for the following fields:

Select your Provider Name from the first dropdown. Fill in the other fields by clicking on the dropdown and selecting your information. The drop downs will only show 1 item to choose from once you have selected your name (i.e., the drop downs are pre-populated based on the Provider Name selected). If your name is not in the dropdown or the other information is incorrect, please contact the Child Care Grant team by email at ChildCareGrants@azdes.gov.

**STEP 3: Select the Report Month**

*Note:* STEPS 3-5 are part of **Section 1** of the monthly report.

Select the month you are reporting. Monthly reporting is required and is due by the last day of the following month. Because reporting follows the month of grant funds you just received, select the **Previous Month** (example: current month is September 2022, you will select August 2022 for your report month). If you are submitting a late report, you will select the appropriate report month for the CCSG award that you still need to report on
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REPORTING GUIDE

(example: current month is December and you have not submitted October 2022, you will select October 2022).

The questions in Section 1 are about the report month you will select, as indicated in the image below.

**Section 1: Previous Month Reporting (Sección 1: Informe del mes anterior)**

Please select the previous month, or a different report month if you are submitting a late report (Por favor seleccione el mes anterior, o un mes diferente de informe si presenta un informe tardío):

- July 2022 / Julio 2022
- August 2022 / Agosto 2022
- September 2022 / Septiembre 2022
- October 2022 / Octubre 2022
- November 2022 / Noviembre 2022
- December 2022 / Diciembre 2022
- January 2023 / Enero 2023
- February 2023 / Febrero 2023
- March 2023 / Marzo 2023
- April 2023 / Abril 2023
- May 2023 / Mayo 2023
- June 2023 / Junio 2023
- Final Report / Informe final

**STEP 4: Enter your Open/Close Status**

Answer the questions below regarding your Open/Close Status for the report month selected in Step 3. Helpful hints are included below each question in bold, italics.

- **In the report month, did you close for more than 14 days?**
  - If you select yes, you will need to provide the dates of the closure and an explanation of why your site was closed for more than 14 days in the report month.

- **Do you have any planned closures of more than 14 days coming up?**
  - Only report upcoming closures of more than 14 days.
  - If you select yes, you will need to provide the dates of the upcoming closure and an explanation of why you will be closed for more than 14 days.
In July 2022 / Julio 2022, did you close for more than 14 days? (En July 2022 / Julio 2022 ¿cerró por más de 14 días?)

- Yes / Sí
- No

If you are a Non Certified Relative Provider, answer yes if you stopped caring for a DES authorized relative child in the month? (Si usted es un proveedor familiar no certificado, responda sí si dejó de cuidar a un niño familiar suyo autorizado por el DES en el mes.)

Please explain and include the dates of your closure (Explique e incluya las fechas de su cierre):

Do you have any planned closures coming up? (¿Tiene algún cierre planificado próximamente?)

- Yes / Sí
- No

Please explain and include the dates of your closure (Explique e incluya las fechas de su cierre):

STEP 5: Enter your Staffing/Enrollment

Answer the questions below regarding your Staffing/Enrollment for the report month selected in Step 3. Helpful hints are included below each question in bold, italics.

- How many child care employees (providing direct care to children in a classroom) were employed on the last day of the report month?
  - Please report only the employees providing direct care to children in a classroom.
  - If you are a family child care provider without staff, please enter ‘1’.

- How many child care employees (providing direct care to children in a classroom) left employment in the report month?
  - Please report only the employees providing direct care to children in a classroom.
  - If you are a family child care provider without staff, please enter ‘0’.

- How many children attended at least 1 day in the report month?
- In the report month, did you have a waitlist for your program?
  - You will need to answer the following if you select yes.
    - Was your waitlist due to a staff shortage?
    - What ages did you have a waitlist for?
  - Please check all that apply
How many child care employees (providing direct care to children in a classroom) were employed on the last day of July 2022 / Julio 2022? (¿Cuántos empleados de cuidado infantil (que brindan cuidado directo a los niños en un salón de clases) estaban empleados el último día de July 2022 / Julio 2022?)

If you are a Non Certified Relative Provider or family child care provider without staff, please just put one (1) for yourself (Si usted es un no certificado o un proveedor de cuidado infantil familiar sin personal, solo escriba uno (1) por usted)

How many child care employees (providing direct care to children in a classroom) left employment in July 2022 / Julio 2022? (¿Cuántos empleados de cuidado infantil (que brindan cuidado directo a los niños en un salón de clases) dejaron el empleo en July 2022 / Julio 2022?)

If you are a Non Certified Relative Provider or family child care provider with no staff, please put zero (0). (Si usted es un no certificado o un proveedor de cuidado infantil familiar sin personal, solo escriba cero (0).)

How many children attended at least 1 day in July 2022 / Julio 2022? (¿Cuántos niños asistieron al menos 1 día en July 2022 / Julio 2022?)

In July 2022 / Julio 2022, did you have a waitlist for your program? (¿En July 2022 / Julio 2022, tenía usted una lista de espera para su programa?)

- Yes / Sí
- No

Was your waitlist due to a staff shortage? (¿Su lista de espera se debió a la escasez de personal?)

- Yes / Sí
- No

What ages did you have a waitlist for in July 2022 / Julio 2022? (¿Para qué edades tenía una lista de espera en July 2022 / Julio 2022?)

- ✓ Birth-12 months/Nacimiento-12 meses
- ✓ 1 year/1 año
- 2 years/2 años
- 3 years/3 años
- 4 years/4 años
- 5 years/5 años
- 6-12 years/6-12 años
STEP 6: Enter Total Grant Expenditures
In Section 2 you will report your total grant funds spent since the beginning of the grant. This includes total spending of all grant funds received since the first month you received a CCSG award, not just grant funds spent or received in the previous month. Each monthly report must include the cumulative amount of grant funds spent since first receiving the CCSG award. This amount must total the Provider’s CCSG spending since the first payment received (i.e., dating back to August 2021 or when the provider first received the grant).

We recommend using Attachment A: Cost Reporting Worksheet as your expense report, to keep track of your cumulative spending in the Allowable Expense categories below:

- Personnel Costs
- Rent/Mortgage/Utilities
- Facilities Maintenance or Improvements
- Goods and Services
- Personal Protective Equipment
- Equipment and Supplies for Public Health Emergency
- Mental Health Supports

Learn more about these categories in the Allowable Expenses section. Additional guidance is provided in Tracking Your Spending.

Helpful hints are included below each question in bold, italics.

- If you did not spend your award on one of the categories, you will enter a zero (0).
- When you enter at least $1 of PERSONNEL COSTS (greater than $0), you will be prompted to answer the following questions:
  - How many staff were impacted by this funding?
  - Have you ever received the CCSG Workforce Amount?
    ■ If yes, you will need to self attest that you have increased employee wages or benefits since receiving the Child Care Stabilization Grant.
  - Please select how the grant funds were spent on Personnel (check all that apply):
    ■ Payroll/Wage supplements
    ■ Bonuses
    ■ Health, dental, and vision insurance
    ■ Retirement contributions
    ■ Paid time off including paid sick or family leave
    ■ Free/reduced cost child care benefit for staff
    ■ Paid time of for professional development and training
    ■ Reimbursements for tuition costs for certificate or degree program
    ■ Reimbursement/stipends for teacher out-of-pocket costs for classroom supplies
When you enter at least $1 of RENT/MORTGAGE/UTILITIES (greater than $0), you will be prompted to answer the following questions:

○ Please select how the grant funds were spent on Rent/Mortgage/Utilities/Insurance (check all that apply):
  - Rent
  - Mortgage Payments
  - Utilities
  - Insurance
Rent/Mortgage/Utilities (Alquiler/Pagos de hipoteca/Servicios públicos): *

$10,000.00

Please select how the grant funds were spent on Rent/Mortgage/Utilities: (Por favor seleccione cómo se gastaron los fondos de la subvención): *

- Rent (alquiler)
- Utilities (servicios públicos)
- Mortgage payments (pagos de hipoteca)
- Insurance (seguro)

Check all that apply (Marque todo lo que corresponda)

- **When you enter at least $1 of FACILITY MAINTENANCE OR IMPROVEMENTS (greater than $0), you will be prompted to answer the following questions:**

  - Please select how the grant funds were spent on Facility Maintenance or Improvements (check all that apply):
    - Minor Renovations
    - Building or Upgrading Playgrounds
    - Renovations to improve accessibility

Facilities Maintenance or Improvements (Mantenimiento o mejoras de las instalaciones): *

$15,000.00

Please select how the grant funds were spent on Facilities Maintenance or Improvements: (Por favor seleccione cómo se gastaron los fondos de la subvención): *

- Minor renovations (renovaciones menores)
- Renovations to improve accessibility (Renovaciones para mejorar la accesibilidad)
- Building or upgrading playgrounds (construcción o mejora de los patios de juegos)

Check all that apply (Marque todo lo que corresponda)

- **When you enter at least $1 of EQUIPMENT AND SUPPLIES FOR PUBLIC HEALTH EMERGENCY (greater than $0), you will be prompted to answer the following questions:**

  - Please select how the grant funds were spent on Equipment and Supplies for Public Health Emergency (check all that apply):
    - Technology and business software upgrades to respond to the COVID-19 public health emergency
    - Other equipment and supplies to respond to the COVID-19 public health emergency
When you enter at least $1 of MENTAL HEALTH SUPPORTS (greater than $0), you will be prompted to answer the following questions:

- Please select how the grant funds were spent on Mental Health Supports (check all that apply):
  - Mental health supports for staff
  - Mental health supports for children

Mental Health Supports (Apoyo de salud mental): *

$1,000.00
After you enter your total grant spending in each category, the form will calculate the TOTAL GRANT EXPENDITURES by adding all of the categories together. This number should match the total amount of grant funds spent since the first month awarded. For example, when you submit your July 2022 report, if your site has received a total of $30,000 in grant funding since August 2021 and spent a total of $22,000 at the time you complete your monthly report, then the total in “Total Grant Expenditures” should equal $22,000.

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel Costs (Costos de personal): *</td>
<td>$0.00</td>
</tr>
<tr>
<td>Rent/Mortgage/Utilities (Alquiler/Pagos de hipoteca/Servicios públicos/Seguro): *</td>
<td>$0.00</td>
</tr>
<tr>
<td>Facilities Maintenance or Improvements (Mantenimiento o mejoras de las instalaciones): *</td>
<td>$0.00</td>
</tr>
<tr>
<td>Goods and Services (Bienes y servicios): *</td>
<td>$20,000.00</td>
</tr>
<tr>
<td>Personal Protective Equipment (Equipo de protección personal): *</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>Equipment and Supplies for Public Health Emergency (Equpos y suministros para emergencia de salud pública): *</td>
<td>$0.00</td>
</tr>
<tr>
<td>Mental Health Supports (Apoyo de salud mental): *</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Grant Expenditures (Gastos totales de la subvención)</td>
<td>$22,000.00</td>
</tr>
</tbody>
</table>
STEP 7: Indicate plan for unspent funds
You will be asked:

- Have you spent all your grant funds?
  - If you select no, you will need to select which categories you plan to use your grant funds you have not spent.

Have you spent all of your grant funds? (¿Ha gastado todos los fondos de la subvención?)

- Yes/Sí
- No

Please check the boxes below to indicate how you plan to use grant funds you have not spent. (Marque las casillas a continuación para indicar cómo planea usar los fondos de la subvención que no ha gastado.)

- Personnel Costs (costos de personal)
- Rent/Mortgage/Utilities/Insurance (alquiler/hipoteca/servicios públicos/seguro)
- Facilities Maintenance or Improvement (mantenimiento o mejora de las instalaciones)
- Goods and Services (bienes y servicios)
- Personal Protective Equipment (equipo de protección personal)
- Equipment and Supplies for Public Health Emergency (equipo y suministros para emergencias de salud pública)
- Mental Health Support (apoyo de salud mental)

Check all that apply (Marque todo lo que corresponda)

STEP 8: Finalize your submission
You will be asked the following questions:

- Can DES or a grant evaluation partner contact you to learn more about your report responses, and provide additional details, if applicable?
- Please provide an email address to receive a copy of your form responses.
- If you would like a copy of your responses sent to a second email address, please provide the email address.

Next, click on “submit” to complete your form. When you click “submit” a copy will be automatically emailed to the email addresses provided. Once you have submitted your form, you will be able to receive your next payment on time (as long as you continue to meet eligibility requirements). You will need to report monthly by the end of the month to continue receiving your grant award. If you have any difficulty, you can always contact the Child Care Grant team by email at ChildCareGrants@azdes.gov.
Allowable Expenses

**Personnel Costs:** Includes costs associated with employing staff such as payroll/wage supplements or bonuses. Other examples of allowable personnel costs include: health, dental, and vision insurance, retirement contributions, paid time off including sick or family leave, free/reduced cost child care benefit for staff, paid time off for professional development and training, reimbursements for tuition costs for certificate or degree program, and reimbursement/stipends for teacher out-of-pocket costs for classroom supplies.

Raising the wages of child care staff is a central part of stabilizing the industry. Providers are encouraged to use grant funds for recruiting and retaining existing and former child care workers and strengthening the diversity of the workforce to meet children’s and families’ needs.

*For the CCSG Workforce Amount, there must be an increase above and beyond employee wages or benefits since receiving the Child Care Stabilization Grant. For more information on personnel costs allowable for the CCSG Workforce Amount, please see the [CCSG Workforce Amount Decision Tool](#).*

**Rent/Mortgage/Utilities:** Includes monthly rent or mortgage payments, property insurance, liability insurance, or utilities such as gas, electricity, oil, water/sewer, telephone, cell/mobile phone, or internet, which may include fees or charges related to late payment.

**Facility Maintenance or Improvements:** Includes minor renovations that do not meet the definition of major renovation at 45 CFR 98.2: (1) structural changes to the foundation, roof, floor, exterior or load-bearing walls of a facility, or the extension of a facility to increase its floor area; or (2) extensive alteration of a facility such as to significantly change its function and purpose, even if such renovation does not include any structural change. CCSG funds may not be used for construction or major renovations. Allowable facility maintenance and improvements may include, but are not limited to, building or upgrading playgrounds, renovating bathrooms, installing railing, ramps, or automatic doors to make the facility more accessible, and removing non-load bearing walls to create additional space for social distancing.

Providers should strive to include renovations needed to comply with safety guidance in the context of developmentally appropriate practice and a welcoming environment for children and families.

**Goods and Services:** Includes any material goods or service necessary for the operation of a child care program such as  Examples of goods that might be necessary to maintain or resume child care services include food and equipment and materials to facilitate play, learning, eating, diapering and toileting, or safe sleep. Examples of services that are allowable include business automation training and support services, shared services,
child care management services, food services, and transportation. The category also covers fees and costs associated with meeting licensing requirements. We encourage providers to treat this term broadly, so that child care providers can flexibly meet their individual needs.

**Personal Protective Equipment (PPE):** Include equipment, supplies, services, and training that support meeting state and local health and safety guidelines. Examples include PPE, cleaning supplies like disinfectants, paper towels, masks, gloves, or safety glasses, and cleaning services.

**Equipment and Supplies for Public Health Emergency:** Includes purchases of or updates to equipment and supplies to respond to the COVID-19 public health emergency. So long as the equipment and supplies are in response to the COVID-19 public health emergency, examples include indoor and outdoor equipment and supplies that facilitate business practices consistent with safety protocols and developmentally appropriate practice, as well as business items needed to respond to new challenges, such as business software and upgrades. This might also include technological upgrades that programs can use to collect data and report to DES.

**Mental Health Supports:** Includes support for the mental health of children and employees. Examples include mental health consultations for children and their families, and mental health services for staff.

Infant and early childhood mental health consultation (IECMHC), an evidence-based, prevention-based strategy that teams mental health professionals with people who work with young children and their families to improve their social, emotional, and behavioral health and development in the settings where children learn and grow. The well-being of staff and caregivers is also important to stabilizing the child care sector because the mental health and well-being of staff impacts training, recruitment, and retention as well as the level of care provided to children.

**Need Help?**
For more information on how to best utilize this funding, providers are encouraged to reach out to a business coach through the Southwest Human Development Early Childhood Business Management Program at ECBMP@swhd.org.

Additional technical assistance and support is available through Arizona Association for the Education of Young Children (AzAEYC): azaeyc.org/ccsg or by e-mail info@azaeyc.org.
Tracking Your Spending

Providing receipts and documentation is not required when submitting your monthly report but it is important that you keep detailed records of your spending for accurate reporting and easy access if requested to provide verification for auditing purposes. We recommend keeping the following documentation:

- **Detailed Expense Report** - to itemize or list out each item you purchased using grant funds, like a receipt for your entire grant award. We highly recommend using [Attachment A: Cost Reporting Worksheet](#), as it was designed to complete the reporting required in STEP 6 in the monthly reporting form.

- **Proof of Payment** - to show detailed records of your spending including receipts, invoices, statements

Your last monthly award will be in June 2023 and final spending of the grant must be completed by September 30, 2023. As such, we recommend that you have a good record-keeping system in place and that you diligently maintain documentation of your expenses so that you have everything you need when it is time to complete your reporting form. The detailed expense report and proof of payment documentation should clearly show:

- That you paid the expense.
- What you paid for, unless it is very clear (like a utility company payment.)
- The amount you paid.
- The date you paid it.
- A description of the item purchased or service received.

To help save time when you complete your monthly reporting form for each payment, it is a good idea to group your receipts and proof of payment together by allowable spending category. When completing your monthly reporting form, STEP 6 asks you to enter how much of your spending was done in each of these categories so grouping your expenses together accordingly can save you some valuable time. Set up a system where you have a different folder for each different spending category that you will have to report on:

- Personnel Costs
- Rent/Mortgage/Utilities
- Facilities Maintenance or Improvements
- Goods and Services
- Personal Protective Equipment
- Equipment and Supplies for Public Health Emergency
- Mental Health Supports

You can use the worksheets provided for you in [Attachment A: Cost Reporting Worksheet](#) to easily add up the amounts that you spent for each category during each month.
Attachment A: **Cost Reporting Worksheets**

You may find [these worksheets](#) helpful to keep your spending organized. Each worksheet is broken out by expense categories. You can use as many as you need based on your costs. These worksheets are meant to be a helpful resource in tracking your CCSG spending in allowable categories. Remember, you will not need to submit your receipts with your monthly reporting form, however, you must keep proof of your spending activities for at least 5 years in case you are selected for monitoring by DES.

- **STEP 1 - Grant Award Received Worksheet:** Complete the Grant Award Received Worksheet ([Worksheet 2](#)) to tally your total grant received.

- **STEP 2 - Expense Worksheets:** Complete the following category worksheets ([Worksheets 3–9](#)) to tally your spending. Each worksheet is associated with a different spending category, so you may not need to fill out every worksheet. List each of the expenses you wish to record in the category to find your total.

- **STEP 3 - Category Totals (Monthly Reporting) Worksheet:** Use the totals on the Category Totals Worksheet ([Worksheet 1](#)) to complete the monthly reporting.

- **STEP 4 - Save!:** Save the worksheet to add next month's grant awards and spending. Store your receipts and proof of payment somewhere safe in case you are selected for monitoring by DES.

- **STEP 5 - Repeat!:** Continue the same process for each monthly award received.
Worksheet 1: Category Totals

This tab is a summary tab that will populate your information for the worksheets below. These amounts will be used to complete your monthly report on the Child Care Stabilization Grant Monthly Report Portal.

*This is a locked tab, you will not be making any edits to this tab.*

<table>
<thead>
<tr>
<th>INSTRUCTIONS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><em>THIS TAB IS LOCKED AND WILL AUTOPOPULATE FOR YOU</em></td>
<td></td>
</tr>
<tr>
<td>Enter your grant award amounts received on the Grant Award Received tab. Your total will populate in the table below automatically.</td>
<td></td>
</tr>
<tr>
<td>Enter individual expenses on the individual worksheet tabs for Personnel Costs, Rent/Mortgage/Utilities, Facilities Maintenance and Improvements, Goods and Services, Personal Protective Equipment, Equipment and Supplies for Public Health Emergency, and Mental Health Supports. Your totals will populate in the table below automatically.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child Care Stabilization Grant Monthly Reporting</th>
<th>Worksheet 1: Category Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL GRANT RECEIVED</strong></td>
<td>$ -</td>
</tr>
<tr>
<td><strong>TOTAL TO BE USED ON WORKFORCE</strong></td>
<td>$ -</td>
</tr>
<tr>
<td><strong>Worksheet Category Totals</strong></td>
<td></td>
</tr>
<tr>
<td><strong>CATEGORY</strong></td>
<td><strong>TOTAL AMOUNT (from individual worksheets)</strong></td>
</tr>
<tr>
<td>Personnel Costs</td>
<td>$ -</td>
</tr>
<tr>
<td>Rent/Mortgage/Utilities</td>
<td>$ -</td>
</tr>
<tr>
<td>Facilities Maintenance or Improvements</td>
<td>$ -</td>
</tr>
<tr>
<td>Goods and Services</td>
<td>$ -</td>
</tr>
<tr>
<td>Personal Protective Equipment</td>
<td>$ -</td>
</tr>
<tr>
<td>Equipment and Supplies for Public Health Emergency</td>
<td>$ -</td>
</tr>
<tr>
<td>Mental Health supports</td>
<td>$ -</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$ -</td>
</tr>
<tr>
<td><strong>REMAINDER OF GRANT AVAILABLE TO SPEND</strong></td>
<td>$ -</td>
</tr>
<tr>
<td><strong>REMAINDER TO SPEND ON WORKFORCE</strong></td>
<td>$ -</td>
</tr>
</tbody>
</table>
Worksheet 2: Grant Award Received

Enter the Regular Amount ($) and the Workforce Amount ($). The Total Amount ($) received per month will auto calculate. The grant amounts are as follows:

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Original CCSG Amount</th>
<th>New CCSG Amount - Base Award Increase</th>
<th>Opt In Workforce Amount Addition</th>
<th>Total CCSG Award If Receiving the Workforce Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>DES Non-Certified Relative</td>
<td>$500</td>
<td>$900</td>
<td>$250*</td>
<td>$900</td>
</tr>
<tr>
<td>DES Certified Family Child Care (1-4 children)</td>
<td>$1,000</td>
<td>$1,800</td>
<td>$500*</td>
<td>$1,800</td>
</tr>
<tr>
<td>DHS Certified Group Home (5-10 children)</td>
<td>$2,000</td>
<td>$2,600</td>
<td>$1000</td>
<td>$3,600</td>
</tr>
<tr>
<td>DHS Licensed (11-59 capacity)</td>
<td>$5,000</td>
<td>$7,000</td>
<td>$6500</td>
<td>$13,500</td>
</tr>
<tr>
<td>DHS Licensed (60-100 capacity)</td>
<td>$7,500</td>
<td>$10,900</td>
<td>$11,500</td>
<td>$22,400</td>
</tr>
<tr>
<td>DHS Licensed (101 +)</td>
<td>$10,000</td>
<td>$14,600</td>
<td>$15,500</td>
<td>$30,100</td>
</tr>
</tbody>
</table>

*DES Non-Certified Relative Providers and DES Certified Family Child Care Providers automatically received this increase.

**DHS Certified Group homes that do NOT have staff, DES Non-Certified Relative Providers, and DES Certified Family Child Care Providers, and are not required to break down the grant by Workforce Amount.

*The Total Grant Award will automatically calculate based on your entries.*
# Arizona Child Care Stabilization Grant
## REPORTING GUIDE

### Worksheet 1: Grant Payments Received

<table>
<thead>
<tr>
<th>Month</th>
<th>Total Amount ($)</th>
<th>Regular Amount ($)</th>
<th>Workforce Amount ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 21</td>
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<tr>
<td>September 21</td>
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<td>October 21</td>
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<td>November 21</td>
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<td>December 21</td>
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<td>January 22</td>
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<td>April 22</td>
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<td>July 22</td>
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<td>August 22</td>
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<td>September 22</td>
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<td>October 22</td>
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<td>November 22</td>
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<td>January 23</td>
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<td>February 23</td>
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<td>March 23</td>
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<td>April 23</td>
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<td></td>
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<tr>
<td>May 23</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>June 23</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL GRANT AWARD</strong></td>
<td>$</td>
<td>-</td>
<td>$</td>
</tr>
</tbody>
</table>
Worksheet 3: Personnel Costs

Costs to look for:
- Payroll/Wage supplements, bonuses, health, dental, and vision insurance, retirement contributions, paid time off including paid sick or family leave, free/reduced cost child care benefit for staff, paid time off for professional development and training, reimbursements for tuition costs for certificate or degree program, reimbursement/stipends for teacher out-of-pocket costs for classroom supplies.

Supporting Documents:
- Payroll and benefit records. You can use reports from your payroll company — this can save you time and effort!
- Employee time cards.
- Invoices, receipts and check information for professional development.
- Documentation of other benefits provided to child care staff members such as coverage of insurance costs, tuition reimbursement, or child care.
- Bank statements.

Enter the Month of the expense. Then enter the Amount ($) of the expense. Next select the cost category from the drop down. If desired, enter an additional cost description (this is a general description for your reference). Select whether you have a receipt for this expense by choosing yes or no from the drop down. For more information on these categories please reference the CCSG Workforce Support Decision Tool.

The Total Personnel Costs will automatically calculate based on your entries.

<table>
<thead>
<tr>
<th>Costs to look for:</th>
<th>Supporting Documents:</th>
<th>Month</th>
<th>Amount ($)</th>
<th>Cost Category</th>
<th>Additional Cost Description (optional)</th>
<th>Receipt YES/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payroll/Wage supplements, bonuses, paid time off, including paid sick or family leave, paid time off for professional development and training</td>
<td>Payroll and benefit records; employee time cards; bank statements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Costs to look for:</td>
<td>Supporting Documents:</td>
<td>Month</td>
<td>Amount ($)</td>
<td>Cost Category</td>
<td>Additional Cost Description (optional)</td>
<td>Receipt YES/NO</td>
</tr>
<tr>
<td>Payroll/Wage supplements, bonuses, paid time off, including paid sick or family leave, paid time off for professional development and training</td>
<td>Payroll and benefit records; employee time cards; bank statements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Total Personnel Costs will automatically calculate based on your entries.
Worksheet 4: Rent/Mortgage/Utilities

Costs to look for:
- Monthly rent or mortgage, property insurance (check your mortgage payment — they may be there), liability insurance, utilities (gas, electricity, oil, water, sewer, telephone, cell/mobile phone, internet), and fees or charges related to late payment.

Supporting Documents:
- Mortgage/rent/space cost statements.
- Utility statements.
- Original invoices and/or receipts for purchases of materials/supplies.
- Bank statements.

Enter the Month of the expense. Then enter the Amount ($) of the expense. Next select the cost category from the drop down. If desired, enter an additional cost description (this is a general description for your reference). Select whether you have a receipt for this expense by choosing yes or no from the drop down.

*The Total Rent/Mortgage/Utilities Costs will automatically calculate based on your entries.*
Worksheet 5: Facilities Maintenance or Improvements

Costs to look for:
  ● Minor renovations, building or upgrading playgrounds, and renovations to improve accessibility

Supporting Documents:
  ● Original invoices and/or receipts for purchases of materials/supplies
  ● Bank statements

Enter the Month of the expense. Then enter the Amount ($) of the expense. Next select the cost category from the drop down. If desired, enter an additional cost description (this is a general description for your reference). Select whether you have a receipt for this expense by choosing yes or no from the drop down.

_The Total Facilities Maintenance or Improvements Costs will automatically calculate based on your entries._

<table>
<thead>
<tr>
<th>Costs to look for:</th>
<th>Rent or mortgage payments</th>
<th>Property insurance (check your mortgage payment)</th>
<th>Liability insurance (insurance in case anyone gets hurt)</th>
<th>Utility costs (gas, electricity, oil, water, sewer, telephone, cell/mobile phone, internet)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supporting Documents:</td>
<td>Mortgage/rent receipts or statements</td>
<td>Bank or insurance statements</td>
<td>Bank or insurance statements</td>
<td>Utility statements</td>
</tr>
<tr>
<td>Month</td>
<td>Amount ($)</td>
<td>Cost Category</td>
<td>Additional Cost Description (optional)</td>
<td>Receipt Y/N</td>
</tr>
<tr>
<td>TOTAL RENT, MORTGAGE, UTILITIES COSTS</td>
<td>$0.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Worksheet 6: Goods and Services

Costs to look for:
- Any material good or service necessary for the operation of a child care program.

Supporting Documents
- Original invoices or receipts
- Bank statements

Enter the Month of the expense. Then enter the Amount ($) of the expense. Next select the cost category from the drop down. If desired, enter an additional cost description (this is a general description for your reference). Select whether you have a receipt for this expense by choosing yes or no from the drop down.

The Total Goods and Services Costs will automatically calculate based on your entries.

<table>
<thead>
<tr>
<th>Cost to look for:</th>
<th>Any material good or service necessary for the operation of a child care program</th>
<th>Food, equipment, and materials to facilitate play, learning, eating, diapering and toileting, or safe sleep</th>
<th>Business automation training and support services, shared services, child care management services, food services, and transportation</th>
<th>Costs and fees associated with meeting licensing requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supporting Documents:</td>
<td>Original invoices and/or receipts</td>
<td>Bank statements</td>
<td>Cost Category</td>
<td>Additional Cost Description (optional)</td>
</tr>
<tr>
<td>Month</td>
<td>Amount ($)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL GOODS AND SERVICES COSTS:</td>
<td>$0.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The table above is a blank worksheet where you can enter the details of goods and services. Each row represents a separate expense, and you fill in the details such as the month, amount, cost category, and receipt status. The total cost is calculated automatically based on your entries.
Worksheet 7: Personal Protective Equipment

Costs to look for:
- PPE, cleaning supplies like disinfectants; paper towels, masks, gloves, or safety glasses, and cleaning services.

Supporting Documents:
- Original invoices and/or receipts for purchases of materials/supplies
- Bank statements

Enter the Month of the expense. Then enter the Amount ($) of the expense. Next select the cost category from the drop down. If desired, enter an additional cost description (this is a general description for your reference). Select whether you have a receipt for this expense by choosing yes or no from the drop down.

*The Total Personal Protective Equipment Costs will automatically calculate based on your entries.*

<table>
<thead>
<tr>
<th>Worksheet 7: Personal Protective Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Costs to look for:</td>
</tr>
<tr>
<td>Equipment, supplies, services, and training that support meeting state and local health and safety guidelines</td>
</tr>
<tr>
<td>Cleaning supplies like disinfectants</td>
</tr>
<tr>
<td>Masks, gloves, or safety glasses</td>
</tr>
<tr>
<td>Cleaning services</td>
</tr>
<tr>
<td>Supporting Documents:</td>
</tr>
<tr>
<td>Original invoices and/or receipts</td>
</tr>
<tr>
<td>Bank statements</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Month</td>
</tr>
<tr>
<td>Amount ($)</td>
</tr>
<tr>
<td>Cost Category</td>
</tr>
<tr>
<td>Additional Cost Description (optional)</td>
</tr>
<tr>
<td>Receipt Y/N</td>
</tr>
<tr>
<td>TOTAL PERSONAL PROTECTIVE EQUIPMENT COSTS:</td>
</tr>
<tr>
<td>$0.00</td>
</tr>
</tbody>
</table>

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Worksheet 8: Equipment and Supplies for Public Health Emergency

Costs to look for - purchasing or updating:
- Technology and business software upgrades to respond to the COVID-19 public health emergency, other equipment and supplies to respond to the COVID-19 public health emergency

Supporting Documents:
- Original invoices and/or receipts for purchases of materials/supplies
- Bank statements

Enter the Month of the expense. Then enter the Amount ($) of the expense. Next select the cost category from the drop down. If desired, enter an additional cost description (this is a general description for your reference). Select whether you have a receipt for this expense by choosing yes or no from the drop down.

*The Equipment and Supplies for Public Health Emergency Costs will automatically calculate based on your entries.*
Worksheet 9: Mental Health Supports

Costs to look for:
- Mental health supports for staff and children

Supporting Documents
- Original invoices or receipts
- Bank statements

Enter the Month of the expense. Then enter the Amount ($) of the expense. Next select the cost category from the drop down. If desired, enter an additional cost description (this is a general description for your reference). Select whether you have a receipt for this expense by choosing yes or no from the drop down.

*The Total Mental Health Supports Costs will automatically calculate based on your entries.*

<table>
<thead>
<tr>
<th>Month</th>
<th>Amount ($)</th>
<th>Cost Category</th>
<th>Additional Cost Description (optional)</th>
<th>Receipt Y/N</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

For more resources and information, visit: des.az.gov/CCSG