Arizona Child Care Stabilization Grant
REPORTING GUIDE

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.

REMINDERS!

✔ 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

July 2022	August 2022	September 2022	October 2022	November 2022
Grant payment issued at the end of the month.	Grant payment issued at the end of the month.	Grant payment issued at the end of the month.	Grant payment issued at the end of the month.	Grant payment issued at the end of the month.
You must submit your report for July 2022 program updates and spending categories by the end of August 2022. **New Monthly Reporting Requirements Beginning September 2022**		You must **submit your report for August 2022** program updates and total grant expenditures through August 31, 2022 by September 30, 2022.	You must **submit your report for September 2022** program updates and total grant expenditures through September 30, 2022 by October 31, 2022.	You must **submit your report for October 2022** program updates and total grant expenditures through October 31, 2022 November 30, 2022.

December 2022	January 2023	February 2023	March 2023	April 2023
Grant payment issued at the end of the month.	Grant payment issued at the end of the month.	Grant payment issued at the end of the month.	Grant payment issued at the end of the month.	Grant payment issued at the end of the month.
You must **submit your report for November 2022** program updates and total grant expenditures through November 30, 2022 by December 31, 2022.	You must **submit your report for December 2022** program updates and total grant expenditures through December 31, 2022 by January 31, 2022.	You must **submit your report for January 2023** program updates and total grant expenditures through January 31, 2023 February 2023.	You must **submit your report for February 2023** program updates and total grant expenditures through February 28, 2023 by the end of March 2023.	You must **submit your report for March 2023** program updates and total grant expenditures through March 31, 2023 by the end of April 2023.

May 2023	June 2023 **Final Payment**	July 2023	October 2023
Grant payment issued at the end of the month. You must **submit your report for April 2023** program updates and total grant expenditures through April 30, 2023 by the end of May 2023.	Grant payment issued at the end of the month. You must **submit your report for May 2023** program updates and total grant expenditures through May 31, 2023 by the end of June 2023.	All must be spent by September 30, 2023. You must **submit your report for June 2023** program updates and total grant expenditures through June 30, 2023 by the end of July 2023.	All funds must be spent by September 30, 2023. You must submit your program updates and total grant expenditures through September 30, 2023 **Final Report** by the end of October 2023.

REMINDER! Failing to submit your monthly report by the deadline will result in not receiving the following month's grant payment!

> **TIP:** Set a recurring calendar reminder so that you have enough time to complete and submit your report.

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:

Provider Name *	ADES Provider ID *	ADHS License # *	Provider Type *	County *
⌄	⌄	⌄	⌄	⌄

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

(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.

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

Personnel Costs (Costos de personal): *

$20,000.00

How many employees were impacted by the personnel spending? (¿Cuántos empleados se vieron afectados por los gastos en personal?) *

20

Have you ever received the CCSG Workforce Amount? (¿Ha recibido alguna vez el monto de la fuerza laboral de CCSG?) *

● Yes (Sí)　○ No

Self Attestation (Autocertificación) *

● I have increased employee wages or benefits since receiving the Child Care Stabilization Grant. (He aumentado los salarios o beneficios de los empleados desde que recibí el Subsidio de Estabilización de Cuidado Infantil.)

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

☑ Payroll/Wage supplements (Nómina/Suplementos salariales)

☑ Bonuses (Bonos)

☐ Health, dental, and vision insurance (Seguro de salud, dental y de la vista)

☐ Retirement contributions (Contribuciones para la jubilación)

☐ Paid Time off, including paid sick or family leave (Tiempo libre pagado, incluyendo permiso familiar o por enfermedad pagado)

☐ Free/Reduced Cost Child Care Benefit (Beneficios de cuidado infantil gratuito o de costo reducido)

☐ Paid time off for professional development and training (Tiempo libre pagado para desarrollo profesional y capacitación)

☐ Reimbursements for tuition costs for certificate or degree program Reembolsos por costos de matrícula para un certificado o programa para recibir un título)

☐ Reimbursement/stipends for teacher out-of-pocket costs for classroom supplies (Reembolsos/estipendios por gastos de bolsillo de los maestros para útiles escolares)

Check all that apply (Marque todo lo que corresponda)

- ***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

Equipment and Supplies for Public Health Emergency (Equipos y suministros para emergencia de salud pública): *

$500.00

Please select how the grant funds were spent on Equipment and Supplies for Public Health Emergency: (Por favor seleccione cómo se gastaron los fondos de la subvención): *

☑ Technology and business software upgrades to respond to the COVID-19 public health emergency (Actualizaciones de tecnología y software comercial para responder a la emergencia de salud pública de COVID-19)

☐ Other equipment and supplies to respond to the COVID-19 public health emergency (Otros equipos y suministros para responder a la emergencia de salud pública de COVID-19)

Check all that apply (Marque todo lo que corresponda)

- **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

Please select how the grant funds were spent on Mental Health Supports: (Por favor seleccione cómo se gastaron los fondos de la subvención): *

☐ Mental Health Supports for Staff (apoyos de salud mental para el personal)

☑ Mental Health Supports for Children (apoyos de salud mental para los niños)

Check all that apply (Marque todo lo que corresponda)

● *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.

Personnel Costs (Costos de personal): *

$0.00

Rent/Mortgage/Utilities (Alquiler/Pagos de hipoteca/Servicios públicos/Seguro): *

$0.00

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

$0.00

Goods and Services (Bienes y servicios): *

$20,000.00

Personal Protective Equipment (Equipo de protección personal): *

$2,000.00

Equipment and Supplies for Public Health Emergency (Equipos y suministros para emergencia de salud pública): *

$0.00

Mental Health Supports (Apoyo de salud mental): *

$0.00

Total Grant Expenditures (Gastos totales de la subvención)

$22,000.00

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.

Arizona Child Care Stabilization Grant
REPORTING GUIDE

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.

Child Care Stabilization Grant Monthly Reporting Worksheet 1: Category Totals		
INSTRUCTIONS	*THIS TAB IS LOCKED AND WILL AUTOPOPULATE FOR YOU* Enter your grant award amounts received on the **Grant Award Received** tab. Your total will populate in the table below automatically. 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.	
TOTAL GRANT RECEIVED	$ -	
TOTAL TO BE USED ON WORKFORCE	$ -	
Worksheet Category Totals		
CATEGORY	**TOTAL AMOUNT (from individual worksheets)**	
Personnel Costs	$ -	
Rent/Mortgage/Utilities	$ -	
Facilities Maintenance or Improvements	$ -	
Goods and Services	$ -	Enter these amounts on your monthly report in the Child Care Stabilization Grant Monthly Report Portal
Personal Protective Equipment	$ -	
Equipment and Supplies for Public Health Emergency	$ -	
Mental Health Supports	$ -	
TOTAL	$ -	
REMAINDER OF GRANT AVAILABLE TO SPEND	$ -	
REMAINDER TO SPEND ON WORKFORCE	$ -	

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:

Provider Type	Original CCSG Amount Aug 2021- Sept 2022	New CCSG Amount - Base Award Increase Effective October 2022	Opt In Workforce Amount Addition Started July 22	Total CCSG Award If Receiving the Workforce Amount
DES Non-Certified Relative	$500	$900	$250*	$900
DES Certified Family Child Care (1-4 children)	$1,000	$1,800	$500*	$1,800
DHS Certified Group Home (5-10 children)	$2,000	$2,600	$1000	$3,600
DHS Licensed (11-59 capacity)	$5,000	$7,000	$6500	$13,500
DHS Licensed (60-100 capacity)	$7,500	$10,900	$11,500	$22,400
DHS Licensed (101 +)	$10,000	$14,600	$15,500	$30,100

*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.

Worksheet 1: Grant Payments Received			
Month	**Total Amount ($)**	**Regular Amount ($)**	**Workforce Amount ($)**
August 21			
September 21			
October 21			
November 21			
December 21			
January 22			
February 22			
March 22			
April 22			
May 22			
June 22			
July 22			
August 22			
September 22			
October 22			
November 22			
December 22			
January 23			
February 23			
March 23			
April 23			
May 23			
June 23			
TOTAL GRANT AWARD	$ -	$ -	$ -

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.

Worksheet 3: Personnel Costs				
Costs to look for:	Payroll/wage supplements; bonuses; paid time off, including paid sick or family leave; paid time off for professional development and training	Health, dental, and vision Insurance; retirement contributions; free/reduced cost child care benefit	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; employee timecards; bank statements	Documentation of other benefits provided to child care staff members such as coverage of insurance costs or tuition reimbursement	Note: you can use reports from your payroll company	
Month	Amount ($)	Cost Category	Additional Cost Description (optional)	Receipt Y/N
TOTAL PERSONNEL COSTS:	$0.00			

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 4: Rent, Mortgage, Utilities				
Costs to look for:	Rent or mortgage payments	Property insurance (check your mortgage payment)	Liability insurance (insurance in case anyone gets hurt)	Utilities (gas, electricity, oil, water, sewer, telephone, cell/mobile phone, internet)
Supporting Documents:	Mortgage/rent receipts or statements	Bank or insurance statements	Bank or insurance statements	Utility statements
Month	Amount ($)	Cost Category	Additional Cost Description (optional)	Receipt Y/N
TOTAL RENT, MORTGAGE, UTILITIES COSTS:	$0.00			

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.

Worksheet 4: Rent, Mortgage, Utilities				
Costs to look for:	Rent or mortgage payments	Property insurance (check your mortgage payment)	Liability insurance (insurance in case anyone gets hurt)	Utilities (gas, electricity, oil, water, sewer, telephone, cell/mobile phone, internet)
Supporting Documents:	Mortgage/rent receipts or statements	Bank or insurance statements	Bank or insurance statements	Utility statements
Month	Amount ($)	Cost Category	Additional Cost Description (optional)	Receipt Y/N
TOTAL RENT, MORTGAGE, UTILITIES COSTS:	$0.00			

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.

Worksheet 6: Goods and Services				
Costs to look for:	Any material good or service necessary for the operation of a child care program	Food, equipment, and materials to facilitate play, learning, eating, diapering and toileting, or safe sleep	Business automation training and support services, shared services, child care management services, food services, and transportation	Fees and costs associated with meeting licensing requirements
Supporting Documents:	Original invoices and/or receipts	Bank statements		
Month	Amount ($)	Cost Category	Additional Cost Description (optional)	Receipt Y/N
TOTAL GOODS AND SERVICES COSTS:	$0.00			

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.

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

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 8: Equipment and Supplies for Public Health Emergency				
Costs to look for:	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	Bank statements		
Month	**Amount ($)**	**Cost Category**	**Additional Cost Description** (optional)	**Receipt Y/N**
TOTAL EQUIPMENT AND SUPPLIES FOR PUBLIC HEALTH EMERGENCY COSTS:	$0.00			

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.

Worksheet 8: Equipment and Supplies for Public Health Emergency				
Costs to look for:	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	Bank statements		
Month	Amount ($)	Cost Category	Additional Cost Description (optional)	Receipt Y/N
TOTAL EQUIPMENT AND SUPPLIES FOR PUBLIC HEALTH EMERGENCY COSTS:	$0.00			

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