

Schedule A Developmental Day Care Cost Report for FY 20__ - 20__
Enrollment

Name of Center: _____

ENROLLMENT INFORMATION		Typically Developing Children	SPECIAL NEEDS Children
Month	TOTAL * ENROLLMENT		
July			
August			
September			
October			
November			
December			
January			
February			
March			
April			
May			
June			
TOTAL Child-Months			

Total enrollment should = TDC + SNC

*use FTE for children enrolled on a part-time basis; assign a percentage (i.e., half time = .5)

DISTRIBUTION PERCENTAGE CALCULATIONS

ADMINISTRATIVE/CLERICAL/FISCAL:

Total Children (from above)	0	0	
Multiplier	1	2	TOTAL
Sum (Child-Mo. X Multiplier)			0
Percentage Distribution			100.00%

INSTRUCTIONAL/CARE PERSONNEL:

Total Children (from above)	0	0	
Multiplier (2, 3, or 4)	1		TOTAL
Sum (Child-Mo. X Multiplier)	0		0
Percentage Distribution			100.00%

FACILITY/OTHER COSTS:

Use "Child-Months"			TOTAL
Percentage Distribution			100.00%

Prepared By: _____

Address: _____

Telephone Number: _____

Signed: _____

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SPECIAL NEEDS REFERENCE MATERIAL

10/01/02

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Expenditures

Developmental Day Care Cost Report for FY 20__ - 20__

Name of Center: _____

Expenditure By Category	Actual Cost for Twelve (12) Months Ending June 30, 20				
	Total Cost	Typically Developing Children		Amounts Identified Or Special Needs Children	
		Percentage	Amount	Percentage	Amount
200 Supplies & Materials					
210 Household & Cleaning Supplies					
220 Food & Provisions					
230 Education & Medical Supplies					
240 Construction & Repair Supplies					
250 Vehicle Supplies (Gas, Oil, Tires, etc.)					
260 Office Supplies & Materials					
280 Heating & Utility Supplies					
290 Other Supplies & Materials					
SUB-TOTAL					
300 Current Obligations & Services					
310 Travel & Transportation					
<i>Transportation of Clients:</i>					
Personnel Cost (List All Positions);					
<i>Social Security</i>					
<i>Retirement</i>					
<i>Health Insurance</i>					
<i>Disability Insurance Contribution</i>					
<i>Worker's Compensation Insurance</i>					
<i>Other Fringe Benefits</i>					
<i>Total transportation of Children</i>					
311 Staff Travel					
312 Staff Travel Subsistence					
313 Transportation of Clients					
320 Telephone & Postage					
330 Utilities					
340 Printing, Binding, Reproduction					
350 Repairs & Maintenance					
380 Data Processing Services					
390 Other Services					
SUB-TOTAL					

SPECIAL NEEDS REFERENCE MATERIAL

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Expenditures

Developmental Day Care Cost Report for FY 20__ - 20__

Name of Center: _____

	Actual Cost for Twelve (12) Months Ending June 30, 20				
	Total Cost	Typically Developing Children		Amounts Identified for Special Needs Children	
Expenditures by Category		Percentage	Amount	Percentage	Amount
400 Fixed Charges & Other Expenses					
410 Rental Of Real Property					
430 Rental of Other Equipment					
440 Service & Maintenance Contracts					
450 Insurance & Bonds					
460 Depreciation					
480 Indirect Cost (attach explanation)					
490 Other Fixed/Current Operating Expenses					
Mortgage Payments					
SUB-TOTAL					
500 Capital Outlay					
510 Office Furniture & Equipment					
520 Data Processing Equipment					
530 Education & Medical Equipment					
540 Motor Vehicles					
550 Other Equipment					
570 Land					
580 Building, Structures, Improvements					
SUB-TOTAL					
600 Contracts, Grants, Etc. (List)					
SUB-TOTAL					
800 Transfers, Refunds, Non-Operating (List)					
(include any outside administrative cost & explain basis for allocation)					
SUB-TOTAL					
GRAND TOTAL					
Total Child Months					
Gross Cost per Child per Month					
Total Revenues from Schedule C					
Net Cost per Child per Month					