

**HEALTH BENEFITS FOR PROVIDERS  
MONTHLY COUNTS REPORT  
FOR  
CARTERET COUNTY PARTNERSHIP FOR CHILDREN  
(Report due with monthly BC/BS Invoice)**

**Center:** \_\_\_\_\_ **Month of:** \_\_\_\_\_, 20\_\_\_\_

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
<b>#Teachers at your center</b>												
<b># Teachers participating in the Health Benefits Program</b>												
<b>Total # children enrolled at center</b>												
<b>Non-duplicated # children impacted directly by the Health Benefits Program (only those children whose teacher is participating in the program)</b>												
<b># Newly hired teachers this month (list below)</b>												
<b>#Terminated teachers this month (for any reason)</b>												

**List below the name(s) of any newly hired teachers for this month:**

