

# **Family Child Care Operating Grant Program Monthly Enrollment Statistics Form**

**Please submit form via email to your Agency Monitor  
Monthly Enrollment Statistics Forms must be submitted by the 5<sup>th</sup> of the following month**

Name of Family Child Care Provider:

Family Child Care Operating Name:

Hours of Operation: \_\_\_\_\_

Please select the applicable month:

January  February  March  April  May  June  July   
August  September  October  November  December

**Note:** Do not include your own children in the below chart.

Number of Approved Spaces: \_\_\_\_\_ Number of Full-Time Children Enrolled: \_\_\_\_\_

Number of Part-Time Children Enrolled: \_\_\_\_\_

## **Upcoming New Enrollment:**

Type of Space (I, T, P, SA)	Child Initials	Date of Birth YYYY/MM/DD	Full/ Part Time	Part-time Schedule (Days)	Part-Time Schedule (Full Days/AM/PM)	# of Days Enrolled	Start Date YYYY/MM/DD

**Closure Information:**

Please include information related to **ALL CLOSURES** for the month (voluntary/involuntary) below:

Date of Closure YYYY/MM/DD	Hours of Closure	Voluntary / Involuntary / Approved OGP Stat Days	Reason for Closure	Did Parents Pay for Closure? Yes / No

**Enrollment Information:**

Please include information related to **All Days** the service was Open but No children were in attendance:

Date YYYY/MM/DD	Details

**Extra Comments:**

**CONDITIONS OF FUNDING:**

Please initial next to each condition to acknowledge adherence as outlined in the Contribution Agreement.

\_\_\_\_ Set parent fees at current Provincial child care rates for FCC-OGP  
 \_\_\_\_\_ Refrain from charging parents any additional fees (including field trips)  
 \_\_\_\_\_ Refrain from charging parents any daily fees for voluntary closures outside the approved 10 days  
 \_\_\_\_\_ Provide quality meals and snacks for children enrolled in compliance with nutrition standards  
 \_\_\_\_\_ under the child care legislation       **EXEMPT**

My Signature confirms that:

- The enrollment is based on my actual enrollment for the previous month; and
- The above information is true and accurate to my knowledge

Prepared by: _____	<b>FOR PROVINCIAL OFFICE USE ONLY</b> Date Received via Email
Signature: _____	
Date: _____	

---

#### **AGENCY MONITOR VERIFICATION**

Date Received from Provider: \_\_\_\_\_

Name of Agency Monitor: \_\_\_\_\_

\_\_\_\_\_ # of full-time spaces + \_\_\_\_\_ # of full-time equivalents = \_\_\_\_\_ # of full-time spaces enrolled  
\_\_\_\_\_ # of part-time spaces enrolled (not full-time equivalent)

Has this service received any Warning Letters or Violations in the past month? Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Agency Monitor: \_\_\_\_\_

Date Verified: \_\_\_\_\_ Date sent to Department of Education: \_\_\_\_\_

---

#### **PROVINCIAL OFFICE USE ONLY**

- The information above matches their application and approval certification Yes  No
- Amount owed based on this form \_\_\_\_\_
- Comments \_\_\_\_\_  
\_\_\_\_\_

Stats Processed by: \_\_\_\_\_

Date: \_\_\_\_\_

#### **PRIVACY NOTICE**

The Information collected on this form is collected under the authority of the Child Care Act and the Access to Information and Protection of Privacy Act (ATIPPA) and is used solely for the purpose of administrative/operation of regulated child care program and services provided by the Department of Education. This information is kept confidential and held securely as required by ATIPPA. If you have any questions about the collection or use of this information, please contact the Information Management Division of the Department of Education at (709)729-6281.