

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 5th 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: _____

[illegible]

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: _____ Signature: _____ Date: _____	FOR PROVINCIAL OFFICE USE ONLY Date Received via Email
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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: _____

PROVINCAL 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.