Family Child Care Operating Grant Program – Monthly Enrollment Statistics Form
Guide to Completion
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:
The full legal name of the Family Child Care Provider (First, Middle, Last).

Family Child Care Operating Name:
The Family Child Care Operating Name as it appears on the Approval Certificate.

Hours of Operation:
The hours of operation that your Family Child Care currently operates in the month.

Applicable Month:
Select the Month that the Family Child Care Operating Grant Program (FCC-OGP) Enrollment Statistics relates too.

Number of Approved Spaces:
The number of Approved Spaces as per the Approval Certificate.

Number of Full-Time Children Enrolled:
The number of children enrolled in your services on a full-time basis. Do **not** include your own children.

Number of Part-Time Children Enrolled:
The number of children enrolled in your services on a part-time basis. Part-Time basis includes children who attend during the mornings or afternoons only or full days less than five days per week. Do **not** include your own children.

Child Enrollment Information:
Type of Space (I,T,P,SA):
The Age Range of the child enrolled for the current month. If a child's birthday occurs during the month, enter the Age Range of the child at the beginning of the month.
- I – Infant
- T – Toddler
- P – Preschool
- SA – School Age

Child Initials:
The First Name Initial and Last Name Initial of the child enrolled.

Date of Birth:
The Date of Birth of the child enrolled. The format is YYYY/MM/DD.

Full/Part Time:
The schedule of the child enrolled. Part-time would be anything less than five (5) full days.

Part-time Schedule (Days):
The Days of the week the child is enrolled to attend. If the child is enrolled full-time, do not complete this field.
- M – Monday
- TU – Tuesday
- W – Wednesday
- TH – Thursday
- F – Friday

Part-Time Schedule (Full Days/AM/PM):
The part-time schedule the child is enrolled to attend. If the child is enrolled full-time, do not complete this field.
- Full Days: The child is scheduled to be enrolled less than 5 full days per week.
- AM: The child is scheduled to be enrolled in the mornings only.
- PM: The child is scheduled to be enrolled in the afternoons only.

# of Days Enrolled:
The number of days the child is enrolled in the month.

Start Date:
The date the child enrolled in the Family Child Care Service.

End Date:
The date the child stopped being enrolled in the Family Child Care Service. This field can be blank if no end date is known for the child.

Closure Information
Date of Closure:
The date or period of closure. The closure(s) are to be entered in the format YYYY/MM/DD (Single Day) or YYYY/MM/DD – YYYY/MM/DD.

Hours of Closure:
The hours the Family Child Care Service was closed. If the closure was for a full day or a period of full days, enter the hours of operation.

Voluntary/Involuntary/Approved OGP Stat Days:
Indicate type of closure. Please reference the Early Learning and Child Development Family Child Care Operating Grant Program Policy and Standards Manual.

Reason for Closure:
Indicate the reason for the closure.

Did Parents Pay for Closure? Yes/No:
Indicate if the parents paid for this closure in accordance with the FCC OGP Child Care Rates.

Enrollment Information:
Date:
The date the Family Child Care Service was opened but no children were in attendance. . The dates are to be entered in the format YYYY/MM/DD.

Details:
Please provide an overview of why the children enrolled were not in attendance.

Extra Comments:
Enter any additional information or details that are applicable to the monthly enrolment statistics.

Conditions of Funding:
Family Child Care provider will initial next to each condition.

Prepared by:
Enter the name of the individual who prepared this form.

Signature:
Family Child Care provider is required to sign to verify the information listed above is correct.

Date:
The date the signature was completed.

Agency Monitor Verification
Date Received from Provider:
The date the Completed Monthly Enrollment Statistics Form was received from the Family Child Care Provider.

Name of Agency Monitor:
Enter the name of the Agency Monitor who is verifying the Monthly Enrolment Statistics Form.

# of Full-Time Spaces:
Enter the number of full-time spaces the Family Child Care provider has enrolled.

# of Full-Time Equivalents:
Enter the number of full-time equivalents the Family Child Care provider has enrolled.

# of Part-Time Spaces Enrolled:
Enter the number of part-time spaces the Family Child Care provider has enrolled.

Warning Letters or Violations:
Select 'Yes' or 'No' if the Family Child Care provider has had a warning letter or violation issued during the month.

Comments:
Enter any comments that supports or provide additional details for the Monthly Enrolment Statistics Form.

Signature of Agency Monitor:
Agency Monitor's signature who is verifying the Monthly Enrolment Statistics Form.

Date Verified:
Date the Agency Monitor verified the form.

Date sent to Department of Education:

The date the completed Monthly Enrolment Statistics Form was sent to the Department of Education by the Agency.