Newfoundland Labrador
Education

**Family Home Child Care Operating Grant Program
Quarterly Enrollment Stats Form**

Please submit form via email to FCC-OGP@gov.nl.ca

Name of Family Home Childcare Provider: _____

Operating Name: _____

Quarterly Enrollment Period: From: _____   To: _____
Information found on Page 8 of Agreement   (Month/Year)   (Month/Year)

☐ Quarter 1   ☐ Quarter 2   ☐ Quarter 3   ☐ Quarter 4

☐ Individually Licensed   ☐ Agency Approved

Do not include your own children in the chart below

Number of Licensed / Approved Spaces: _____   Number of Children Enrolled: _____

Type of Space (I, T, P, SA)	Child's Initial	Date of Birth (YYYY/MM/DD)	Full / Part Time	Part Time Schedule	# of Days Enrolled Month 1	# of Days Enrolled Month 2	# of Days Enrolled Month 3	Start Date YYY/MM/DD	End Date YYYY/MM/DD

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Type of Space (I, T, P, SA)	Child's Initial	Date of Birth (YYYY/MM/DD)	Full / Part Time	Part Time Schedule	# of Days Enrolled Month 1	# of Days Enrolled Month 2	# of Days Enrolled Month 3	Start Date YYY/MM/DD	End Date YYYY/MM/DD

New Enrollment (Date of Birth, Initials, and Start Date)

_____

_____

_____

_____

_____

_____

_____

_____

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CLOSURES:

- Were you closed during this quarter? ☐ Yes ☐ No
- If yes, what were the dates of closure (Please include STAT days/holidays):

  _____
  _____
  _____

- If yes, what was the reason for the closure (Please include STAT days/holidays):

  _____
  _____
  _____

- If yes, was this a voluntary closure? ☐ Yes ☐ No
- If yes, were the parents charged for this closure? ☐ Yes ☐ No

ADDITIONAL MEALS:

Do you provide additional meals such as Breakfast or Supper?   ☐ Yes ☐ No

If yes, please indicate how many children receive these extra meals: _____

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)

_____ 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 quarter; and
- The above information is true and accurate to my knowledge

Prepared by: _____ Signature: _____ Date: _____	**FOR PROVINCAL OFFICE USE ONLY** Date Received via Email

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HOME MONITOR VERIFICATION

Date Received from Provider: _____

Name of Monitor/Inspector: _____

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

Comments: _____

_____

_____

_____

Signature of Monitor/Inspector: _____

Date Verified: _____ Date sent to Department of Education: _____

PROVINCAL OFFICE USE ONLY

- Number of spaces approved on OGP _____
- Quarter payment _____
- Comments _____

_____

Provincial Funding: $_____ Federal Funding: $_____

Stats Approved by: _____ Date: _____

Stats Processed by: _____ Date:_____

FGR Number: _____

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 help 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.

GUIDE TO COMPLETION

The Quarterly Enrollment Statistics Form is for the purpose of Quarterly FCC-OGP payments based on actual enrollment (*not attendance*) for the quarter. The information provided on this form is based on the information on the date you complete the form. The following provides clarification for completing the form:

- **Operating Name:** The name you call your business (e.g., your vendor name), if different than your given names.

- **Quarterly Period:** Indicate which quarter the form is completed for. Mark a box to indicate the quarter. Reminder: the enrollment recorded is for the quarter that just ended.

- **Type:** Indicate with type of certificate you have, License or Approval, and how many children you are licensed or approved for.

- **Please do not include your own child(ren) on the chart.**

- **Number of Licensed/Approved Spaces:** Please indicate how many approved spaces you have according to your license.

- **Number of Children Enrolled:** Please indicate how many children are actually enrolled for this quarter.

- **Type of Space:** Select the filled space filled - Infant, Toddler, Pre-school or School-Age Space. If you are not using the fillable PDF version, please use following abbreviations: I-Infant, T-Toddler, P-Preschool, SA- School Age.

  - Please Note: If a child has a birthday during the quarter and there is a change in age-range please indicate in the end date column the last date they attended at the previous age range. The information on this line is for the age range they were previously. On the next line put the child's information again, indicate the new age range and the date they started at this new age range. The information on this line is for the age range they are currently.

- **Child's Initial's:** The initials of the child who is enrolled in the space identified in the first column. For privacy reasons full names are not to be included on the form.

- **Date of Birth:** Enter each child's date of birth in the format of YYYY/MM/DD, as indicated on the form.

- **Full-time/Part-time:** Please indicate if the child is full-time or part-time.

- **Part-time Schedule:** Indicate the part-time child's schedule in this column, e.g., M/W/F or T/TH/ 5 days a.m. /5 days p.m.

- **Number of Days Child was enrolled in Month 1, 2 and 3 of the Quarter:** Indicate how many days the child was enrolled for the 1st, 2nd and 3rd month in the quarter.

- **Start Date:** Indicate the date the child started childcare.

- **End Date:** Indicate the date the child ended childcare (if applicable).

- **New Enrollment:** If you know the date of a new child starting with you in the next quarter, please include the child's information.

- **Closures:** Please indicate ALL child care service closures for this Quarter. Indicate if the closures were voluntary, the dates of closure, reason for closure. (ex. Statutory holiday, COVID-19 related closure, illness, bereavement, paid vacation etc.), and if parents were charged for closure dates.

  o In regards to Voluntary Closures - If a service closes voluntarily, payment may be adjusted to reflect the closure. The Provider will be contacted regarding payment adjustment.

  o *Vacation/Closures beyond two weeks paid vacation and statutory holidays as outlined in the Policy Manual (ELCD – 2022 – FCC OGP- F1) will be approved on a case-by-case basis by the Director of Early Learning and Child Development.

- **Additional Meals:** Please indicate if you serve additional meals (Breakfast / Supper) and how many children avail of this additional meal.

- **Comments Section:** For you to write any pertinent information you may want to clarify. For example; if an infant turned 2 years old within the quarter, closure information, etc.

- **Conditions of Funding:** Initial each section, as per policy. If exempt from providing snacks and meals, indicate by marking the box.

- **Signature Section:** Please complete the form and sign the declaration as indicated. The signature cannot be an electronic signature and must match the signature on your Authorized Delegation Form.

SUBMITTING FORM FOR PAYMENT

- Submit the **clear, legible, complete and signed** Quarterly Enrollment Stats Form to your Agency/Regional EDU Office or staff no early than one week before the of the quarter and no later than the 10th of the quarter.

- Please ensure all pages of the form are submitted.

- The **Agency/Regional EDU Staff** will stamp the form with the date received and will verify the information on the form by signing and dating the form in the appropriate section.

- The form will then be emailed, faxed or mailed by the agency or regional staff to the Department of Education FCC-OGP team.

E-mail	**Mailing Address**
FCC-OGP@gov.nl.ca	Family Home Child Care Operating Grant Program
	Department of Education
PDF Format only.	3rd Floor, West Block
Photos will not be accepted.	Confederation Building
	P. O. Box 8700
Fax	St. John's, NL
709-729-1400	A1B 4J6