Child Care Inclusion: External Invoice Form Guide to Completion

ONLY ONE CASE ID FILE CAN BE CLAIMED PER INVOICE

ONLY ONE SERVICE AGREEMENT CAN BE CLAIMED PER INVOICE

NO MORE THAN 2 PAY PERIODS OR 4 WEEKS CAN BE CLAIMED PER INVOICE

The Child Care Inclusion: External Invoice form must be completed in full and be consistent with the Verification of Wages and Benefits and the Verification of Travel, Professional Learning and Replacement Staff or Funded Space forms in order to be processed. Incomplete, inaccurate, and/or inconsistent forms will be returned to the vendor.

CHILD CARE SERVICE INFORMATION

Operating Grant Program:

Indicate whether or not the child care service is participating in the Operating Grant Program by selection Yes or No.

Operating Name:

The name by which the child care service is known, as indicated on the child care licence or approval certificate.

Street Address:

The street address where the child care service is physically located.

City/Town:

The town or city where the child care service is physically located.

Postal Code:

The postal code associated with the physical location of the child care service.

VENDOR PAYMENT INFORMATION

NOTE: Where the vendor address information is the same as the operating address, this can be indicated by selecting ☐ *Same as Operating Address*.

Vendor Name:

The name of the corporation to which the funds will be issued. Where a vendor is not incorporated, this should be the name of the individual to which the funds will be issued. **NOTE: This field must be completed even if the vendor address is the same as the child care service operating address.**

Street Address:

The street address where the vendor receives financial correspondence from the Department. **This address must match the address on the Authorization to Provide Goods/Services form**. This field can be left blank if the street address is the same as the operating street address and it has been indicated by selecting ☐ ***Same as Operating Address*.**

City/Town:

The town or city where the vendor receives financial correspondence from the Department. **The City/Town must match the city/town on the Authorization to Provide Goods/Services form**. This field can be left blank if the city/town is the same as the operating city/town and it has been indicated by selecting ☐ ***Same as Operating Address*.**

Postal Code:

The postal code associated with the address of the vendor. **The postal code must match the postal code on the Authorization to Provide Goods/Services form**. This field can be left blank if the postal code is the same as the operating postal code and it has been indicated by selecting ☐ ***Same as Operating Address*.**

OTHER INFORMATION

Vendor Number:

The number associated with the vendor name. It can be found on the **Authorization to Provide Goods/Services** form**.**

Case ID Number:

This number is found on the **Approval of Child Care Inclusion Program Support Schedule 'A'**. **Only claim ONE Case ID per invoice.**

Service Period:

The time period for which the services are being claimed. To be entered in a full word with no abbreviations, and include the year e.g., September 2018. Where the service being claimed crosses two months, enter the name of the months with a dash between them and then the year, e.g., September – October 2018. **NOTE: Invoices must not contain information with more than one Service Agreement and/or approval period and no more than two pay periods or four weeks per invoice. A new approval/Service Agreement requires a separate invoice.**

Contact Number:

The telephone number to contact an authorized individual for information/clarity regarding the invoice.

Service Authorization Number:

This number is found on the **Authorization to Provide Goods/Services** form. **The Service Authorization Number for each Support claimed must be entered in this field. An Invoice with a missing or invalid Service Authorization Number(s) will be returned. NOTE: Invoices must not contain information with more than one Authorization Number for the same inclusion support type, e.g., you cannot claim a staffing grant using two different authorization numbers. However, you can claim a staffing grant with one authorization number and a school closure with a different authorization number as long as they have the same case ID number.**

Inclusion Support Type:

Select one – funded space, professional learning fees, replacement staff, school closure, staffing grant, or travel - per line. Please read the section below relevant to the support type being claimed. **NOTE: When using the electronic fillable version of this form, the support type can be selected from a drop down arrow.**

- Funded Space:
  This type of grant is covers the cost of leaving a space vacant to reduce the caregiver to child ratio.

- Professional Learning Fees
  Participation fees for Professional Learning relevant to the needs of the home/ homeroom. Participation fees can be considered and at the discretion of the department with appropriate documentation where recommended by a Regional Inclusion Consultant.

- Professional Learning - Travel
  The cost associated with travel for staff to participate in professional learning.

- Replacement Staff
  This type of grant covers the cost of hiring a staff person to replace t in order for the caregiver to participate in a multi-disciplinary meeting or professional learning.

- Replacement Staff - Travel
  The cost associated with travel for staff to participate a multi-disciplinary meeting.

- Staffing Grant:
  This type of grant covers the cost of wages for an additional caregiver to reduce the caregiver to child ratio where the regional inclusion consultant or designated staff determines that more intensive levels of supports are required.

- School Closure:
  This type of grant covers the cost for a child in the younger or older school age range to attend full day at a child care service during a school closure.

Staff Name:

The name of the caregiver who provided the inclusion support. This is to be entered as the *Last Name*, *First name*. e.g., Smith, John. **NOTE: The staff name must be consistent with staff identified on the staffing resource sheet found in the Service Agreement and Verification of Wages and Benefits form and Verification of Travel, Professional Learning and Replacement Staff or Funded Space form. Substitutes must be identified on the External Invoice and Verification of Wages and Benefits form. They must also be listed on the Staffing Resource Sheet. A separate Verification of Wages form is required for the substituted hours.**

Dates:

From: This is first day of the pay period the service was provided within the service period of the invoice. It is to be entered in YYYY/MM/DD format, e.g., where September 3, 2018 was the first day in the month of September that the service was provided, the information must be entered as 2018/09/03.

To: This is the last day of the pay period the service was provided within the service period of the invoice. It is to be entered in YYYY/MM/DD format, e.g., where September 28, 2018 was the last day in the month of September that the service was provided the information must be entered as 2018/09/28.

NOTE: These dates must reflect the dates on the Verification of Wages and Benefits form and the Verification of Travel, Professional Learning and Replacement Staff or Funded Space form.

NOTE: When a pay period crosses Service Agreement periods, there will need to be two separate external invoices and sets of VOW forms completed (with attached pay stubs). No invoice should include two Service Agreement periods.

Total Requested for Payment:
The total amount of an Inclusion support type claimed for the time period identified in the Dates section of the form. This should not exceed the approved weekly amount identified on the Service Agreement for the approval period. Please read the section below relevant to the support type being claimed.
NOTE: When using the electronic fillable version of this form this calculation computes automatically.

- Funded Space:
  The amount entered must be the total amount of the funded space for the service period identified and entered in currency format, e.g., $125.78. **The amount must match the amount claimed on the Verification of Travel, Professional Learning and Replacement Staff or Funded Space form**.

- Professional Learning Fees
  The amount entered must be the total amount of the replacement staff funding being claimed for the service period identified and entered in currency format, e.g., $125.78. **The amount must match the amount claimed on the Verification of Travel, Professional Learning and Replacement Staff or Funded Space form.**

- Professional Learning - Travel
  The amount entered must be the total amount of travel funding being claimed for the time period identified and to be entered in currency format, e.g., $23.16. **The amount must match the amount claimed on the Verification of Travel, Professional Learning and Replacement Staff or Funded Space form.**

- Replacement Staff
  The amount entered must be the total amount of the replacement staff funding being claimed for the service period identified and entered in currency format, e.g., $125.78. **The amount must match the amount claimed on the Verification of Travel, Professional Learning and Replacement Staff or Funded Space form.**

- Replacement Staff - Travel
  The amount entered must be the total amount of travel funding being claimed for the time period identified and to be entered in currency format, e.g., $23.16. **The amount must match the amount claimed on the Verification of Travel, Professional Learning and Replacement Staff or Funded Space form.**

- School Closure:
  The amount entered must be the total amount of school closure funding being claimed for the service period identified, entered in currency format, e.g., $125.78. **The amount must match the amount claimed on the Verification of Wages and Benefits form.**

- Staffing Grant:
  The amount entered must be the total amount of the staffing grant for the service period identified and entered in currency format, e.g., $125.78. **The amount must match the amount claimed on the Verification of Wages and Benefits form**.

Total Submitted:

This is the total amount for all Inclusion support type services being claimed for the service period identified. The amount is to be entered in currency format, e.g., $125.78. **NOTE: When using the electronic fillable version of this form this calculation computes automatically.**

Authorization of Advance Payment Deduction

When checking and initialing these fields, the Administrator is authorizing the deduction of the 80% Advance Payment, received upon initial approval of the Service Agreement for a staffing grant or funded space, from the invoice submitted. The deduction will be the full amount of the advance payment received, deducted against one invoice during the Service Agreement period. This deduction can be reconciled against any invoice associated with the Service Agreement, with the exception of invoice(s) claiming expenditures for the last 4 weeks of the Service Agreement period.

Administrator Name:

This is the name of an individual who has been identified as an Administrator for the child care service.

Administrator Signature:

This is the signature of the individual identified as an Administrator in the previous field. A signature in this area certifies that the information provided in the form and the supporting documentation required is true and represents a claim for the services actually rendered. Every effort should be made to ensure the signature is legible. **NOTE: the invoice will be returned where the Administrator signature is missing or illegible.**

Date:

This is the date the form was completed and certified and signed by the Administrator. It is to be entered in YYYY/MM/DD format, e.g., where the date is September 28, 2018, the information must be entered as 2018/09/28.

FOR OFFICE USE ONLY

No information should be entered into this field. This space is for office use only.

Required Documents:

Documents required to be submitted with the External Invoice in order for the invoice to be processed. The documents include:

- Child Attendance Record:
  The daily attendance record of the child(ren) supported under the Service Agreement for the service period indicated. The daily attendance record must include the child(ren)'s initials and indicate their presences and absences during the service period indicated. The record must not provide any identifying information of the child(ren) supported under the Service Agreement or that of any

other children attending the child care service. NOTE: **A child attendance record is not required when funded space is being claimed.**

- Verification of Wages and Benefits:
  The form developed and provided by EECD.

- Verification of Travel, Professional Learning and Replacement Staff or Funded Space: (if applicable)
  The form developed and provided by EECD.

- Paystubs:
  Paystubs of the employees identified on the invoice for the service period indicated.

- Employee Time Sheets:
  Documentation of the days and hours worked by the employee identified on the invoice for the service period indicated which include:

  - Employees name (the additional caregiver/replacement caregiver/substitute identified on the VOWB/VTRF, Schedule B and Support Request Details form); and

  - Dates, start and end time, and the total number of hours worked under the inclusion program for each day during the service period indicated on the invoice.

*** Other documents may be required at the discretion of the Regional Manager.**