

## Family Home Day Care Quarterly Reconciliation Report Agency Instructions

### Instructions:

#### 1) Complete the year and quarter reported.

Report Box	Instructions
Report Date - Year	Enter the government fiscal year (April – March) for report. i.e. '2008/09'
Quarter reported (please check ✓)	Check off the appropriate quarter for the report. i.e. If the report is completed in March, the quarter would be Jan-Mar to provide the information required for those 3 months.

### Agency Information

#### 2) Complete the Family Home Day Care Agency Information – this is general information about the agency.

Report Box	Instructions
Agency Name	Enter the licensed name of the agency; this is the name that appears on the license.
Contact Person (person completing this report)	Enter the name of the person completing the report.
Position/Title	Enter the position/title of the person completing the report. i.e. Director, Assistant Director, Administrator
Phone Number	Enter the phone number of the licensed agency and where the contact person can be reached.
Email Address	Enter the email address of the licensed agency if they have one.

### Family Day Care Home Information

#### 3) Complete the Family Home Information for the approved homes for the agency.

- a) If there have been NO changes since your last Quarterly report indicate by checking the box, otherwise continue to fill out the details of the approved homes that have been added/changed/removed.
- b) If there have been changes since the last Quarterly Reconciliation Report complete the information on each approved home that has been added/changed/removed (there are 4 areas for this). If there is more space required, that is, there have been more than 4 homes added/changed/removed, use a second form and indicate that this is the 2<sup>nd</sup> form for the quarter (note on the top of page 1).

For an approved home of the agency that did not have any activity in the quarter, that is, it was not added or changed or removed in the quarter, no information is required for this report on that home.

Complete the following for each approved home that was added/changed/removed.

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Report Box	Instructions
Is this home an add/change/remove? (√)	<p>Check the appropriate box for the activity the approved home had for the quarter reported</p> <p>Add – new approved home that was approved during the quarter.</p> <p>Change – an approved home that has a change to report, such as details of the provider, the hours of operation, and specifics of the children (see the information required to determine if the change must be reported).</p> <p>Remove – to indicate that an approved home has left the agency and is no longer approved.</p>

**NOTE: The following information is required for all Family Day Care Homes if they are added, changed or removed.**

Report Box	Instructions
Provider Name	Enter the name of the Care Provider.
Address	Enter the address of the Care Provider. The address should include the Street, Street #, Apt. # (if applicable), City/Town and Postal Code. i.e. 35 Green Street, Apt. 2 Halifax B3M 4N1
Start or End Date (only required for Add and Remove)	<p>Enter the date:</p> <p>a) If the home was <u>added</u> in the quarter enter the date the home was approved, Start Date.</p> <p>OR</p> <p>b) If the home was <u>removed</u> enter the date the home was no longer an approved home, End Date.</p> <p>Format: Mon DD, YYYY i.e. Jan 12, 2008</p>

**NOTE: The following information is required for all Family Day Care Homes if they are added or changed ONLY. (If the Family Home Day Care is checked to be removed this information is not required).**

Report Box	Instructions
Email	Enter the email address for the Care Provider if one is available.
Telephone (Home and/or Cell)	Enter the telephone number of the Care Provider. Provide the home number and a cell number (if available).

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Report Box	Instructions
Training Required (yes/no)	<p>If the approved Family Day Care Home is new, enter:</p> <p>a) 'Yes' if the Care Provider does not have Family Home Day Care training as required by the Family Home Day Care Regulations. This will indicate to the Department that the Care Provider will be taking the training and the agency will be provided a \$250 allowance for this Care Provider next payment.</p> <p>OR</p> <p>b) 'No' if the Care Provider does not require the training, that is if the Care provider is new and has completed the Family Home Day Care training or there is a change to this Care Provider and the \$250 allowance was already paid for this Care Provide. If this is 'no', the training allowance of \$250 will not be disbursed to the agency for this Care Provider next payment.</p>
Hours of Operation	<p>Enter the hours of operation for the approved Family Day Care Home. If the home has various hours based on the programs offered and there are breaks between the hours of operation, enter the hours the Care Provider cares for the children.</p> <p>i.e. If the home has an after school program and a preschool program that only operates in the morning the hours may be:            9:00 am – 12:00 pm            3:30 pm – 5:30 pm</p> <p>OR</p> <p>If the home provides care to children all day from 8:00 am to 5:00 pm the hours would be:            8:00 am – 5:00 pm</p>
Number of Children (include Care Provider's own children up to age 12)	
Number of children	<p>In the boxes below each of the age groups (Infant, Toddler, Preschooler, School Age) enter the number of children for that group in the care of this Care Provider at the time this report was completed. Enter 0 if there are no children for that child age group.</p> <p>Enter the total number of children in the box under 'Total'.</p>

**4) Complete the signature area that will certify that the information is correct. This area MUST be completed for the report to be processed.**

Contact Signature	The signature of the contact person is required in this area.
Print Name	Print the name of the contact person.
Date	Enter the date that the report was completed.

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Quarterly Reconciliation Report  
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*To be completed by the Department of Community Services*

- 5) This section is completed by the Department of Community Services – no information from the agency is required in the area.

6) **General**

Inquiries:

All inquiries about the report should be directed to the agency's Early Childhood Development Officer (ECDO).

Submission:

Please send the completed report to the attention of your ECDO 10 business days before the end of the quarter reported.

Other information on the Family Home Day Care Program (including this form) can be found on the Department of Community Services website.

<http://www.gov.ns.ca/coms/families/childcare/FamilyHomeDayCare.html>