

Southgate Medallion Family Day Homes Ltd

Fire Drill Date

Ph#

Provider Name

Signature

Month/Year

Child's Name	Date	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total hrs
	In																																
	Out																																
d/m/yr	Hrs																																
Parent Name	Initials																																
	wk1	wk 2					wk 3					wk 4					wk 5																

Child's Name	Date	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total hrs
	In																																
	Out																																
d/m/yr	Hrs																																
Parent Name	Initials																																
	wk1	wk 2					wk 3					wk 4					wk 5																

Child's Name	Date	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total hrs
	In																																
	Out																																
d/m/yr	Hrs																																
Parent Name	Initials																																
	wk1	wk 2					wk 3					wk 4					wk 5																

Child's Name	Date	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total hrs
	In																																
	Out																																
d/m/yr	Hrs																																
Parent Name	Initials																																
	wk1	wk 2					wk 3					wk 4					wk 5																

Southgate Medallion Family Day Homes Ltd

Fire Drill Date

Ph#

Provider Name

Signature

Month/Year

Child's Name	Date	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total hrs	
	In																																	
	Out																																	
d/m/yr	Hrs																																	
Parent Name	Initials																																	
	wk1		wk 2					wk 3					wk 4					wk 5																

Child's Name	Date	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total hrs	
	In																																	
	Out																																	
d/m/yr	Hrs																																	
Parent Name	Initials																																	
	wk1		wk 2					wk 3					wk 4					wk 5																

Instructions: (This is an official document to verify our monthly claim)

- Include all children in care (pre-school and school age)
- **Complete daily using blue or black ink**
- **Mark actual hours of care** (not booked or contracted hours)
- Shade in or draw a line through days the child is not expected in care
- Mark "A" if the child is absent
- Mark "H" for stat holidays
- Mark "PNA" for days provider is not available

Signatures Required:

weekly parent signatures
or
 one signature at the beginning of the month
 plus daily initials

Totalling Hours

Actual hours of care each day
 Total daily hours to the nearest quarter hour
 Add for total number of hours per month

¼ hr or 15 min = .25 hr
 ½ hr or 30 min = .5 hr
 ¾ hr or 45 min = .75 hr

Provider Hours for Provincial Funding Grant (Provider's actual working hours for Pre-school children only)

Provider hrs for Provincial funding grant	Date	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total hrs
	Start Time																																
	End Time																																
	Hrs																																
√ Toy Cleaning	Toys Cleaned																																
√ Safety Check	Daily Check																																
Level 1 2 3		Provider Signature															Home Visitor																

