

LACKLAND FCC MONTHLY PROVIDER REPORT

(TO BE COMPLETED MONTHLY AND SUBMITTED WITH USDA CLAIM BY THE 3RD BUSINESS DAY)

CHILDREN in care this past month	Age	Full Time	Part Time	Drop-In
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____

Were there any accidents in your home this past month? YES NO
 Were there any Child Abuse/Neglect issues in your home this past month? YES NO

Availability Information: (Circle the letters for the type of care you will provide)

N	D	E	O	W	T	H	SN	SW	PC	I	T	PS	S	BS
None	Days	Evenings	Overnight	Weekends	Temporary	Hourly	Special Needs	Shift Work	PCS Care	Infant	Toddler	Pre School	School Age	Before /After

Number of spaces available in each age-group. Use a 0 if you do not have space: _____

Proof of insurance is due to the office no later than noon the day prior or your license will be suspended.

Date current liability insurance expires: _____

Name and immunizations expiration dates per Pet: _____

Date CPR expires: _____ Date First Aid expires: _____ Date Child Abuse training expires: _____

Date Food Handlers' expires: _____ Date TB tine test expires: _____ Date Health Card expires: _____

Date auto insurance expires: _____ Do you have a school statement for all children 12 and older? Yes No

Call for information, if needed. You will no longer be called with reminders. There is a requirement of 24 hours annual and 1 hour of formal training per month. All modules are due within 18 months. Answer whichever of the following applies to you.

Did you turn in a module for last month? _____ Have you called for needed competencies? _____

Did you furnish proof you completed at least one formal hour of training last month? _____

Advanced Information:

Dates Home will be closed: _____

Date to terminate business: _____

I have reviewed children's AF Form 1181, immunization information, AF Form 357 (if required) contract, sign in/out sheets, travel authorization, training status for the month, checked to see that all licensing requirements are current, conducted a fire drill, tested smoke detector and am submitting a child information sheet on any newly enrolled children.

Providers Signature

DATE