



Early Childhood Development Services
2008/2009
NOVA SCOTIA CHILD CARE STABILIZATION GRANT
UTILIZATION STATEMENT

This five page Child Care Stabilization Grant Utilization Statement must be completed in full. Please refer to the ***Nova Scotia Child Care Stabilization Grant Program Terms and Conditions*** before completing this statement. Where an organization operates multiple facilities, a utilization statement is to be completed for each licensed child care facility. If there are any questions please call (902) 424-4824. Once this form is completed, please make a copy for your records and mail the **signed original** by **Friday, May 1, 2009** to your Early Childhood Development Officer (ECDO). Addresses for ECDO's are included with the covering memo.

Child Care Facility Name:		
Facility Mailing Address:		
		Postal Code:
Contact Person:	Position Title:	
Phone # : (902)	Fax # :(902)	E-Mail:
Hours of Operation:	Number of Annual Operating Days:	
Amount of 2008/09 Stabilization Grant:		

Please provide a description of the policy and process for distributing the Nova Scotia Child Care Stabilization at your child care facility.

I have reviewed the *Terms and Conditions of the Nova Scotia Child Care Stabilization Grant*. I, the undersigned, do hereby certify that all the information provided in this form is true and complete to the best of my knowledge and belief, and that the 2008/09 Stabilization Grant was spent in accordance with the *Terms and Conditions of the Nova Scotia Child Care Stabilization Grant*.

Director Signature:	Print Name:	Date:
Owner/Operator or Chair of Board Signature:	Print Name:	Date:

CHILD CARE STABILIZATION GRANT - Utilization Statement (Pg. 4 of 5)
 For the Period April 1, 2008 to March 31, 2009

Child Care Facility Name: _____

C. Additional Employee Benefits (Not Attributable to Individual Employees)

Benefits	Cost of Additional Employee Benefits Funded by the Child Care Stabilization Grant (attach supporting detail)
Dental Coverage	\$ _____
Extended Health Care (e.g. Blue Cross)	\$ _____
Life Insurance	\$ _____
Retirement/Pension Plan	\$ _____
Other (Specify):	\$ _____
TOTAL "B"	\$ _____

D. Summary

1.	TOTAL ELIGIBLE STABILIZATION GRANT	\$ _____
2.	Required Portion for Increased Wages (80% of line 1)	\$ _____

UTILIZATION OF GRANT		
3.	Sect. A, Col. 9 Total Hourly Wage Increases	\$ _____
4.	Sect. A, Col. 10 Total Bonuses Paid: Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input type="checkbox"/>	\$ _____
5.	TOTAL INCREASE IN WAGES (Line 3 + 4) <i>(Must be greater than or equal to Line 2)</i>	\$ _____
6.	Sect. B, Col. 11 Statutory Benefits	\$ _____
7.	Sect. A, Training CCSG Allocation	\$ _____
8.	Sect. C, above Other Employee Benefits	\$ _____
9.	TOTAL INCREASE IN BENEFITS (add lines 6, 7 & 8)	\$ _____
10.	TOTAL INCREASE IN WAGES AND BENEFITS (Line 5 + 9) <i>(Must be greater than or equal to Line 1)</i>	\$ _____

NOVA SCOTIA CHILD CARE STABILIZATION GRANT UTILIZATION STATEMENT
Instructions for Completion of the Child Care Stabilization Grant Utilization Statement (Pg. 5 of 5)

The first three pages of the Child Care Stabilization Grant Utilization Statement must be completed in full. Please refer to your copy of the *2008/09 Nova Scotia Child Care Stabilization Grant Program Terms and Conditions*, before completing this utilization form. Where an organization operates multiple sites, a utilization statement must be completed for each licensed child care facility. If an incorrect or incomplete utilization statement, is submitted prior to the 2008/09 application deadline, Department staff will contact the Child Care Centre for clarification. If the required information is not provided by the deadline, the application package will be treated as incomplete and may not be processed in time for the next scheduled installment. If you have any questions please call (902) 424-4824. Once this utilization statement is completed, please make a copy for your records and mail the signed original by Friday May 1, 2009 to your Early Childhood Development Officer (ECDO). Addresses for ECDO's are included with the covering memo.

A. Participation in Training/Professional Development

1. Provide information concerning all training/professional development in which child care staff participated in during fiscal year 2008/09. This includes training/professional development funded by the Child Care Stabilization Grant and/or by the child care facility. See Directive 5.1.7 of the *Terms and Conditions*. Identify the course/seminar/workshop, date(s), cost and participant(s) name(s). Highlight any training and professional development paid from Stabilization Grant funds on behalf of a each employee. *Note: First Aid Training and Infant CPR, do not qualify as a training benefit (Directive 2.15.ix).*

B. Wages, Statutory Benefits and Training

- Column 1. Please list all child care facility staff who received Child Care Stabilization funds during the 2008/09 fiscal year.
- Column 2. Record each child care facility staff's Social Insurance Number,
- Column 3. Circle Employee Position; Director - DIR, Assistant Director- ADIR, Teacher - TEA and Special Needs Teacher - SNT.
- Column 4. Circle Training level as at date of application for the 2008/09 grant; Early Childhood Education - ECE, Equivalency - EQU or Untrained - UNT.
- Column 5. Provide the Degree or Diploma for those with ECE training;
- | | |
|---|---------------------------------------|
| - Community College - CC | - Mount St. Vincent University - MSVU |
| - College de l'Acadie - CA | - St. Joseph's College - SJC |
| - Institute for Human Services Education - IHSE | - Out of Province - OP |
| - Island Career Academy - ICA | - Other - O |
| - Nova Scotia College of Early Childhood Education - NSCECE | |
- Column 6. Provide the total number of hours worked from April 1, 2008 to March 31, 2009, that were used as a basis to distribute the Child Care Stabilization Grant.
- Column 7. Provide the Gross Hourly Wage for each staff member without any Grant funds.
- Column 8. If the Child Care Stabilization Grant was issued as a wage increase, provide the Gross Hourly Wage with the Stabilization Grant increase included.
- Column 9. Provide the total Stabilization Grant dollars paid by wage increase for the period of April 1, 2008 to March 31, 2009.
- Column 10. If the Child Care Stabilization Grant was issued as bonuses, provide the total dollars paid for the period of April 1, 2008 to March 31, 2009.
- Column 11. List the total dollars paid on Statutory Benefits (Canada Pension and Employment Insurance) by the Employer as a result of the increase in salaries and wages from Stabilization Grant funds.

C. Additional Employee Benefits

List the costs of any other employee benefits paid from the Nova Scotia Child Care Stabilization Grant funds that are not directly attributed to an individual employee.

D. Summary

- Line 1. List the facility's Stabilization Grant as indicated on the child care facility's Notification Letter.
- Line 2. Calculate the 80% required to go directly to Bonuses and Wages as per Section 5.3.6 of the 2008/09 Terms and Conditions.
- Line 3. Record the total dollars from Column 9 of page 3 of the Utilization Statement.
- Line 4. Record the total dollars from Column 10 of page 3 of the Utilization Statement.
- Line 5. Add lines 3 and 4 together. If this value is not greater than the value calculated on line 2, the centre will be assessed as being overpaid.
- Line 6. Record the total dollars from Column 11 of page 3 of the Utilization Statement.
- Line 7. Record the total training paid from the Stabilization Grant.
- Line 8. Record the total dollars from Section C of page 4 of the Utilization Statement.
- Line 9. Add lines 6, 7 and 8 together.
- Line 10. Add lines 5 and 9 together. If this value is not greater than the Total Eligible Stabilization Grant on line 1, the centre will be assessed as being overpaid.

All overpaid funds will be deducted from the child care facility's approved 2009/10 Nova Scotia Child Care Stabilization Grant. See Section 4.5.