**Community Child Care Space Creation Program**

**Final Report (January 2019 intake)**

Please complete and return this form **within 30 days of the completion of your project**. All questions are required to be answered by typing directly in this form. If you have any questions, contact lgps@ubcm.ca or (250) 952-9177.

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| **SECTION 1: Applicant Information** | **AP-** *(for administrative use only)* |
| Name of Local Government:       | Complete Mailing Address:       |
| Report made by:       | Position:       |
| Phone:       | E-mail:       |

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| **SECTION 2: Project Summary** |
| * + - 1. **Name of the Project**:

      **Project Address:**     **Project start and end dates**: Start:       End:       |
| * + - 1. **Project Cost & Grant Request:**

Total Project Cost:       Total Grant Request:      Did you receive funding for this project from other sources? If yes, please describe:      |
| * + - 1. **Project Description**. Provide a brief description of your completed project in 150 words or less.

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| * + - 1. **Evidence of Need for New Community Child Care Spaces.** To what extent was the demonstrated need, as described in the application, met by the completion of this project?

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| **SECTION 3: Detailed Project Information** |
| * + - 1. **Proposed Activities & Readiness.**

**A.** What specific activities were undertaken as part of the completed project?       **B.** How many new full-time child care spaces were created? How many were retained?

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| **Child Care License Types** | **# of New Spaces Created** | **# of Spaces Retained** |
| [ ]  Group Child Care (Under 36 months) |       |       |
| [ ]  Group Child Care (30 months to School Age) |       |       |
| [ ]  Preschool (30 months to School Age) |       (full-time only) |       (full-time only) |

**Please note:** Full-time child care spaces operate for over four hours per day, while part-time spaces (including Preschool spaces) operate for four hours or less per day. Please indicate only the number of full-time spaces created or retained; two part-time child care spaces are equivalent to one full-time child care space (e.g. one morning Preschool space and one afternoon Preschool space would represent one full-time child care space). |
| * + - 1. **Universal Design & Accessibility.** How were the principles of universal and accessible design and a commitment to accessibility included in the completed project?

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| * + - 1. **Program Priority Areas.** How has the completed project addressed the priority areas of the 2019 Community Child Care Space Creation program (as identified in Section 3 of the *Program & Application Guide*)?

     **A**. Identify which underserved populations are supported through the new or retained child care spaces: [ ]  Children requiring extra support (as defined in the *Child Care Licensing Regulation)*. [ ]  Lower-income families[ ]  Indigenous families and communities[ ]  Young parents (25 years and under) completing their secondary education[ ]  Single-parent families[ ]  Recent immigrant and refugee families[ ]  Children and families of minority languages and cultures[ ]  Francophone families**B**. If you identified one or more underserved populations above, please explain how the new or retained child care spaces are supporting each identified population.      **C**. How has the completed project offered or provided service to families eligible for the Affordable Child Care Benefit?        **D.** If new or retained child care spaces are offering services outside of core business hours (e.g. evenings, early mornings, weekends, etc.), please describe which services are offered and when.      |
| * + - 1. **Project Location.** As outlined in the *Program & Application Guide*, projects must be located within a facility owned by a local government.

**A**. In which local government facility (either existing or proposed at the application stage) is the project located?      **B**. What other family or child services are co-located with this facility?     **C**. Identify any public sector institutions, such as schools, universities, colleges, and hospitals or family-oriented social or supportive housing developments that are located within one kilometre (1000m) of the completed project.      |
| * + - 1. **Child Care Operator.**

Is the operator (check all that apply):* A public body (such as a school district or local government)? [ ]  Yes [ ]  No
* A non-profit organization? [ ]  Yes [ ]  No

Please provide a description of the operator.      |
| * + - 1. **Licensed Child Care Operations.** As outlined in the *Program & Application Guide*, all approved applicants and their child care operator(s) must commit to continued licensed child care operations for a defined minimum period of time, as determined by the amount of funding received. How will licensed child care operations be sustained by the local government/child care operator for the required amount of time (e.g. five-, 10-, or 15-year minimums)?

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| * + - 1. **Partnerships & Community Support.** List all partners — particularly any partners that are public bodies, non-profit organizations, and/or organizations with expertise in serving underserved populations — that directly participated in the completed space creation activities or operation of the created spaces, and the specific role they played.

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| * + - 1. **Additional Information.** Please share any other information you think may be relevant to this final report.

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| * + - 1. **Sharing Tools & Resources**

All final reports will be shared with the Ministry of Children and Family Development. In order to help other local governments learn from your experience, would you be willing to:[ ] Write a short article about your project for the UBCM newsletter?[ ]  Present your project at UBCM’s Convention or other event?[ ]  Share this final report on the UBCM website or with other local governments interested in child care space creation projects? |

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| **SECTION 4: Final Reporting Requirements** |
| **Required**[ ] Financial summary; [ ]  Evidence that the funded spaces are successfully licensed under the *Community Care & Assisted Living Act* and the Child Care Licensing Regulation as the program type(s) indicated on the Application. Include a copy of your facility license; [ ]  Evidence that the funded spaces are operational and successfully enrolled in the Child Care Operating Funding program and Child Care Fee Reduction Initiative, where applicable. Include your CCOF Organization ID/Facility ID. | **Optional** [ ]  Photos of the project;[ ]  Media clippings. |
| **CERTIFICATION OF COSTS.** To be signed by the local government Chief Financial Officer.I certify that the costs identified in the attached financial summary: (1) have been incurred and paid; (2) are attributable to the project; (3) are eligible; and (4) are net of tax and any other rebates.In addition, for final claims, I certify that: (1) the project is complete; (2) all revenues generated from the project have been declared; and (3) all eligible portions of all other grant contributions for the project have been declared. |
| Name:       | Title:       |
| Signature:       | Date:       |

**Please e-mail the completed final report form and required attachments as a Word or PDF document to Local Government Program Services (UBCM) at** **lgps@ubcm.ca****.**

**All attachments should also be e-mailed as Word or PDF files, and digital photos should be**

**e-mailed as JPEG files. Please complete and return this form and attachments within 30 days of project completion.**