**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](mailto: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. |
| * + - 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?   |  |  |  | | --- | --- | --- | | **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? |
| * + - 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)? |
| * + - 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. |
| * + - 1. **Additional Information.** Please share any other information you think may be relevant to this final report. |
| * + - 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**](mailto: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.**