**Community Child Care Space Creation Program**

**Final Report (November 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 Actual Grant Expenditure:  Did you receive funding for this project from other sources? If yes, please describe. If other sources of funding included the Childcare BC New Spaces Fund, please indicate that here and add detail to Question 14 below. |
| * + - 1. **Project Description**. Provide a brief description of your completed project in 150 words or less. |

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| **SECTION 3: Detailed Project Information** |
| 1. **Project and Activities.**   What specific activities were undertaken as part of the completed project? |
| 1. **Project Location** As outlined in the *Program & Application Guide*, projects must be located within a facility or on land owned by the local government, or under a long-term lease agreement (minimum 25 years from the date of grant approval).   **A**. In which local government facility (either existing or proposed at the application stage) is the project located (please provide the name of the facility, if applicable)?    **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 or services that are located within one kilometre (1000m) of the project. |
| 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? |
| **7.**  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? |

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| **SECTION 4: Child Care Operations** |
| 1. Please specify the operating days and hours of the new or retained child care spaces. If the proposed project offers services outside of usual business hours (i.e. early mornings, evenings, weekends, overnight) please provide details in the answers below.   Indicate the days of the week the facility operates.  Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  What are the operating hours of the proposed facility, including any extended daily hours of care (i.e. before 6am, after 7pm, weekends, overnight)?  From       to      .  If these hours vary on different days, please indicate the hours of operation per day. |
| 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. **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 the name and 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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| **Section 5: Other Information** |
| 1. **Partnerships.** 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. **Childcare BC New Spaces Fund.** As outlined in the *Program & Application Guide*, funding from the Childcare BC New Spaces Fund may also have been used alongside Community Child Care Space Creation program funding, but must have been used for different spaces and/or licence types – meaning that the same spaces could not be funded by both funding sources.   Please complete the following question **only** if the project included additional spaces funded through the Childcare BC New Spaces Fund program. This could include School Age spaces.  Describe the additional spaces below:       |  |  | | --- | --- | | Licence Types: | Number of Spaces to be created per Licence Type: | |  |  | |  |  | |  |  | |  |  | |
| 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 that captures all completed activities as per the approved budget and their actual costs and breaks out grant funded activities, applicant contributions (cash and/or in-kind), and any other funding;  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\*:  \**original or electronic signature is required.* | | 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)**.**

**Please complete and return this form and attachments within 30 days of project completion.**