

# ChildCareBC New Spaces Fund

## Annual Report



The information contained on this form collected under the authority of the Early Learning and Child Care Act (SBC 2021, c. 22) and will be used for the purpose of administering the ChildCareBC New Spaces Fund program. Any questions about the collection, use or disclosure of this information should be directed to the Child Care Capital, Community and ECE Registry Services Branch, PO Box 9788 STN PROV GOVT, Victoria BC, V8W 9S5. Telephone: 1 888-338-6622 (Option 5), Email: [CCCF@gov.bc.ca](mailto:CCCF@gov.bc.ca)

Reporting Period Start Date (dd-mmm-yyyy):		Reporting Period End Date (dd-mmm-yyyy):		Project ID:	
Legal Name of Organization:			Name of Child Care Centre:		
Child Care Centre Address:		City/Town:		Postal Code:	Business Phone:
<p>For Funding Recipients located in leased spaces, have there been any changes to the lease agreement that have not previously been identified?</p> <p>Yes      No</p> <p>If yes, please advise of the change(s). <i>Examples include change in Landlord, updated lease, etc.</i></p> <p><i>Note: An updated lease agreement may be requested at the discretion of the ministry. For applicants who were approved for funding in the 2023/24 fiscal year and beyond, a change in lease agreement may require additional information, which may result in a change to your signed funding agreement.</i></p>					
<p>If your organization is a Not-For-Profit, have there been any changes with Directorship?      Yes      No</p> <p>If yes, please advise of the change(s):</p>					
<p>Please select the Affordability Initiative(s) you, or your Authorized Operator are currently enrolled in:</p> <p>Child Care Operating Funding</p> <p>Child Care Fee Reduction Initiative</p> <p>Early Childhood Educator Wage Enhancement</p> <p>\$10 a Day ChildCareBC program</p> <p>Aboriginal Head Start</p> <p>Other (please advise):</p>					

Complete the following license information using your *Community Care and Assisted Living Act* license.

Type of Care Program	Number of Child Care Spaces	Days of Operation	Hours of Operation	Number of weeks per year child care is provided												
Group Child Care (Under 36 Months)		<div>Mon</div> <div>Tues</div> <div>Wed</div> <div>Thurs</div> <div>Fri</div> <div>Sat</div> <div>Sun</div>	<div>From:</div> <div>To:</div>													
Group Child Care (30 Months to School Age)		<div>Mon</div> <div>Tues</div> <div>Wed</div> <div>Thurs</div> <div>Fri</div> <div>Sat</div> <div>Sun</div>	<div>From:</div> <div>To:</div>													
Preschool (30 Months to School Age)		<div>Mon</div> <div>Tues</div> <div>Wed</div> <div>Thurs</div> <div>Fri</div> <div>Sat</div> <div>Sun</div>	<div>From:</div> <div>To:</div>													
Multi-Age Child Care		<div>Mon</div> <div>Tues</div> <div>Wed</div> <div>Thurs</div> <div>Fri</div> <div>Sat</div> <div>Sun</div>	<div>From:</div> <div>To:</div>													
Group Child Care (School Age)		<div>Mon</div> <div>Tues</div> <div>Wed</div> <div>Thurs</div> <div>Fri</div> <div>Sat</div> <div>Sun</div> <div>Fri</div>	<div>Before School:</div> <div>From:</div> <div>To:</div>													
			<div>After School:</div> <div>From:</div> <div>To:</div>													
School Age Care on School Grounds		<div>Mon</div> <div>Tues</div> <div>Wed</div> <div>Thurs</div> <div>Fri</div> <div>Sat</div> <div>Sun</div> <div>Fri</div>	<div>Before School:</div> <div>From:</div> <div>To:</div>													
			<div>After School:</div> <div>From:</div> <div>To:</div>													
<p>Are there any months during the year when ALL programs at this child care centre are closed for the entire month?</p> <p>Yes      No</p> <p>If yes, check all applicable months:</p> <table> <tr> <td>Jan</td> <td>Feb</td> <td>Mar</td> <td>Apr</td> </tr> <tr> <td>May</td> <td>Jun</td> <td>Jul</td> <td>Aug</td> </tr> <tr> <td>Sept</td> <td>Oct</td> <td>Nov</td> <td>Dec</td> </tr> </table>					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Jan	Feb	Mar	Apr													
May	Jun	Jul	Aug													
Sept	Oct	Nov	Dec													

Completed By (Project Contact or Authorized Signing Authority Name):	Signature:	Date (dd-mmm-yyyy):