

The Annual Report collects program utilization and reporting data for the following programs:

- Early Childhood Enhancement Grant; Utilization of funding from April 1, 2015 to March 31, 2016.
- Supported Child Care Grant; Utilization of funding from April 1, 2015 to March 31, 2016.

To complete the Annual Report the following steps must be followed:

in the manne	r requirea.
	Child Care Facility profile (Page 2)
	Current Board of Directors list if applicable (Please submit the list with your submission of the Annual Report).
	Early Childhood Enhancement Grant Reporting - Child Care Facility Wage/Salary (Pages 3&4)
	Supported Child Care Grant Reporting (Page 5)
	Annual Year End Financial Statements or Financial Information (Financial Information Form Page 6).

1. The following documentation must be completed and submitted on or before Wednesday, May 11, 2016

If you have any questions, please consult with your Early Childhood Development Consultant (ECDC) in the completion of this form.

<u>Please Note: If the Annual Report is not received by Wednesday, May 11, 2016, future funding installments may be suspended. Please contact your ECDC immediately if you cannot meet this deadline.</u>

Where an organization operates multiple sites, an Annual Report must be completed for each full-day or partday licensed child care facility site.

- 2. Please ensure all funding amounts received are reported, reflecting the total grant funding received through the ECEG and / or the SCCG. Facilities that have not followed the grant distribution criteria outlined in the **Terms and Conditions** of the ECEG and the **Terms and Conditions** of the SCCG, may be required to submit additional information on how they will meet the grant distribution criteria. These facilities may be required to provide reports on a quarterly basis until such time as they demonstrate they have met the distribution criteria and may be subject to Audit.
- 3. Please note the following requirements must be met to be eligible for continued grant funding:
- The child care facility must have a valid license to operate and be in compliance with the *Day Care Act* and *Regulations*. Failure to comply with the *Day Care Act* and *Regulations* may result in suspension or cancellation of gran funding.
- This Annual Report and its attached information is used to monitor the funding allocation, and measure utilization. The information provided must be accurate and completed in full.
- Licensees may be required to provide additional information specific to the distribution and usage of grant funding
- 4. According to the Funding Agreement: Section 7.00 evaluation, audit, review by the Minister (7.03)

"The Minister or an authorized representative or agent of the Minister may, at the Minister's sole discretion, and at its own cost and expense, conduct an evaluation, inspection or audit of the funding, financial and operating records of the Licensee, and any program provided by the Licensee under this Agreement. Such evaluation, inspection or audit may include, without limitation, a review of the management and financial practices of and the services provided by the Licensee. Any Licensee records relating to such reviews will be made available upon demand and without limitation."



Child Care Facility Profile									
Please complete the fo  The child care fa	•		•	ess as curre	ntly filed wi	th the Reg	istry of Joi	nt Stocks.	
Contact Person:						Ph	one Numb	er:	
Registered Name of the	Operator:					•			
Date of current registry v	with Joint S	tocks (YY	YY/MM/E	DD):					
Child Care Facility Nan	ne:								
Civic Address									
City/Town:						Co	ounty:		
Postal Code:							——, Mail:		
Phone Number:							x Number:		
	the eddre	oo that is	used by t	ha Danartm	ant for mai				
Please Note: This will be Mailing Address: (If dif			•	пе Берапп	ieni ioi mai	iirig purpos	ses.		
City/Town:						Co	unty:		
Postal Code:						·			
Facility located in a Sc	hool:	Yes No							
For this section, please	e provide t	the opera	tional In	formation f	or the Cur	rent Year	(2016)		
Your Child Care Facility'	s fiscal yea	nr:	Tot	al License (	Capacity:	Но	urs of Ope	ration:	
Date of Fall Opening (Y	YYY/MM/C	D):	<u>l</u>						
Date of Christmas Brea	k From (YY	YY/MM/C	DD):		То	(YYYY/MM	1/DD):		
Date of Summer Break	From (YYY	Y/MM/DD	D):		To (	YYYY/MM	I/DD):		
Other Closures (e.g. Ma	`		,	/DD)·		Го (ҮҮҮҮ/			
e and e decares (e.g. me	Infa	•		ddler	Preso			School A	ge
Child Age Group	Full Day	Part	Full	Part	Full	Part	Before School	Lunch	After School
Current Daily Fees	Бау	Day	Day	Day	Day	Day	3011001		Scriooi
Children with Special Needs Enrolled (as of today)									
License Capacity:									
Enrollment:									
Children's Average Daily Attendance the week of February 22 to 26, 2016:									
s your centre unionized?					Yes □ No				
s your centre grandparer			mt malla		Yes □ No	If Van	مامود الم		
oes your centre have a loes your centre provide					Yes □ No Yes □ No				
oes your centre provide oes your centre provide			•		res □ No				
(We), the undersigned, c our) knowledge and belic	lo hereby					,			

Director (Printed Name)	Director (Signature)	Date
Chair of Board (Printed Name)	Chair of Board (Signature)	Date
Operator (Printed Name)	Operator (Signature)	Date



Early Childhood Enhancement Grant (ECEG) - Utilization peri	iod April 1, 2015 to March 31, 2016									
Total ECEG Funding Amount Received 2015-2016 \$ (Refer to 2015/16 notification letter)										
Wages and Benefits										
Minimum of 80% ECEG funding has been spent on Wages/Statu	tory Benefits/ Extended Benefits									
Y 🗆 N 🗆										
1) Amount of ECEG spent on wages \$										
2) Amount of ECEG spent on statutory benefits \$ Employ										
with the increased wages provided as a result of this grant. Statutory gr	roup benefits are Employment Insurance (EI) and									
Canada Pension Plan (CPP);  3) Amount of ECEG spent on extended benefits \$										
□ Worker's Compensation;										
☐ Employer's contribution to paid maternity leave (in excess of EI);										
☐ Dental coverage;										
☐ Extended health care coverage;										
☐ Paid sick days;										
☐ Life Insurance; and										
☐ Retirement/pension plan.										
Please list Extended Benefits and provide a total cost of each Benefit: e.g.: Me	edical Plan \$2 000 00									
Trouble hat Extended Denonic and provide a total boot of each Denonit. C.g IN	σαισαι τιατι ψ2,000.00									
Are benefits provided in lieu of enhanced wages? Y □ N □										

<u>Base Wage/Salary:</u> is the wage per hour or annual salary that is paid by the Child Care Facility; according to the Child Care Facility Policy; which may include years of service, responsibilities, experience. This "Base Wage/Salary" does not include any funding received through the ECEG.

**ECEG Amount**: is the enhancement added to the Child Care Facility's Base Wage, according to the Terms and Conditions of the ECEG 2015-2016, and is in addition to the "Base Wage" which is set by the Child Care Facility.

Staff Position/Title & Age group	Classification Number	Hours worked	Classification / Training Level	Base Wage/Salary (Please see above for Definition)	ECEG Amount (Please see above for Definition)	Total Wage/Salary/ Hour	Total Wage/Salary/ Year
Example: Director		1785	III	31,773.00	7140.00		38,913.00
ECE/Toddler		2080	II	15.80	3.00	18.80	
ECE/Preschool		750	Entry	11.30	1.50	12.80	

<sup>\*</sup>Please Note for the purpose of the "Annual Report", please use the following definitions:



Additional rows for wages and ECEG, if required;

Staff Position/Title & Age group	Classification Number	Hours worked	Classification / Training Level	Base Wage/Salary (Please see above for Definition)	ECEG Amount (Please see above for Definition)	Total Wage/Salary/ Hour	Total Wage/Salary/ Year



**Professional Growth and Training** Minimum 5% ECEG funding has been spent on Professional Growth / Training \*Please note: Training/ Workshops over 20 hours in length and Mandatory Training (First Aid, CPR, Orientation, and Food Handlers) are not eligible under the Terms and Conditions of the Early Childhood Enhancement Grant (ECEG) 1) Workshops / Training \$\_ ☐ Workshops Please List: Professional Growth Courses/Workshops/Conferences attended for the period April 1, 2015 - March 31, 2016 Name of Professional Growth Course/Workshop/Conference **Total Cost** ☐ Mentorship \_\_\_ ☐ Other \_ Details \_\_ 2) Resources \$ \*Please note: Maximum of \$500.00 to be allocated per facility to resources (April 1, 2015 - March 31, 3) Substitute ECE Educator \$ \*Please note: Maximum of \$1,000.00 to be allocated per facility to Travel (April 1, 2015 - March 31, 2016) **Operations** Maximum of 15% ECEG funding has been spent on Child Care Facility Operations Y D N D \*Please note: Operational funding does not include Capital Costs I (We), the undersigned, do hereby certify that all the information provided is true and complete to the best of my (our) knowledge and belief. Signing below, I (We) agree that the funding provided under the 2015-2016 ECEG was spent in accordance with the Terms and Conditions of the Terms and Conditions of the Early Childhood **Enhancement Grant.** Director (Printed Name) Director (Signature) Date Chair of Board (Printed Name) Chair of Board (Signature) Date Operator (Printed Name) Operator (Signature) Date



Additional rows for Professional Development courses. , if required;

Name of Professional Growth Course/Workshop/Conference	Total Cost



Supported Child Care Grant (SCCG) – Utilization period April 1, 2015 – March 31, 2016 (Please complete this section if your centre received the Supported Child Care Grant in 2015/16)

Total SCCG Fu	nding Amount R	eceived 2015-2016	\$	(Refer to	2015/16 notification letter
Amount of SCC	G funding spent –	directly on costs re	lated to the delivery	y of an inclusive prog	ıram:
(a) Addition	al Staffing	\$		<del></del>	
Statutor	y Benefits \$				
Extende	d Benefits \$				
(b) Approve Equipme	ed Resources/\$				
(c) Approve	ed PD/ Training \$				
ΓΟΤΑL (a+b+c)	\$				
SCCG Salary A	mounts:				
Staff Position/Title	Classification Number	Hours worked	Classification / Training Level	Total Wage/Salary/ Hour	Total Wage/Salary/ Year
Example:		1785	III		38,913.00
Resource teacher					
Coordinator		2080	II	18.80	
Support staff		750	Entry	12.80	
Please List: Educational and	Resource Materi	als purchased utiliz	zing SCCG funding	for the period April	1, 2015 - March 31, 2016
Educational I	Equipment/Reso	urce Materials		Т	otal Cost



#### Please List:

Professional Development and training attended utilizing SCCG funding for the period April 1, 2015 – March 31, 2016

Name of Course/Workshop/Conference	Total Cost

I (We), the undersigned, do hereby certify that all the information provided is true and complete to the best of my (our) knowledge and belief. Signing below, I (We) agree that the funding provided under the 2015-2016 SCCG was spent in accordance with the Terms and Conditions of the Supported Child Care Grant

Director (Printed Name)	Director (Signature)	Date
Chair of Board (Printed Name)	Chair of Board (Signature)	Date
Operator (Printed Name)	Operator (Signature)	Date



This year, we are requiring all centres to use the template provided below to provide data on revenues and expenditures. If centres have audited financial statements, we will need the statements to follow the format below. If required, copy the information from the financial statements into the template.

#### Financial Information - Fiscal Year end 2015 (Please indicate your facility's fiscal year)

Revenue: Provincial Grant (ECEG) Provincial Grant (SCCG) Provincial Grant (Child Development Centre Other Grants Provincial Subsidy (Subsidized Parental Fee Parent Fees Donations Fundraising Other (Specify): Other (Specify):	es)	\$
Expenses:	Total Revenue \$_	
Staff:		
Salaries / Wages		\$
Statutory / Extended Benefits		\$
Training / Professional Developmer	nt	\$
Premises Costs:		
Rent / Lease		\$
Mortgage		\$
General Repairs/Maintenance		\$
Property Tax		\$
Contracted Services (Snow Remov		\$
Contracted Cleaning/Janitorial Serv	vices	\$
I Itilitian.		
Utilities: Heat		\$
Electricity / Power		\$ \$
Water		\$ \$
Sewer		\$
Telephone / Fax / Internet		\$
Cable		<b>4</b>
Supplies/Materials:		
Equipment Purchases (phone, computer, T\		\$
Program Supplies/Materials (Books, Crafts	etc)	\$
Cleaning/Janitorial Supplies		\$
Food/Groceries		\$
N. de Contrar a constant		
Maintenance:		¢
Cleaning / Janitorial		\$ \$
Snow removal/ Landscaping		Φ
Insurance		\$
Administration		\$
Vehicle Expenses		\$
Advertising / Marketing / Promotion		\$
Bad Debts		\$
Service Charges:		
Bank Service Charge		\$
Interest Expense		\$
Accounting / Legal / Audit Fees		\$
Capital Cost Allowance/Amortization		\$
Other:		\$
7	otal Expenses \$_	
A.	let Income (Loss)	\$
Prepared by:	er income (E022)	Ψ

I (We), the undersigned, do hereby certify that all the information provided is true and complete to the best of my (our) knowledge and belief. Signing below, I (We) agree that financial information is for the year ending 2015, and is in accordance with Section 7.00 (Evaluation, audit, review by the minister (703)) of the Funding Agreement previously signed by the undersigned.

Director (Printed Name)	Director (Signature)	Date
Chair of Board (Printed Name)	Chair of Board (Signature)	Date
Operator (Printed Name)	Operator (Signature)	Date