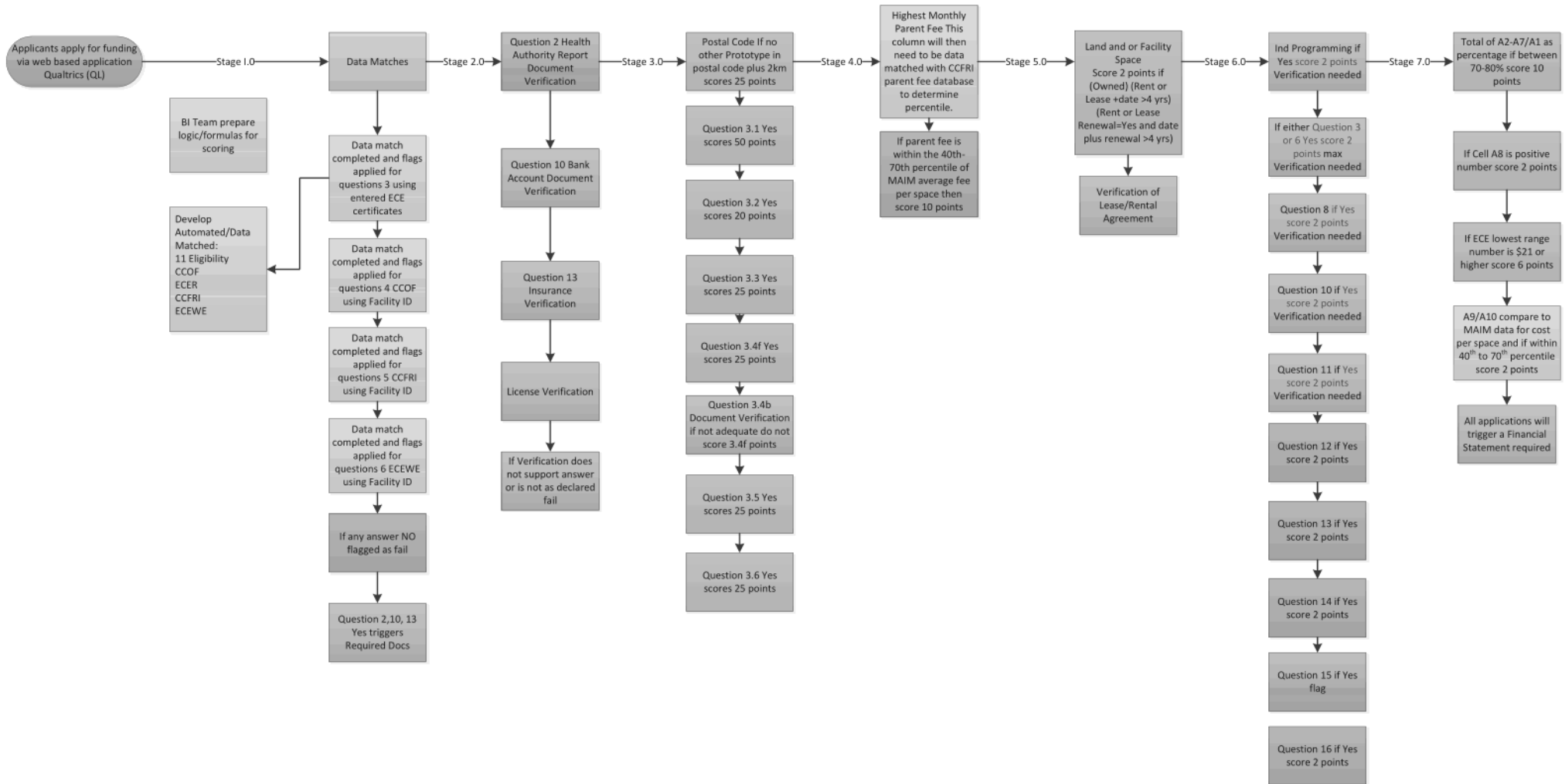


Prototype Expansion Verification Process Map



Colour Table

Orange – Start
 Blue – Data Match Needed
 Pink – Required Docs Trigger
 Gray – Enhanced Feature
 Bright Green – Free Text
 Light Purple – Scoring
 Bright Purple – Verification Point

Form UID	Org Legal Name	Facility Name
R_3ffiyfck84QtPqI	THE YMCA OF GREATER VANCOUVER	DJAVAD MOWAFAGHIAN CHILD CARE CENTRE
R_21I13pMh7KBWtMQ	THE YMCA OF GREATER VANCOUVER	KIDS AT HEATHER CHILD CARE

CCOF Fac ID	Postal Code	License Number	Contact Name	Contact Phone Number	Contact Email Address
G-99767-92832	V6H 3V4	3009592	THE YMCA OF GREATER VANCOUVER	6046819622	PGANGJI@GV.YMCA.CA
G-99767-88873	V5Z 0A5	3009561	THE YMCA OF GREATER VANCOUVER	6046819622	PGANGJI@GV.YMCA.CA

Health Authority	Organization Type	Placement	Score	Operational Notes 1	Notes 2
Vancouver Coastal	Non-Profit Society	87	74	24 Proposed	
Vancouver Coastal	Non-Profit Society	95	70	24 s.13	

Q_RecaptchaScore Q_RecaptchaScore	Q1 The applicant must submit to and certify to be true all 13 requirements to be considered as a Prototype Site. Your licensed child care facility must meet all of the criteria in this section. A response of No to any of the following questions will result in an ineligible application and the application process will cease. The Ministry reserves the right to verify all information. Is your facility in good standing with the Ministry of Children and Family Development and the Ministry of Finance?	Q3 Is your facility and licence in good standing with your regional Health Authority?	Q4_Id Provide a copy of your Health Authority Compliance Report for the period July 2019 to present. - Id	Q4_Name Provide a copy of your Health Authority Compliance Report for the period July 2019 to present. - Name	Q4_Size Provide a copy of your Health Authority Compliance Report for the period July 2019 to present. - Size
{"ImportId":"Q_RecaptchaScore"}	{"ImportId":"QID150"}	{"ImportId":"QID100"}	{"ImportId":"QID116_FILE_ID"}	{"ImportId":"QID116_FILE_NAME"}	{"ImportId":"QID116_FILE_SIZE"}
0.899999976	Yes	Yes	F_1nOpGQTGta6d1hB	Facility Inspection report 2020.pdf	139225
1	Yes	Yes	F_1nTT8OYb6vNBkPG	Facility Inspection Report.pdf	205735

Q4_Type Provide a copy of your Health Authority Compliance Report for the period July 2019 to present. - Type	Q4_Url Provide a copy of your Health Authority Compliance Report for the period Ju... - URL	Q6 Do all of your current Early Childhood Educator employees have an active valid certificate? (Please note if your licence does not require an Early Childhood Educator and you have none working in your operation please choose N/A) ã"	Q8 Has your facility been in receipt of Child Care Operating Funding for a minimum of two consecutive years at the time of this application?	Q10 Does the facility's current owner/operator have a minimum of two years experience operating a licensed child care facility?	Q12 Is your facility approved or is your application in process by the Ministry to participate in the Child Care Fee Reduction Initiative for the 2021/22 year (if eligible to do so) at the time of this application? ã"
{"ImportId":"QID116_FILE_TYPE"}	{"ImportId":"QID116_FILE_URL_DERIVEDqQLG1ks"}	{"ImportId":"QID151"}	{"ImportId":"QID103"}	{"ImportId":"QID104"}	{"ImportId":"QID108"}
application/pdf	https://bcmcf.qualtrics.com/Q/File.php?F=F_1nOpGGTGta6d1hB	Yes	Yes	Yes	Yes
application/pdf	https://bcmcf.qualtrics.com/Q/File.php?F=F_1nTT8OYb6vNBkPG	Yes	Yes	Yes	Yes

Q14 Is your facility approved or is your application in process by the Ministry to participate in the Early Childhood Educator Wage Enhancement Initiative for the 2021/22 year, if applicable, at the time of this application? â€”	Q16 Have you enrolled or be willing to enroll families eligible for the Affordable Child Care Benefit?	Q18 Is your facility able to provide, at the time of submission, independently verified financial statements and records that confirm your child care facility's operational funding and expenses declared in this form? (i.e. financial statements signed by your authorized financial representative) â€”	Q20 Does your organization operate a business bank account to be used for all revenue and allowable expenses under the Universal Child Care Prototype Funding Agreement?	Q21_Id Attach a void cheque or bank statement. - Id	Q21_Name Attach a void cheque or bank statement. - Name
{"ImportId":"QID109"}	{"ImportId":"QID110"}	{"ImportId":"QID111"}	{"ImportId":"QID112"}	{"ImportId":"QID117_FILE_ID"}	{"ImportId":"QID117_FILE_NAME"}
Yes	Yes	Yes	Yes	F_2QfWjm2VOUwapfC	Void Check.pdf
Yes	Yes	Yes	Yes	F_3ssLbIDeYAkSbjY	Void Check.pdf

Q21_Size Attach a void cheque or bank statement. - Size	Q21_Type Attach a void cheque or bank statement. - Type	Q21_Url Attach a void cheque or bank statement. - URL	Q23 Is your facility willing and able to accommodate and assist with an economic analysis on the cost of child care in various business models through provision of your current business financials at the Ministry's request?	Q25 Is your facility willing to participate in and complete Ministry delivered training modules on topics such as program reporting and financial requirements?	Q27 Does your facility have Liability Insurance coverage for \$2,000,000?
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{"ImportId":"QID117_FILE_SIZE"}

{"ImportId":"QID117_FILE_TYPE"}

{"ImportId":"QID117_FILE_URL_DERIVED8eD0jwE{"ImportId":"QID113"}

{"ImportId":"QID114"}

{"ImportId":"QID115"}

270443 application/pdf

https://bcmcf.qualtrics.com/Q/File.php?F=F_2Qf Yes

Yes

Yes

270443 application/pdf

https://bcmcf.qualtrics.com/Q/File.php?F=F_3ssL Yes

Yes

Yes

Q28_Id Provide proof of insurance. - Id	Q28_Name Provide proof of insurance. - Name	Q28_Size Provide proof of insurance. - Size	Q28_Type Provide proof of insurance. - Type	Q28_Url Provide proof of insurance. - URL	Q30_1 Applicant Information - Organization Legal Name/Individual Name
--	--	--	--	--	--

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F_2eUTE7fskCH915k	CHILCHILDRENS WOMENS HEALTH CENTRE OF BR		74965 application/pdf	https://bcmcf.qualtrics.com/Q/File.php?F=F_2eU THE YMCA OF GREATER VANCOUVER
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F_OFATNu3dVApPxjr	VANCOUVER COASTAL HEALTH AUTHORITY-3200X		75108 application/pdf	https://bcmcf.qualtrics.com/Q/File.php?F=F_OFAT1THE YMCA OF GREATER VANCOUVER
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Q30_2 Applicant Information - CCDF Facility ID #	Q30_3 Applicant Information - Mailing Address â€”	Q30_4 Applicant Information - City/Town	Q30_5 Applicant Information - Province	Q30_6 Applicant Information - Postal Code	Q30_7 Applicant Information - Phone Number
{"ImportId":"QID2_2"}	{"ImportId":"QID2_3"}	{"ImportId":"QID2_4"}	{"ImportId":"QID2_5"}	{"ImportId":"QID2_6"}	{"ImportId":"QID2_7"}
G-99767-92832, G-99767-93653	10-620 ROYAL AVE	NEW WESTMINSTER	BC	V3M 1J2	6046819622
G-99767-76739, G-99767-88873	10-620 ROYAL AVE	NEW WESTMINSTER	BC	V3M 1J2	6046819622

Q30_8 Applicant Information - Email Address	Q30_9 Applicant Information - Facility Name	Q30_10 Applicant Information - Facility's Physical Address	Q30_11 Applicant Information - City/Town	Q30_12 Applicant Information - Province	Q30_13 Applicant Information - Postal Code
{"ImportId":"QID2_8"}	{"ImportId":"QID2_9"}	{"ImportId":"QID2_10"}	{"ImportId":"QID2_11"}	{"ImportId":"QID2_12"}	{"ImportId":"QID2_13"}
PGANGJI@GV.YMCA.CA	DJAVAD MOWAFAGHIAN CHILD CARE CENTRE	4698 OAK ST	VANCOUVER	BC	V6H 3V4
PGANGJI@GV.YMCA.CA	KIDS AT HEATHER CHILD CARE	710 12TH AVE W	VANCOUVER	BC	V5Z 0A5

Q30_14 Applicant Information - Website	Q30_18 Applicant Information - Licence Number(s)	Q31 Organization Type	Q32 Are there any discrepancies with the Applicant Information above?	Q33 Describe any discrepancies.	Q34 How many licence documents do you have? â™“ You are required to upload your current licence(s).
{"ImportId":"QID2_14"}	{"ImportId":"QID2_18"}	{"ImportId":"QID106"}	{"ImportId":"QID148"}	{"ImportId":"QID149_TEXT"}	{"ImportId":"QID153"}
www.gv.ymca.ca	3009592, 3009741	Non-Profit Society	No		2
www.gv.ymca.ca	3005005, 3009561	Non-Profit Society	No		2

Q35_Id Upload your licence. - Id	Q35_Name Upload your licence. - Name	Q35_Size Upload your licence. - Size	Q35_Type Upload your licence. - Type	Q35_Url Upload your licence. - URL	Q36_Id Upload your licence. - Id
{"ImportId":"QID154_FILE_ID"}	{"ImportId":"QID154_FILE_NAME"}	{"ImportId":"QID154_FILE_SIZE"}	{"ImportId":"QID154_FILE_TYPE"}	{ "ImportId":"QID154_FILE_URL_DERIVEDcGdsyTz {"ImportId":"QID158_FILE_ID"}	
F_1hGSJD1576tDdFT	License # 3009592.pdf		615276 application/pdf	https://bcmcf.qualtrics.com/Q/File.php?f=F_1hGSJD1576tDdFT	F_zVGSi3NUYzPXuRH
F_3sjio0Te77CkwE4	License #3009561.pdf		603115 application/pdf	https://bcmcf.qualtrics.com/Q/File.php?f=F_3sjio0Te77CkwE4	F_3np2ZfdIGcq5HoG

Q36_Name Upload your licence. - Name	Q36_Size Upload your licence. - Size	Q36_Type Upload your licence. - Type	Q36_Url Upload your licence. - URL	Q37_Id Upload your licence. - Id	Q37_Name Upload your licence. - Name
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License #3005005.pdf		612333 application/pdf	https://bcmcf.qualtrics.com/Q/File.php?F=F_3n pZ2fdIGcq5HoG		

Q37_Size
Upload your licence. - Size

Q37_Type
Upload your licence. - Type

Q37_Url
Upload your licence. - URL

Q38_Id
Upload your licence. - Id

Q38_Name
Upload your licence. - Name

Q38_Size
Upload your licence. - Size

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<https://bcmcf.qualtrics.com/Q/File.php?F=>

<https://bcmcf.qualtrics.com/Q/File.php?F=>

Q38_Type	Q38_Url	Q39_Id	Q39_Name	Q39_Size	Q39_Type
Upload your licence. - Type	Upload your licence. - URL	Upload your licence. - Id	Upload your licence. - Name	Upload your licence. - Size	Upload your licence. - Type

{"ImportId":"QID156_FILE_TYPE"}	{"ImportId":"QID156_FILE_URL_DERIVEDh6wXRJH {"ImportId":"QID155_FILE_ID"}	{"ImportId":"QID155_FILE_NAME"}	{"ImportId":"QID155_FILE_SIZE"}	{"ImportId":"QID155_FILE_TYPE"}
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<https://bcmcf.qualtrics.com/Q/File.php?F=>

<https://bcmcf.qualtrics.com/Q/File.php?F=>

Q39_Url Upload your licence. - URL	Q40#1_1_1 Contact Information - Click to write the question text - Organization/Application Contact â" - Name	Q40#1_2_1 Contact Information - Click to write the question text - Organization Expense Authority â" - Name	Q40#1_3_1 Contact Information - Click to write the question text - Accounting/Bookkeeper Contact - Name	Q40#2_1_1 Contact Information - Click to write the question text - Organization/Application Contact â" - Contact Number â"	Q40#2_2_1 Contact Information - Click to write the question text - Organization Expense Authority â" - Contact Number â"
{ "ImportId": "QID155_FILE_URL_DERIVED2dayLpB { "ImportId": "QID18#1_10_1" }		{ "ImportId": "QID18#1_11_1" }	{ "ImportId": "QID18#1_12_1" }	{ "ImportId": "QID18#2_10_1" }	{ "ImportId": "QID18#2_11_1" }
https://bcmcf.qualtrics.com/Q/File.php?F=	Craig Sheather	Cathy Poole	Anja Tremblay	s.22	604-320-5805
https://bcmcf.qualtrics.com/Q/File.php?F=	Craig Sheather	Cathy Poole	Anja Tremblay		604-320-5805

Q40#2_3_1 Contact Information - Click to write the question text - Accounting/Bookkeeper Contact - Contact Number -	Q40#3_1_1 Contact Information - Click to write the question text - Organization/Application Contact - Email Address	Q40#3_2_1 Contact Information - Click to write the question text - Organization Expense Authority - Email Address	Q40#3_3_1 Contact Information - Click to write the question text - Accounting/Bookkeeper Contact - Email Address	Q41 Is your facility operated by an Indigenous, First Nation, or Metis Community?	Q42 Is your facility licensed to operate in a personal residence?
{"ImportId":"QID18#2_12_1"}	{"ImportId":"QID18#3_10_1"}	{"ImportId":"QID18#3_11_1"}	{"ImportId":"QID18#3_12_1"}	{"ImportId":"QID21"}	{"ImportId":"QID44"}
s.22	craig.sheather@gv.ymca.ca	cathy.poole@gv.ymca.ca	anja.tremblay@gv.ymca.ca	No	No
	craig.sheather@gv.ymca.ca	cathy.poole@gv.ymca.ca	anja.tremblay@gv.ymca.ca	No	No

Q43 Is your facility operated by a public institution?	Q44 Is your facility operated by a Not for Profit society?	Q45 Has your Not for Profit been in existence for 4 years or more?	Q46 Can your Not for Profit provide a reference of community support? â€”	Q47_Id Attach reference of community support. - Id	Q47_Name Attach reference of community support. - Name
---	---	---	--	---	---

{"ImportId":"QID129"}

{"ImportId":"QID45"}

{"ImportId":"QID168"}

{"ImportId":"QID169"}

{"ImportId":"QID170_FILE_ID"}

{"ImportId":"QID170_FILE_NAME"}

No

Yes

Yes

No

Yes

Yes

Q47_Size Attach reference of community support. - Size	Q47_Type Attach reference of community support. - Type	Q47_Url Attach reference of community support. - URL	Q48 Does your facility's Not for Profit Society have an open membership?	Q49 Does your facility's Not for Profit Society have elected, unpaid board members?	Q50 Does your facility's Not for Profit Society have Board members selected from the entire membership?
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{"ImportId":"QID170_FILE_SIZE"}

{"ImportId":"QID170_FILE_TYPE"}

{"ImportId":"QID170_FILE_URL_DERIVEDOkxadm":{"ImportId":"QID171"}

{"ImportId":"QID172"}

{"ImportId":"QID173"}

<https://bcmcf.qualtrics.com/Q/File.php?F=>

Yes

Yes

Yes

<https://bcmcf.qualtrics.com/Q/File.php?F=>

Yes

Yes

Yes

Q51 Are the majority of the elected board members full time BC residents?	Q52 Is your facility located in a municipal community center?	Q53 Is your facility located on K-12 school grounds or is Board of Education affiliated?	Q54#1_1_1 Type of Spaces at Facility - Licensed Capacity à"" - Group Child Care (Under 36 months) - #	Q54#1_2_1 Type of Spaces at Facility - Licensed Capacity à"" - Group Child Care (30 months to School-Age) - #	Q54#1_3_1 Type of Spaces at Facility - Licensed Capacity à"" - Group Child Care (School Age) - #
--	--	---	--	--	---

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{"ImportId":"QID134#1_1_1"}

{"ImportId":"QID134#1_2_1"}

{"ImportId":"QID134#1_3_1"}

Yes

No

No

24

25

0

Yes

No

No

24

45

0

Q54#1_4_1

Type of Spaces at Facility - Licensed Capacity à" - Group Multi-Age Child Care - #

Q54#1_5_1

Type of Spaces at Facility - Licensed Capacity à" - In Home Multi-Age Child Care - #

Q54#1_6_1

Type of Spaces at Facility - Licensed Capacity à" - Family Child Care - #

Q54#1_7_1

Type of Spaces at Facility - Licensed Capacity à" - Preschool - #

Q54#2_1

Type of Spaces at Facility - Days of the Week - Group Child Care (Under 36 months)

Q54#2_2

Type of Spaces at Facility - Days of the Week - Group Child Care (30 months to School-Age)

{ "ImportId": "QID134#1_4_1" }		{ "ImportId": "QID134#1_5_1" }		{ "ImportId": "QID134#1_6_1" }		{ "ImportId": "QID134#1_7_1" }		{ "ImportId": "QID134#2_1" }		{ "ImportId": "QID134#2_2" }	
		0		0		0		Monday, Tuesday, Wednesday, Thursday, Friday		Monday, Tuesday, Wednesday, Thursday, Friday	
		0		0		0		0 Monday, Tuesday, Wednesday, Thursday, Friday		Monday, Tuesday, Wednesday, Thursday, Friday	

Q54#2_3

Type of Spaces at Facility - Days of the Week - Group Child Care (School Age)

Q54#2_4

Type of Spaces at Facility - Days of the Week - Group Multi-Age Child Care

Q54#2_5

Type of Spaces at Facility - Days of the Week - In Home Multi-Age Child Care

Q54#2_6

Type of Spaces at Facility - Days of the Week - Family Child Care

Q54#2_7

Type of Spaces at Facility - Days of the Week - Preschool

Q54#3_1_1

Type of Spaces at Facility - Hours of Operation - Group Child Care (Under 36 months) - Open

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{"ImportId":"QID134#2_4"}

{"ImportId":"QID134#2_5"}

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{"ImportId":"QID134#3_1_1"}

0.3125

0.291666667

Q54#3_1_2	Q54#3_2_1	Q54#3_2_2	Q54#3_3_1	Q54#3_3_2	Q54#3_4_1
Type of Spaces at Facility - Hours of Operation - Group Child Care (Under 36 months) - Close	Type of Spaces at Facility - Hours of Operation - Group Child Care (30 months to School-Age) - Open	Type of Spaces at Facility - Hours of Operation - Group Child Care (30 months to School-Age) - Close	Type of Spaces at Facility - Hours of Operation - Group Child Care (School Age) - Open	Type of Spaces at Facility - Hours of Operation - Group Child Care (School Age) - Close	Type of Spaces at Facility - Hours of Operation - Group Multi-Age Child Care - Open

{"ImportId":"QID134#3_1_2"}

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{"ImportId":"QID134#3_3_2"}

{"ImportId":"QID134#3_4_1"}

0.75

0.3125

0.75

0.75

0.291666667

0.75

Q54#3_4_2	Q54#3_5_1	Q54#3_5_2	Q54#3_6_1	Q54#3_6_2	Q54#3_7_1
Type of Spaces at Facility - Hours of Operation - Group Multi-Age Child Care - Close	Type of Spaces at Facility - Hours of Operation - In Home Multi-Age Child Care - Open	Type of Spaces at Facility - Hours of Operation - In Home Multi-Age Child Care - Close	Type of Spaces at Facility - Hours of Operation - Family Child Care - Open	Type of Spaces at Facility - Hours of Operation - Family Child Care - Close	Type of Spaces at Facility - Hours of Operation - Preschool - Open

{"ImportId":"QID134#3_4_2"}	{"ImportId":"QID134#3_5_1"}	{"ImportId":"QID134#3_5_2"}	{"ImportId":"QID134#3_6_1"}	{"ImportId":"QID134#3_6_2"}	{"ImportId":"QID134#3_7_1"}
-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Q54#3_7_2 Type of Spaces at Facility - Hours of Operation - Preschool - Close	Q54#4_1_1 Type of Spaces at Facility - Monthly Parent Fee â" - Group Child Care (Under 36 months) - Highest (\$)	Q54#4_2_1 Type of Spaces at Facility - Monthly Parent Fee â" - Group Child Care (30 months to School- Age) - Highest (\$)	Q54#4_3_1 Type of Spaces at Facility - Monthly Parent Fee â" - Group Child Care (School Age) - Highest (\$)	Q54#4_4_1 Type of Spaces at Facility - Monthly Parent Fee â" - Group Multi-Age Child Care - Highest (\$)	Q54#4_5_1 Type of Spaces at Facility - Monthly Parent Fee â" - In Home Multi-Age Child Care - Highest (\$)
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{"ImportId":"QID134#3_7_2"}	{"ImportId":"QID134#4_1_1"}	{"ImportId":"QID134#4_2_1"}	{"ImportId":"QID134#4_3_1"}	{"ImportId":"QID134#4_4_1"}	{"ImportId":"QID134#4_5_1"}
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		1505	1097		
--	--	------	------	--	--

		1505	1097		
--	--	------	------	--	--

Q54#4_6_1 Type of Spaces at Facility - Monthly Parent Fee â" - Family Child Care - Highest (\$)	Q54#4_7_1 Type of Spaces at Facility - Monthly Parent Fee â" - Preschool - Highest (\$)	Q54#5_1_1 Type of Spaces at Facility - Max Operational Capacity â" - Group Child Care (Under 36 months) - #	Q54#5_2_1 Type of Spaces at Facility - Max Operational Capacity â" - Group Child Care (30 months to School-Age) - #	Q54#5_3_1 Type of Spaces at Facility - Max Operational Capacity â" - Group Child Care (School Age) - #	Q54#5_4_1 Type of Spaces at Facility - Max Operational Capacity â" - Group Multi-Age Child Care - #
--	--	---	---	---	--

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{"ImportId":"QID134#5_2_1"}

{"ImportId":"QID134#5_3_1"}

{"ImportId":"QID134#5_4_1"}

24

25

24

45

Q54#5_5_1

Type of Spaces at Facility - Max Operational Capacity - In Home Multi-Age Child Care - #

Q54#5_6_1

Type of Spaces at Facility - Max Operational Capacity - Family Child Care - #

Q54#5_7_1

Type of Spaces at Facility - Max Operational Capacity - Preschool - #

Q55

Do you provide direct care for your own child(ren)?

Q56

How many?

Q57

Land and/or Facility Space

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{ "ImportId": "QID134#5_6_1" }

{ "ImportId": "QID134#5_7_1" }

{ "ImportId": "QID9" }

{ "ImportId": "QID22" }

{ "ImportId": "QID23" }

s.22

Lease

Lease

Q58#1_1 What date does your facility's lease/rent expire? - Month - Please Select:	Q58#2_1 What date does your facility's lease/rent expire? - Day - Please Select:	Q58#3_1 What date does your facility's lease/rent expire? - Year - Please Select:	Q59_Id Attach lease or rental agreement. - Id	Q59_Name Attach lease or rental agreement. - Name	Q59_Size Attach lease or rental agreement. - Size
{"ImportId":"QID167#1_1"}	{"ImportId":"QID167#2_1"}	{"ImportId":"QID167#3_1"}	{"ImportId":"QID120_FILE_ID"}	{"ImportId":"QID120_FILE_NAME"}	{"ImportId":"QID120_FILE_SIZE"}
s.21		s.21	2024 F_aaPyUYCoRI6rFaV	Lease - correspondance plus original lease.pdf	8530568
			2024 F_3qpAwxx3gcRioWZ	Daycare Lease Agreement - Kids at Heather 2019	1723084

Q59_Type

Attach lease or rental agreement. - Type

Q59_Url

Attach lease or rental agreement. - URL

Q60

Does your facility have an option to renew?

Q61

For how many years?

Q62

Does your facility plan on creating additional spaces before April 1, 2022?

Q63

Does your facility plan on creating additional spaces before April 1, 2023?

{ "ImportId": "QID120_FILE_TYPE" }

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{ "ImportId": "QID39" }

{ "ImportId": "QID40" }

{ "ImportId": "QID41" }

application/pdf

https://bcmcf.qualtrics.com/Q/File.php?F=F_aaP; Yes

s.21

application/pdf

https://bcmcf.qualtrics.com/Q/File.php?F=F_3qp; Yes

Q64

Has your facility received New Spaces Funding?

Q65

Will the new spaces be at the same location/address?

Q66

To support your application, please tell us more about your child care facility and program. In addition to program information, learning practices and evaluation frameworks, we want to know what your facility offers culturally, to your community, and to the families you serve. Does your facility provide child care programming in Indigenous cultures?

Q67

Select all that apply:

Q68

Describe other programming your facility offers in Indigenous cultures.

Q69_Id

Provide evidence of Indigenous programming. - Id

{ "ImportId": "QID42" }

{ "ImportId": "QID43" }

{ "ImportId": "QID48" }

{ "ImportId": "QID49" }

{ "ImportId": "QID50_TEXT" }

{ "ImportId": "QID121_FILE_ID" }

No

No

Q69_Name Provide evidence of Indigenous programming. - Name	Q69_Size Provide evidence of Indigenous programming. - Size	Q69_Type Provide evidence of Indigenous programming. - Type	Q69_Url Provide evidence of Indigenous programming. - URL	Q70 Does your facility currently provide child care for families who self-identify as Indigenous?	Q71 Does your facility provide any child care programming for families new to Canada?
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{"ImportId":"QID121_FILE_NAME"}

{"ImportId":"QID121_FILE_SIZE"}

{"ImportId":"QID121_FILE_TYPE"}

{"ImportId":"QID121_FILE_URL_DERIVEDV9RDQy {"ImportId":"QID51"}

{"ImportId":"QID52"}

<https://bcmcf.qualtrics.com/Q/File.php?F=> Yes

Yes

<https://bcmcf.qualtrics.com/Q/File.php?F=> Yes

Yes

Q72 Select all that apply:	Q73 Describe other programming specifically for families new to Canada.	Q74_Id Provide evidence of programming for families new to Canada. - Id	Q74_Name Provide evidence of programming for families new to Canada. - Name	Q74_Size Provide evidence of programming for families new to Canada. - Size	Q74_Type Provide evidence of programming for families new to Canada. - Type
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{"ImportId":"QID53"}	{"ImportId":"QID54_TEXT"}	{"ImportId":"QID122_FILE_ID"}	{"ImportId":"QID122_FILE_NAME"}	{"ImportId":"QID122_FILE_SIZE"}	{"ImportId":"QID122_FILE_TYPE"}
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Other	See attached for summary of how the YMCA child care programs support Indigenous and Newcomer children and families.	F_1LubPeSLWqH37gB	1. Indigenous and Newcomer statement.pdf		415002 application/pdf
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Other	See attached for summary of how the YMCA child care programs support Indigenous and Newcomer children and families.	F_2rVjuXd7NA3BF6x	1. Indigenous and Newcomer statement.pdf		415002 application/pdf
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Q74_Url Provide evidence of programming for families new to Canada. - URL	Q75 Does your facility currently provide child care for families new to Canada?	Q76 Does your facility currently provide child care to Black or racialized families?	Q77 Does your facility provide francophone programming?	Q78_Id Provide evidence of francophone programming. - Id	Q78_Name Provide evidence of francophone programming. - Name
--	--	---	--	---	---

{"ImportId":"QID122_FILE_URL_DERIVEDFBVkuDi {"ImportId":"QID56"}		{"ImportId":"QID175"}		{"ImportId":"QID55"}		{"ImportId":"QID123_FILE_ID"}		{"ImportId":"QID123_FILE_NAME"}
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https://bcmcf.qualtrics.com/Q/File.php?F=F_1L UbPe5LWqH37gB	Yes							
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Yes

No

https://bcmcf.qualtrics.com/Q/File.php?F=F_2rV juXd7NA3BF6x	Yes							
--	-----	--	--	--	--	--	--	--

Yes

No

Q78_Size Provide evidence of francophone programming. Size	Q78_Type Provide evidence of francophone programming. Type	Q78_Url Provide evidence of francophone programming. URL	Q79 Does your facility currently provide child care for francophone families?	Q80 Does your facility provide an inclusive environment for children with support needs?	Q81 Select all that apply:
{ "ImportId": "QID123_FILE_SIZE" }	{ "ImportId": "QID123_FILE_TYPE" }	{ "ImportId": "QID123_FILE_URL_DERIVEDqISrGc" { "ImportId": "QID57" } }			
			https://bcmcf.qualtrics.com/Q/File.php?F= Yes	Yes	Staff are adequately trained to accommodate children of all abilities,Physical space accommodates children of all abilities,Equipment/furniture provided for children of all abilities,Toys and activities accommodate children of all abilities
			https://bcmcf.qualtrics.com/Q/File.php?F= Yes	Yes	Staff are adequately trained to accommodate children of all abilities,Physical space accommodates children of all abilities,Equipment/furniture provided for children of all abilities,Toys and activities accommodate children of all abilities

Q82	Q83_Id	Q83_Name	Q83_Size	Q83_Type	Q83_Url
Describe other inclusive environment for children with support needs.	Provide evidence of an inclusive environment for children with support needs. - Id	Provide evidence of an inclusive environment for children with support needs. - Name	Provide evidence of an inclusive environment for children with support needs. - Size	Provide evidence of an inclusive environment for children with support needs. - Type	Provide evidence of an inclusive environment for children with support need... - URL

{"ImportId":"QID145_TEXT"}	{"ImportId":"QID124_FILE_ID"}	{"ImportId":"QID124_FILE_NAME"}	{"ImportId":"QID124_FILE_SIZE"}	{"ImportId":"QID124_FILE_TYPE"}	{"ImportId":"QID124_FILE_URL_DERIVED01yHltV
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F_1r2qk83FvByfblo	2. Inclusion Policy and Care Plan.pdf	816561 application/pdf	https://bcmcf.qualtrics.com/Q/File.php?F=F_1r2c
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F_2uwSWU5uYnrtUBL	2. Inclusion Policy and Care Plan.pdf	816561 application/pdf	https://bcmcf.qualtrics.com/Q/File.php?F=F_2uw
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Q84 Does your facility currently have children receiving supports through the Supported Child Development (SCD) Program or Aboriginal Supported Child Development (ASCD) Program?	Q85 Does your facility implement either all or components of the Early Learning Framework in your program?	Q86_Id Provide evidence of programming of the Early Learning Framework. - Id	Q86_Name Provide evidence of programming of the Early Learning Framework. - Name	Q86_Size Provide evidence of programming of the Early Learning Framework. - Size	Q86_Type Provide evidence of programming of the Early Learning Framework. - Type
--	---	---	---	---	---

{"ImportId":"QID61"}	{"ImportId":"QID62"}	{"ImportId":"QID126_FILE_ID"}	{"ImportId":"QID126_FILE_NAME"}	{"ImportId":"QID126_FILE_SIZE"}	{"ImportId":"QID126_FILE_TYPE"}
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Yes	Yes	F_eSPABAhsmWzAiZ	3. Playing to Learn Introduction and Guide.pdf	16034644	application/pdf
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Yes	Yes	F_3kpKBihhSsjyKQd	3. Playing to Learn Introduction and Guide.pdf	16034644	application/pdf
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Q86_Url Provide evidence of programming of the Early Learning Framework. - URL	Q87 Does your facility currently use any quality or environmental assessment tools?	Q88 Select all that apply:	Q89 Describe other quality or environmental assessment tools.	Q90_Id Provide evidence of quality or environmental measurement and assessments tools. - Id	Q90_Name Provide evidence of quality or environmental measurement and assessments tools. - Name
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{"ImportId":"QID126_FILE_URL_DERIVEDqHmU7E{"ImportId":"QID63"}

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{"ImportId":"QID127_FILE_NAME"}

https://bcmcf.qualtrics.com/Q/File.php?F=F_e5PABAhlsmWzAiZ
Yes

Other (i.e. Questionnaires, interviews, or self-reporting instruments)

See attached - YMCA Making the Connections - Self reporting instruments, eg. Social Environment, planning process, etc

F_RlzzMdgH9hb6pRn

4. Play in Action Evaluation and Reflection Tool.pdf

https://bcmcf.qualtrics.com/Q/File.php?F=F_3kpKBilhSsjyKQd
Yes

Other (i.e. Questionnaires, interviews, or self-reporting instruments)

See attached - YMCA Making the Connections - Self reporting instruments, eg. Social Environment, planning process, etc

F_1eWccOnUvsBuc1W

4. Play in Action Evaluation and Reflection Tool.pdf

Q90_Size Provide evidence of quality or environmental measurement and assessments tools. - Size	Q90_Type Provide evidence of quality or environmental measurement and assessments tools. - Type	Q90_Url Provide evidence of quality or environmental measurement and assessments to... - URL	Q91 Does your facility fund training of professional development for staff?	Q92 Does your facility fund benefits for staff or if sole proprietor, for the owner?	Q93 Is your facility connected to the local community? (i.e. Friendship Centers, other support services)
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4255610 application/pdf

https://bcmcf.qualtrics.com/Q/File.php?F=F_Rlz zMdgH9hb6pRn Yes

Yes

Yes

4255610 application/pdf

https://bcmcf.qualtrics.com/Q/File.php?F=F_1e WccOnUvsBuc1W Yes

Yes

Yes

Q94

Does your facility require mandatory parent involvement (i.e. volunteering, fundraising) in the organization and/or child care program for which they are financially penalized for not participating?

Q95

Does your facility provide child care programming to young families? (Parents under 25 years of age)

Q96#1_1_1

Staff Composition: - Lowest Hourly Wage â€” - Director/Manager - (\$)

Q96#1_2_1

Staff Composition: - Lowest Hourly Wage â€” - Early Childhood Educator - (\$)

Q96#1_3_1

Staff Composition: - Lowest Hourly Wage â€” - Infant/Toddler Early Childhood Educator - (\$)

Q96#1_4_1

Staff Composition: - Lowest Hourly Wage â€” - Early Childhood Educator - Special Needs Educator - (\$)

{ "ImportId": "QID69" }

{ "ImportId": "QID58" }

{ "ImportId": "QID10#1_1_1" }

{ "ImportId": "QID10#1_2_1" }

{ "ImportId": "QID10#1_3_1" }

{ "ImportId": "QID10#1_4_1" }

No

Yes

s.21

No

Yes

Q96#1_5_1
Staff Composition: - Lowest Hourly Wage â" -
Inclusion Coordinator - (\$)

Q96#1_6_1
Staff Composition: - Lowest Hourly Wage â" -
Early Childhood Educator Assistant - (\$)

Q96#1_7_1
Staff Composition: - Lowest Hourly Wage â" -
Responsible Adult - (\$)

Q96#1_8_1
Staff Composition: - Lowest Hourly Wage â" -
Maintenance/Janitorial - (\$)

Q96#1_9_1
Staff Composition: - Lowest Hourly Wage â" -
Other (HR, bookkeeper) - (\$)

Q96#1_10_TEXT
Staff Composition: - Lowest Hourly Wage â" -
Other - Text

{ "ImportId": "QID10#1_5_1" }

{ "ImportId": "QID10#1_6_1" }

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{ "ImportId": "QID10#1_8_1" }

{ "ImportId": "QID10#1_9_1" }

{ "ImportId": "QID10#1_10_TEXT" }

s.21

Manager - overseeing more than 1 site

manager - overseeing more than 1 site

Q96#1_10_1

Staff Composition: - Lowest Hourly Wage à"" - Other - (\$)

Q96#1_11_TEXT

Staff Composition: - Lowest Hourly Wage à"" - Other - Text

Q96#1_11_1

Staff Composition: - Lowest Hourly Wage à"" - Other - (\$)

Q96#2_1_1

Staff Composition: - Employer portion of benefits - Director/Manager - (%)

Q96#2_2_1

Staff Composition: - Employer portion of benefits - Early Childhood Educator - (%)

Q96#2_3_1

Staff Composition: - Employer portion of benefits - Infant/Toddler Early Childhood Educator - (%)

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{ "ImportId": "QID10#2_3_1" }

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Q96#2_4_1	Q96#2_5_1	Q96#2_6_1	Q96#2_7_1	Q96#2_8_1	Q96#2_9_1
Staff Composition: - Employer portion of benefits - Early Childhood Educator - Special Needs Educator - (%)	Staff Composition: - Employer portion of benefits - Inclusion Coordinator - (%)	Staff Composition: - Employer portion of benefits - Early Childhood Educator Assistant - (%)	Staff Composition: - Employer portion of benefits - Responsible Adult - (%)	Staff Composition: - Employer portion of benefits - Maintenance/Janitorial - (%)	Staff Composition: - Employer portion of benefits - Other (HR, bookkeeper) - (%)

{"ImportId":"QID10#2_4_1"}	{"ImportId":"QID10#2_5_1"}	{"ImportId":"QID10#2_6_1"}	{"ImportId":"QID10#2_7_1"}	{"ImportId":"QID10#2_8_1"}	{"ImportId":"QID10#2_9_1"}
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Q96#2_10_TEXT	Q96#2_10_1	Q96#2_11_TEXT	Q96#2_11_1	Q96#3_1_1	Q96#3_2_1
Staff Composition: - Employer portion of benefits	Staff Composition: - Employer portion of benefits	Staff Composition: - Employer portion of benefits	Staff Composition: - Employer portion of benefits	Staff Composition: - How many full time	Staff Composition: - How many full time
- Other - Text	- Other - (%)	- Other - Text	- Other - (%)	positions ä" - Director/Manager - (#)	positions ä" - Early Childhood Educator - (#)

{"ImportId":"QID10#2_10_TEXT"}	{"ImportId":"QID10#2_10_1"}	{"ImportId":"QID10#2_11_TEXT"}	{"ImportId":"QID10#2_11_1"}	{"ImportId":"QID10#3_1_1"}	{"ImportId":"QID10#3_2_1"}
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Manager - overseeing more than 1 site	s.21	2	4
manager - overseeing more than 1 site		2	4

Q96#3_3_1

Staff Composition: - How many full time positions â" - Infant/Toddler Early Childhood Educator - (#)

Q96#3_4_1

Staff Composition: - How many full time positions â" - Early Childhood Educator - Special Needs Educator - (#)

Q96#3_5_1

Staff Composition: - How many full time positions â" - Inclusion Coordinator - (#)

Q96#3_6_1

Staff Composition: - How many full time positions â" - Early Childhood Educator Assistant - (#)

Q96#3_7_1

Staff Composition: - How many full time positions â" - Responsible Adult - (#)

Q96#3_8_1

Staff Composition: - How many full time positions â" - Maintenance/Janitorial - (#)

{ "ImportId": "QID10#3_3_1" }

{ "ImportId": "QID10#3_4_1" }

{ "ImportId": "QID10#3_5_1" }

{ "ImportId": "QID10#3_6_1" }

{ "ImportId": "QID10#3_7_1" }

{ "ImportId": "QID10#3_8_1" }

5

2

10

Q96#3_9_1 Staff Composition: - How many full time positions â" - Other (HR, bookkeeper) - (#)	Q96#3_10_TEXT Staff Composition: - How many full time positions â" - Other - Text	Q96#3_10_1 Staff Composition: - How many full time positions â" - Other - (#)	Q96#3_11_TEXT Staff Composition: - How many full time positions â" - Other - Text	Q96#3_11_1 Staff Composition: - How many full time positions â" - Other - (#)	Q96#4_1_1 Staff Composition: - How many part time positions â" - Director/Manager - (#)
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{"ImportId":"QID10#3_9_1"}	{"ImportId":"QID10#3_10_TEXT"}	{"ImportId":"QID10#3_10_1"}	{"ImportId":"QID10#3_11_TEXT"}	{"ImportId":"QID10#3_11_1"}	{"ImportId":"QID10#4_1_1"}
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Manager - overseeing more than 1 site

manager - overseeing more than 1 site

Q96#4_2_1 Staff Composition: - How many part time positions â"™ - Early Childhood Educator - (#)	Q96#4_3_1 Staff Composition: - How many part time positions â"™ - Infant/Toddler Early Childhood Educator - (#)	Q96#4_4_1 Staff Composition: - How many part time positions â"™ - Early Childhood Educator - Special Needs Educator - (#)	Q96#4_5_1 Staff Composition: - How many part time positions â"™ - Inclusion Coordinator - (#)	Q96#4_6_1 Staff Composition: - How many part time positions â"™ - Early Childhood Educator Assistant - (#)	Q96#4_7_1 Staff Composition: - How many part time positions â"™ - Responsible Adult - (#)
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{"ImportId":"QID10#4_4_1"}

{"ImportId":"QID10#4_5_1"}

{"ImportId":"QID10#4_6_1"}

{"ImportId":"QID10#4_7_1"}

2

1

2

Q96#4_8_1 Staff Composition: - How many part time positions â" - Maintenance/Janitorial - (#)	Q96#4_9_1 Staff Composition: - How many part time positions â" - Other (HR, bookkeeper) - (#)	Q96#4_10_TEXT Staff Composition: - How many part time positions â" - Other - Text	Q96#4_10_1 Staff Composition: - How many part time positions â" - Other - (#)	Q96#4_11_TEXT Staff Composition: - How many part time positions â" - Other - Text	Q96#4_11_1 Staff Composition: - How many part time positions â" - Other - (#)
--	--	--	--	--	--

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Manager - overseeing more than 1 site	1
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manager - overseeing more than 1 site	1
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Q97_1_1

Enter your ECE Certification numbers. - ECE #1 - Certification Number

Q97_2_1

Enter your ECE Certification numbers. - ECE #2 - Certification Number

Q97_3_1

Enter your ECE Certification numbers. - ECE #3 - Certification Number

Q97_4_1

Enter your ECE Certification numbers. - ECE #4 - Certification Number

Q97_5_1

Enter your ECE Certification numbers. - ECE #5 - Certification Number

Q97_6_1

Enter your ECE Certification numbers. - ECE #6 - Certification Number

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{ "ImportId": "QID98_7_1" }

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Q97_7_1

Enter your ECE Certification numbers. - ECE #7 - Certification Number

Q97_8_1

Enter your ECE Certification numbers. - ECE #8 - Certification Number

Q97_9_1

Enter your ECE Certification numbers. - ECE #9 - Certification Number

Q97_10_1

Enter your ECE Certification numbers. - ECE #10 - Certification Number

Q97_11_1

Enter your ECE Certification numbers. - ECE #11 - Certification Number

Q97_12_1

Enter your ECE Certification numbers. - ECE #12 - Certification Number

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s.22

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Q97_13_1

Enter your ECE Certification numbers. - ECE #13 - Certification Number

Q97_14_1

Enter your ECE Certification numbers. - ECE #14 - Certification Number

Q97_15_1

Enter your ECE Certification numbers. - ECE #15 - Certification Number

Q97_16_1

Enter your ECE Certification numbers. - ECE #16 - Certification Number

Q97_17_1

Enter your ECE Certification numbers. - ECE #17 - Certification Number

Q97_18_1

Enter your ECE Certification numbers. - ECE #18 - Certification Number

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{ "ImportId": "QID98_19_1" }

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Q97_19_1

Enter your ECE Certification numbers. - ECE #19 - Certification Number

Q97_20_1

Enter your ECE Certification numbers. - ECE #20 - Certification Number

Q97_21_1

Enter your ECE Certification numbers. - ECE #21 - Certification Number

Q97_22_1

Enter your ECE Certification numbers. - ECE #22 - Certification Number

Q97_23_1

Enter your ECE Certification numbers. - ECE #23 - Certification Number

Q97_24_1

Enter your ECE Certification numbers. - ECE #24 - Certification Number

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Q97_25_1	Q97_26_1	Q97_27_1	Q97_28_1	Q97_29_1	Q97_30_1
Enter your ECE Certification numbers. - ECE #25 - Certification Number	Enter your ECE Certification numbers. - ECE #26 - Certification Number	Enter your ECE Certification numbers. - ECE #27 - Certification Number	Enter your ECE Certification numbers. - ECE #28 - Certification Number	Enter your ECE Certification numbers. - ECE #29 - Certification Number	Enter your ECE Certification numbers. - ECE #30 - Certification Number

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Q97_31_1	Q97_32_1	Q97_33_1	Q97_34_1	Q97_35_1	Q97_36_1
Enter your ECE Certification numbers. - ECE #31 - Certification Number	Enter your ECE Certification numbers. - ECE #32 - Certification Number	Enter your ECE Certification numbers. - ECE #33 - Certification Number	Enter your ECE Certification numbers. - ECE #34 - Certification Number	Enter your ECE Certification numbers. - ECE #35 - Certification Number	Enter your ECE Certification numbers. - ECE #36 - Certification Number

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Q97_37_1	Q97_38_1	Q97_39_1	Q97_40_1	Q97_41_1	Q97_42_1
Enter your ECE Certification numbers. - ECE #37 - Certification Number	Enter your ECE Certification numbers. - ECE #38 - Certification Number	Enter your ECE Certification numbers. - ECE #39 - Certification Number	Enter your ECE Certification numbers. - ECE #40 - Certification Number	Enter your ECE Certification numbers. - ECE #41 - Certification Number	Enter your ECE Certification numbers. - ECE #42 - Certification Number

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Q97_43_1

Enter your ECE Certification numbers. - ECE #43 - Certification Number

Q97_44_1

Enter your ECE Certification numbers. - ECE #44 - Certification Number

Q97_45_1

Enter your ECE Certification numbers. - ECE #45 - Certification Number

Q97_46_1

Enter your ECE Certification numbers. - ECE #46 - Certification Number

Q97_47_1

Enter your ECE Certification numbers. - ECE #47 - Certification Number

Q97_48_1

Enter your ECE Certification numbers. - ECE #48 - Certification Number

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Q97_49_1	Q97_50_1	Q97_51_1	Q97_52_1	Q97_53_1	Q97_54_1
Enter your ECE Certification numbers. - ECE #49 - Certification Number	Enter your ECE Certification numbers. - ECE #50 - Certification Number	Enter your ECE Certification numbers. - ECE #51 - Certification Number	Enter your ECE Certification numbers. - ECE #52 - Certification Number	Enter your ECE Certification numbers. - ECE #53 - Certification Number	Enter your ECE Certification numbers. - ECE #54 - Certification Number

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Q97_55_1

Enter your ECE Certification numbers. - ECE #55 - Certification Number

Q98_1_1

Budget - Revenue Please provide details of your facility's financial information. All fields are mandatory, if your facility does not have a particular revenue please enter 0. - Parent Fees - Current Fiscal Budget \$""

Q98_1_2

Budget - Revenue Please provide details of your facility's financial information. All fields are mandatory, if your facility does not have a particular revenue please enter 0. - Parent Fees - Last Fiscal Actuals \$""

Q98_2_1

Budget - Revenue Please provide details of your facility's financial information. All fields are mandatory, if your facility does not have a particular revenue please enter 0. - Child Care Operating Funding - Current Fiscal Budget \$""

Q98_2_2

Budget - Revenue Please provide details of your facility's financial information. All fields are mandatory, if your facility does not have a particular revenue please enter 0. - Child Care Operating Funding - Last Fiscal Actuals \$""

Q98_3_1

Budget - Revenue Please provide details of your facility's financial information. All fields are mandatory, if your facility does not have a particular revenue please enter 0. - Child Care Fee Reduction Initiative - Current Fiscal Budget \$""

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{ "ImportId": "QID11_2_2" }

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<p>Q98_3_2</p> <p>Budget - Revenue Please provide details of your facility's financial information. All fields are mandatory, if your facility does not have a particular revenue please enter 0. - Child Care Fee Reduction Initiative - Last Fiscal Actuals à""</p>	<p>Q98_4_1</p> <p>Budget - Revenue Please provide details of your facility's financial information. All fields are mandatory, if your facility does not have a particular revenue please enter 0. - Affordable Child Care Benefit - Current Fiscal Budget à""</p>	<p>Q98_4_2</p> <p>Budget - Revenue Please provide details of your facility's financial information. All fields are mandatory, if your facility does not have a particular revenue please enter 0. - Affordable Child Care Benefit - Last Fiscal Actuals à""</p>	<p>Q98_5_1</p> <p>Budget - Revenue Please provide details of your facility's financial information. All fields are mandatory, if your facility does not have a particular revenue please enter 0. - Early Childhood Educator Wage Enhancement - Current Fiscal Budget à""</p>	<p>Q98_5_2</p> <p>Budget - Revenue Please provide details of your facility's financial information. All fields are mandatory, if your facility does not have a particular revenue please enter 0. - Early Childhood Educator Wage Enhancement - Last Fiscal Actuals à""</p>	<p>Q98_6_TEXT</p> <p>Budget - Revenue Please provide details of your facility's financial information. All fields are mandatory, if your facility does not have a particular revenue please enter 0. - Other - Text</p>
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<p>Q98_6_1</p> <p>Budget - Revenue Please provide details of your facility's financial information. All fields are mandatory, if your facility does not have a particular revenue please enter 0. - Other - Current Fiscal Budget â€”</p>	<p>Q98_6_2</p> <p>Budget - Revenue Please provide details of your facility's financial information. All fields are mandatory, if your facility does not have a particular revenue please enter 0. - Other - Last Fiscal Actuals â€”</p>	<p>Q98_7_TEXT</p> <p>Budget - Revenue Please provide details of your facility's financial information. All fields are mandatory, if your facility does not have a particular revenue please enter 0. - Other - Text</p>	<p>Q98_7_1</p> <p>Budget - Revenue Please provide details of your facility's financial information. All fields are mandatory, if your facility does not have a particular revenue please enter 0. - Other - Current Fiscal Budget â€”</p>	<p>Q98_7_2</p> <p>Budget - Revenue Please provide details of your facility's financial information. All fields are mandatory, if your facility does not have a particular revenue please enter 0. - Other - Last Fiscal Actuals â€”</p>	<p>Q98_8_TEXT</p> <p>Budget - Revenue Please provide details of your facility's financial information. All fields are mandatory, if your facility does not have a particular revenue please enter 0. - Other - Text</p>
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Q98_8_1

Budget - Revenue Please provide details of your facility's financial information. All fields are mandatory, if your facility does not have a particular revenue please enter 0. - Other - Current Fiscal Budget à"

Q98_8_2

Budget - Revenue Please provide details of your facility's financial information. All fields are mandatory, if your facility does not have a particular revenue please enter 0. - Other - Last Fiscal Actuals à"

Q98_9_TEXT

Budget - Revenue Please provide details of your facility's financial information. All fields are mandatory, if your facility does not have a particular revenue please enter 0. - Other - Text

Q98_9_1

Budget - Revenue Please provide details of your facility's financial information. All fields are mandatory, if your facility does not have a particular revenue please enter 0. - Other - Current Fiscal Budget à"

Q98_9_2

Budget - Revenue Please provide details of your facility's financial information. All fields are mandatory, if your facility does not have a particular revenue please enter 0. - Other - Last Fiscal Actuals à"

Q98_10_TEXT

Budget - Revenue Please provide details of your facility's financial information. All fields are mandatory, if your facility does not have a particular revenue please enter 0. - Other - Text

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<p>Q98_10_1</p> <p>Budget - Revenue Please provide details of your facility's financial information. All fields are mandatory, if your facility does not have a particular revenue please enter 0. - Other - Current Fiscal Budget à"</p>	<p>Q98_10_2</p> <p>Budget - Revenue Please provide details of your facility's financial information. All fields are mandatory, if your facility does not have a particular revenue please enter 0. - Other - Last Fiscal Actuals à"</p>	<p>Q99_1_1</p> <p>Budget - Expenses (Staffing Costs) All fields are mandatory, if your facility does not have an expense please enter 0. - ECE Staff Wages - Current Fiscal Budget à"</p>	<p>Q99_1_2</p> <p>Budget - Expenses (Staffing Costs) All fields are mandatory, if your facility does not have an expense please enter 0. - ECE Staff Wages - Last Fiscal Actuals à"</p>	<p>Q99_2_1</p> <p>Budget - Expenses (Staffing Costs) All fields are mandatory, if your facility does not have an expense please enter 0. - ECE Staff Benefits - Current Fiscal Budget à"</p>	<p>Q99_2_2</p> <p>Budget - Expenses (Staffing Costs) All fields are mandatory, if your facility does not have an expense please enter 0. - ECE Staff Benefits - Last Fiscal Actuals à"</p>
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Q99_3_1

Budget - Expenses (Staffing Costs) All fields are mandatory, if your facility does not have an expense please enter 0. - Non-ECE Staff Wages - Current Fiscal Budget à”

Q99_3_2

Budget - Expenses (Staffing Costs) All fields are mandatory, if your facility does not have an expense please enter 0. - Non-ECE Staff Wages - Last Fiscal Actuals à”

Q99_4_1

Budget - Expenses (Staffing Costs) All fields are mandatory, if your facility does not have an expense please enter 0. - Non-ECE Staff Benefits - Current Fiscal Budget à”

Q99_4_2

Budget - Expenses (Staffing Costs) All fields are mandatory, if your facility does not have an expense please enter 0. - Non-ECE Staff Benefits - Last Fiscal Actuals à”

Q99_5_1

Budget - Expenses (Staffing Costs) All fields are mandatory, if your facility does not have an expense please enter 0. - Backfill Staff Wages - Current Fiscal Budget à”

Q99_5_2

Budget - Expenses (Staffing Costs) All fields are mandatory, if your facility does not have an expense please enter 0. - Backfill Staff Wages - Last Fiscal Actuals à”

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Q99_6_1 Budget - Expenses (Staffing Costs) All fields are mandatory, if your facility does not have an expense please enter 0. - Backfill Staff Benefits - Current Fiscal Budget à""	Q99_6_2 Budget - Expenses (Staffing Costs) All fields are mandatory, if your facility does not have an expense please enter 0. - Backfill Staff Benefits - Last Fiscal Actuals à""	Q100_1_1 Budget - Expenses (Administrative Expenses) All fields are mandatory, if your facility does not have an expense please enter 0. - Support Staff Wages - Current Fiscal Budget à""	Q100_1_2 Budget - Expenses (Administrative Expenses) All fields are mandatory, if your facility does not have an expense please enter 0. - Support Staff Wages - Last Fiscal Actuals à""	Q100_2_1 Budget - Expenses (Administrative Expenses) All fields are mandatory, if your facility does not have an expense please enter 0. - Support Staff Benefits - Current Fiscal Budget à""	Q100_2_2 Budget - Expenses (Administrative Expenses) All fields are mandatory, if your facility does not have an expense please enter 0. - Support Staff Benefits - Last Fiscal Actuals à""
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Q100_3_1

Budget - Expenses (Administrative Expenses) All fields are mandatory, if your facility does not have an expense please enter 0. - Accounting and Legal - Current Fiscal Budget â€”

Q100_3_2

Budget - Expenses (Administrative Expenses) All fields are mandatory, if your facility does not have an expense please enter 0. - Accounting and Legal - Last Fiscal Actuals â€”

Q100_4_1

Budget - Expenses (Administrative Expenses) All fields are mandatory, if your facility does not have an expense please enter 0. - Bank Charges - Current Fiscal Budget â€”

Q100_4_2

Budget - Expenses (Administrative Expenses) All fields are mandatory, if your facility does not have an expense please enter 0. - Bank Charges - Last Fiscal Actuals â€”

Q100_5_1

Budget - Expenses (Administrative Expenses) All fields are mandatory, if your facility does not have an expense please enter 0. - Human Resources Expenses - Current Fiscal Budget â€”

Q100_5_2

Budget - Expenses (Administrative Expenses) All fields are mandatory, if your facility does not have an expense please enter 0. - Human Resources Expenses - Last Fiscal Actuals â€”

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Q100_6_1 Budget - Expenses (Administrative Expenses) All fields are mandatory, if your facility does not have an expense please enter 0. - Interest and Penalties - Current Fiscal Budget à""	Q100_6_2 Budget - Expenses (Administrative Expenses) All fields are mandatory, if your facility does not have an expense please enter 0. - Interest and Penalties - Last Fiscal Actuals à""	Q100_7_1 Budget - Expenses (Administrative Expenses) All fields are mandatory, if your facility does not have an expense please enter 0. - Office and Sundry - Current Fiscal Budget à""	Q100_7_2 Budget - Expenses (Administrative Expenses) All fields are mandatory, if your facility does not have an expense please enter 0. - Office and Sundry - Last Fiscal Actuals à""	Q100_8_1 Budget - Expenses (Administrative Expenses) All fields are mandatory, if your facility does not have an expense please enter 0. - Professional Fees/Auditing Fees - Current Fiscal Budget à""	Q100_8_2 Budget - Expenses (Administrative Expenses) All fields are mandatory, if your facility does not have an expense please enter 0. - Professional Fees/Auditing Fees - Last Fiscal Actuals à""
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Q101_1_1

Budget - Expenses (Program Costs) All fields are mandatory, if your facility does not have an expense please enter 0. - Activities, Toys and Books - Current Fiscal Budget à”

Q101_1_2

Budget - Expenses (Program Costs) All fields are mandatory, if your facility does not have an expense please enter 0. - Activities, Toys and Books - Last Fiscal Actuals à”

Q101_2_1

Budget - Expenses (Program Costs) All fields are mandatory, if your facility does not have an expense please enter 0. - Advertising and Promotion - Current Fiscal Budget à”

Q101_2_2

Budget - Expenses (Program Costs) All fields are mandatory, if your facility does not have an expense please enter 0. - Advertising and Promotion - Last Fiscal Actuals à”

Q101_3_1

Budget - Expenses (Program Costs) All fields are mandatory, if your facility does not have an expense please enter 0. - Amortization (Equipment) - Current Fiscal Budget à”

Q101_3_2

Budget - Expenses (Program Costs) All fields are mandatory, if your facility does not have an expense please enter 0. - Amortization (Equipment) - Last Fiscal Actuals à”

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<p>Q101_4_1</p> <p>Budget - Expenses (Program Costs) All fields are mandatory, if your facility does not have an expense please enter 0. - Automobile/Travel/Mileage - Current Fiscal Budget á"</p>	<p>Q101_4_2</p> <p>Budget - Expenses (Program Costs) All fields are mandatory, if your facility does not have an expense please enter 0. - Automobile/Travel/Mileage - Last Fiscal Actuals á"</p>	<p>Q101_5_1</p> <p>Budget - Expenses (Program Costs) All fields are mandatory, if your facility does not have an expense please enter 0. - Cable/Internet/Telephone - Current Fiscal Budget á"</p>	<p>Q101_5_2</p> <p>Budget - Expenses (Program Costs) All fields are mandatory, if your facility does not have an expense please enter 0. - Cable/Internet/Telephone - Last Fiscal Actuals á"</p>	<p>Q101_6_1</p> <p>Budget - Expenses (Program Costs) All fields are mandatory, if your facility does not have an expense please enter 0. - Cellphone - Current Fiscal Budget á"</p>	<p>Q101_6_2</p> <p>Budget - Expenses (Program Costs) All fields are mandatory, if your facility does not have an expense please enter 0. - Cellphone - Last Fiscal Actuals á"</p>
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<p>Q101_7_1</p> <p>Budget - Expenses (Program Costs) All fields are mandatory, if your facility does not have an expense please enter 0. - Field Trips - Current Fiscal Budget â€”</p>	<p>Q101_7_2</p> <p>Budget - Expenses (Program Costs) All fields are mandatory, if your facility does not have an expense please enter 0. - Field Trips - Last Fiscal Actuals â€”</p>	<p>Q101_8_1</p> <p>Budget - Expenses (Program Costs) All fields are mandatory, if your facility does not have an expense please enter 0. - Food and Supplies - Current Fiscal Budget â€”</p>	<p>Q101_8_2</p> <p>Budget - Expenses (Program Costs) All fields are mandatory, if your facility does not have an expense please enter 0. - Food and Supplies - Last Fiscal Actuals â€”</p>	<p>Q101_9_1</p> <p>Budget - Expenses (Program Costs) All fields are mandatory, if your facility does not have an expense please enter 0. - Health and Safety Supplies - Current Fiscal Budget â€”</p>	<p>Q101_9_2</p> <p>Budget - Expenses (Program Costs) All fields are mandatory, if your facility does not have an expense please enter 0. - Health and Safety Supplies - Last Fiscal Actuals â€”</p>
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<p>Q101_10_1</p> <p>Budget - Expenses (Program Costs) All fields are mandatory, if your facility does not have an expense please enter 0. - Insurance - Current Fiscal Budget à""</p>	<p>Q101_10_2</p> <p>Budget - Expenses (Program Costs) All fields are mandatory, if your facility does not have an expense please enter 0. - Insurance - Last Fiscal Actuals à""</p>	<p>Q101_11_1</p> <p>Budget - Expenses (Program Costs) All fields are mandatory, if your facility does not have an expense please enter 0. - Licences and Dues - Current Fiscal Budget à""</p>	<p>Q101_11_2</p> <p>Budget - Expenses (Program Costs) All fields are mandatory, if your facility does not have an expense please enter 0. - Licences and Dues - Last Fiscal Actuals à""</p>	<p>Q101_12_1</p> <p>Budget - Expenses (Program Costs) All fields are mandatory, if your facility does not have an expense please enter 0. - Professional Development/Training - Current Fiscal Budget à""</p>	<p>Q101_12_2</p> <p>Budget - Expenses (Program Costs) All fields are mandatory, if your facility does not have an expense please enter 0. - Professional Development/Training - Last Fiscal Actuals à""</p>
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Q101_13_1 Budget - Expenses (Program Costs) All fields are mandatory, if your facility does not have an expense please enter 0. - Rental (Equipment/Off-Site Room) - Current Fiscal Budget à""	Q101_13_2 Budget - Expenses (Program Costs) All fields are mandatory, if your facility does not have an expense please enter 0. - Rental (Equipment/Off-Site Room) - Last Fiscal Actuals à""	Q101_14_1 Budget - Expenses (Program Costs) All fields are mandatory, if your facility does not have an expense please enter 0. - Supplies - Current Fiscal Budget à""	Q101_14_2 Budget - Expenses (Program Costs) All fields are mandatory, if your facility does not have an expense please enter 0. - Supplies - Last Fiscal Actuals à""	Q102_1_1 Budget - Expenses (Facilities Expenses) All fields are mandatory, if your facility does not have an expense please enter 0. - Rent/Lease/Mortgage/Amortization (Building) - Current Fiscal Budget à""	Q102_1_2 Budget - Expenses (Facilities Expenses) All fields are mandatory, if your facility does not have an expense please enter 0. - Rent/Lease/Mortgage/Amortization (Building) - Last Fiscal Actuals à""
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Q102_2_1

Budget - Expenses (Facilities Expenses) All fields are mandatory, if your facility does not have an expense please enter 0. - Repair and Maintenance - Current Fiscal Budget à”

Q102_2_2

Budget - Expenses (Facilities Expenses) All fields are mandatory, if your facility does not have an expense please enter 0. - Repair and Maintenance - Last Fiscal Actuals à”

Q102_3_1

Budget - Expenses (Facilities Expenses) All fields are mandatory, if your facility does not have an expense please enter 0. - Property Insurance - Current Fiscal Budget à”

Q102_3_2

Budget - Expenses (Facilities Expenses) All fields are mandatory, if your facility does not have an expense please enter 0. - Property Insurance - Last Fiscal Actuals à”

Q102_4_1

Budget - Expenses (Facilities Expenses) All fields are mandatory, if your facility does not have an expense please enter 0. - Property Taxes - Current Fiscal Budget à”

Q102_4_2

Budget - Expenses (Facilities Expenses) All fields are mandatory, if your facility does not have an expense please enter 0. - Property Taxes - Last Fiscal Actuals à”

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Q102_5_1 Budget - Expenses (Facilities Expenses) All fields are mandatory, if your facility does not have an expense please enter 0. - Utilities - Current Fiscal Budget ä"	Q102_5_2 Budget - Expenses (Facilities Expenses) All fields are mandatory, if your facility does not have an expense please enter 0. - Utilities - Last Fiscal Actuals ä"	Q102_6_1 Budget - Expenses (Facilities Expenses) All fields are mandatory, if your facility does not have an expense please enter 0. - Janitorial - Current Fiscal Budget ä"	Q102_6_2 Budget - Expenses (Facilities Expenses) All fields are mandatory, if your facility does not have an expense please enter 0. - Janitorial - Last Fiscal Actuals ä"	Q103_1_TEXT Budget - Expenses (Other Expenses) - Other Expense - Text	Q103_1_1 Budget - Expenses (Other Expenses) - Other Expense - Current Fiscal Budget ä"
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Q103_1_2 Budget - Expenses (Other Expenses) - Other Expense - Last Fiscal Actuals ä""	Q103_2_TEXT Budget - Expenses (Other Expenses) - Other Expense - Text	Q103_2_1 Budget - Expenses (Other Expenses) - Other Expense - Current Fiscal Budget ä""	Q103_2_2 Budget - Expenses (Other Expenses) - Other Expense - Last Fiscal Actuals ä""	Q103_3_TEXT Budget - Expenses (Other Expenses) - Other Expense - Text	Q103_3_1 Budget - Expenses (Other Expenses) - Other Expense - Current Fiscal Budget ä""
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Q103_3_2 Budget - Expenses (Other Expenses) - Other Expense - Last Fiscal Actuals ä"	Q103_4_TEXT Budget - Expenses (Other Expenses) - Other Expense - Text	Q103_4_1 Budget - Expenses (Other Expenses) - Other Expense - Current Fiscal Budget ä"	Q103_4_2 Budget - Expenses (Other Expenses) - Other Expense - Last Fiscal Actuals ä"	Q103_5_TEXT Budget - Expenses (Other Expenses) - Other Expense - Text	Q103_5_1 Budget - Expenses (Other Expenses) - Other Expense - Current Fiscal Budget ä"
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Q103_5_2 Budget - Expenses (Other Expenses) - Other Expense - Last Fiscal Actuals ä““	Q104_1_1 Budget - Income Taxes - Income Taxes - Current Fiscal Budget ä““	Q104_1_2 Budget - Income Taxes - Income Taxes - Last Fiscal Actuals ä““	Q105_1 Click to write the question text - In a calendar year, how many weeks is your facility operational?	Q105_2 Click to write the question text - What are your regularly scheduled closure periods? (e.g. Spring Break)	Q106#1_1_TEXT Please list any anticipated cost pressures in the next three years (Purchase assets, major repair... - Anticipated date of purchase - Cost pressure cause - Text
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52 Christmas Break3-5 Sandbox repair for safety

52 Christmas break

<p>Q106#1_1_1</p> <p>Please list any anticipated cost pressures in the next three years (Purchase assets, major repair... - Anticipated date of purchase - Cost pressure cause - (mm-dd-yyyy)</p>	<p>Q106#1_2_TEXT</p> <p>Please list any anticipated cost pressures in the next three years (Purchase assets, major repair... - Anticipated date of purchase - Cost pressure cause - Text</p>	<p>Q106#1_2_1</p> <p>Please list any anticipated cost pressures in the next three years (Purchase assets, major repair... - Anticipated date of purchase - Cost pressure cause - (mm-dd-yyyy)</p>	<p>Q106#1_3_TEXT</p> <p>Please list any anticipated cost pressures in the next three years (Purchase assets, major repair... - Anticipated date of purchase - Cost pressure cause - Text</p>	<p>Q106#1_3_1</p> <p>Please list any anticipated cost pressures in the next three years (Purchase assets, major repair... - Anticipated date of purchase - Cost pressure cause - (mm-dd-yyyy)</p>	<p>Q106#1_4_TEXT</p> <p>Please list any anticipated cost pressures in the next three years (Purchase assets, major repair... - Anticipated date of purchase - Cost pressure cause - Text</p>
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12/01/2021	Split Unit ACs (3) for long term indoor air temperature solution	05/01/2022	Infant sandbox replacement for safety	06/01/2022	Replacement of all wood flowerbeds for safety
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Q106#1_4_1

Please list any anticipated cost pressures in the next three years (Purchase assets, major repair...
- Anticipated date of purchase - Cost pressure cause - (mm-dd-yyyy)

Q106#1_5_TEXT

Please list any anticipated cost pressures in the next three years (Purchase assets, major repair...
- Anticipated date of purchase - Cost pressure cause - Text

Q106#1_5_1

Please list any anticipated cost pressures in the next three years (Purchase assets, major repair...
- Anticipated date of purchase - Cost pressure cause - (mm-dd-yyyy)

Q106#2_1_TEXT

Please list any anticipated cost pressures in the next three years (Purchase assets, major repair...
- Estimated amount - Cost pressure cause - Text

Q106#2_1_1

Please list any anticipated cost pressures in the next three years (Purchase assets, major repair...
- Estimated amount - Cost pressure cause - (\$)

Q106#2_2_TEXT

Please list any anticipated cost pressures in the next three years (Purchase assets, major repair...
- Estimated amount - Cost pressure cause - Text

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06/01/2022

3-5 Sandbox repair for safety

s.21

Split Unit ACs (3) for long term indoor air temperature solution

Q106#2_2_1	Q106#2_3_TEXT	Q106#2_3_1	Q106#2_4_TEXT	Q106#2_4_1	Q106#2_5_TEXT
Please list any anticipated cost pressures in the next three years (Purchase assets, major repair... - Estimated amount - Cost pressure cause - (\$)	Please list any anticipated cost pressures in the next three years (Purchase assets, major repair... - Estimated amount - Cost pressure cause - Text	Please list any anticipated cost pressures in the next three years (Purchase assets, major repair... - Estimated amount - Cost pressure cause - (\$)	Please list any anticipated cost pressures in the next three years (Purchase assets, major repair... - Estimated amount - Cost pressure cause - Text	Please list any anticipated cost pressures in the next three years (Purchase assets, major repair... - Estimated amount - Cost pressure cause - (\$)	Please list any anticipated cost pressures in the next three years (Purchase assets, major repair... - Estimated amount - Cost pressure cause - Text

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s.21 Infant sandbox replacement for safety

s.21 Replacement of all wood flowerbeds for safety

s.21

Q106#2_5_1 Please list any anticipated cost pressures in the next three years (Purchase assets, major repair... - Estimated amount - Cost pressure cause - (\$)	Q107_Id Please attach a financial statement according to the following guidelines to support the financial information in this application. TOTAL REVENUE REQUIREMENTS \$0 through \$199,999 Organizations are required to submit annual financial statements signed by an authorized representative (no requirement for external audit or review of the statements). \$200,000 through \$999,999 Organizations are required to submit annual financial statements reviewed in accordance with the Canadian Standard on Review Engagements as described in the	Q107_Name Please attach a financial statement according to the following guidelines to support the financial information in this application. TOTAL REVENUE REQUIREMENTS \$0 through \$199,999 Organizations are required to submit annual financial statements signed by an authorized representative (no requirement for external audit or review of the statements). \$200,000 through \$999,999 Organizations are required to submit annual financial statements reviewed in accordance with the Canadian Standard on Review Engagements as described in the	Q107_Size Please attach a financial statement according to the following guidelines to support the financial information in this application. TOTAL REVENUE REQUIREMENTS \$0 through \$199,999 Organizations are required to submit annual financial statements signed by an authorized representative (no requirement for external audit or review of the statements). \$200,000 through \$999,999 Organizations are required to submit annual financial statements reviewed in accordance with the Canadian Standard on Review Engagements as described in the	Q107_Type Please attach a financial statement according to the following guidelines to support the financial information in this application. TOTAL REVENUE REQUIREMENTS \$0 through \$199,999 Organizations are required to submit annual financial statements signed by an authorized representative (no requirement for external audit or review of the statements). \$200,000 through \$999,999 Organizations are required to submit annual financial statements reviewed in accordance with the Canadian Standard on Review Engagements as described in the	Q107_Url Please attach a financial statement according to the following guidelines t... - URL
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Q108 Have you previously in the application uploaded a complete copy of your Policy and Procedure Manual?	Q109_Id Upload your Policy and Procedure Manual. - Id	Q109_Name Upload your Policy and Procedure Manual. - Name	Q109_Size Upload your Policy and Procedure Manual. - Size	Q109_Type Upload your Policy and Procedure Manual. - Type	Q109_Url Upload your Policy and Procedure Manual. - URL
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No	F_2xKOjxmQSGBdy6I	5. YMCA Child Care Policy and Procedure Manual -.pdf	4438956	application/pdf	https://bcmcf.qualtrics.com/Q/File.php?F=F_2xKOjxmQSGBdy6I
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Q110 This section must be reviewed and completed by the Applicant and, in the case of an Applicant that is a public body or other organization type referenced in section 1 of this Application, this section must be reviewed and completed by the authorized representative/signatory on behalf of that public body or organization. I, the Applicant, by checking the <input type="checkbox"/> confirm and agree <input type="checkbox"/> checkbox below, declare and represent to the Ministry that: I am the Applicant or the authorized representative/signing authority of the Applicant, in which case I have the authority to submit this Application and related	Q111 Completed and submitted by: (your Organization's Authorized Signing Authority)	GroupCC_U36 GroupCC_U36	GroupCC_30_SA GroupCC_30_SA	GroupCC_SA GroupCC_SA	GroupCC_MultiAge GroupCC_MultiAge
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I confirm and agree	Craig Sheather		24	25	00
I confirm and agree	Craig Sheather		24	45	00

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4698 OAK ST	10-620 ROYAL AVE	NEW WESTMINSTER	V3M 1J2		www.gv.ymca.ca
710 12TH AVE W	10-620 ROYAL AVE	NEW WESTMINSTER	V3M 1J2		www.gv.ymca.ca

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