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**Children’s Programs**

**2024-25 Annual Reporting Tool**

**INTRODUCTION**Welcome to the 2024-25 Annual Reporting Tool (ART). The information collected by this tool provides the Public Health Agency of Canada (PHAC) with an understanding of how the **Community Action Program for Children (CAPC)**, **Canada Prenatal Nutrition Program (CPNP)** and **Aboriginal Head Start in Urban and Northern Communities (AHSUNC)** programs are implemented across Canada. Completion of the ART is a requirement of your Contribution Agreement.

 **CAPC and CPNP:**
For the purposes of this survey, the term “project” refers to all of the programs, activities, and services that are supported through a CAPC and/or CPNP Contribution Agreement from the Public Health Agency of Canada.

For CAPC and CPNP, the reporting period for **ALL** questions is **April 1, 2024 to March 31, 2025**.

**Non-Service Delivery (NSD):**

Projects who receive CAPC, CPNP and AHSUNC funding to develop knowledge products, deliver training and/or build capacity will also be required to complete this tool.

For **ALL** questions, the reporting period is **April 1, 2024 to March 31, 2025**

**AHSUNC:**
Some sites combine day care services and Aboriginal Head Start programs. For the purpose of this survey, please only include the services, activities, children, families and staff that are involved in the AHSUNC program.

For **ALL** questions, the reporting period is **April 1, 2024 to March 31, 2025**

**\* November 1, 2024** is used to gather a snapshot of sites at capacity

**Important: Please read before beginning the survey:**
1. You do not need to login to complete the survey. Please accept all cookies. PHAC will be tracking responses using your GCIMS number.
2. To save your survey you must click the **Save and** **Next** to advance to the next screen and then click **Quit and Resume Later**.
3. The **Quit and Resume Later** button will allow you to continue the survey where you left off by using the same link.
4. The**Back** button will not save your work. Please use the **Save and** **Next** button.
5. The survey will time out after 30 minutes.
6. You may lose your work if you have not hit the **Quit and Resume Later** button and leave your computer.
7. Only one person from your organization can access the survey. The link to the survey is linked to your email. The link can not be shared.
8. The survey only allows you to enter text or numbers for the appropriate questions. Charts, pictures and other formats are not supported.
9. For numerical answers, only use numbers and do not use decimals, commas or dollar signs.

10. The survey numbering will not be in order as the survey contains skip logic.
11. The last question asks if you want a copy of your responses emailed to you. Please select "Yes".

12. Your Program Officer will send you feedback via email and you can use the same link (from the same browser) and the **Back** button to edit your answers.

13. Once you have edited your answers and are satisfied with your input please choose **Submit**.

14. **The due date for completing the survey is APRIL 30th, 2025.**

**Privacy Notice**The personal information collected in this form is being collected under the authority of the Department of Health Act (1996) and the Public Health Agency of Canada Act (2006) in order to capture results and to gather performance measurement information. The personal information that you provide is protected and governed in accordance with the Privacy Act and will only be used for the reasons set forth in this consent. The collected personal information will not be disclosed without your consent except in limited and specific circumstances where required by law. If you have any questions or concerns regarding this form or the personal information collected through it, please contact the ART Team at [phac.cppmt-omrpe.aspc@canada.ca](file:///%5C%5CNCR-A_IRBV2S%5CIRBV2%5CPHAC%5CHPCDPB%5CCHP%5CDCY%5CPH%20PROT%20%26%20PROM%20HC8%5CEVALUATION%5CIPMU%5CCPPMT%5C2019-20%5C4.%20Tool%5C1.%20FINAL%5CCPPMT%5Cphac.cppmt-omrpe.aspc%40canada.ca).

NOTE: This blank copy of the CPPMT is the survey in its entirety, covering all questions for all three children’s programs (CAPC, CPNP, AHSUNC) and non-service delivery projects. The question skipping is therefore not automated in this fillable template as it is in the online version of Voxco. For your reference, questions to be answered are identified by program in the table below.

# Section 1: Project Information

# Questions 1 to 2: CAPC, CPNP, NSD and AHSUNC

# 1. Please provide the appropriate information in the spaces below.

|  |  |
| --- | --- |
| a. Current GCIMS Arrangement Number (e.g., 1718-HQ-123456): |   |
| b. Funding Recipient Name/Title (as per your contribution agreement): |   |
| c. Project/ Site Name: |   |
| d. Province |  |

# 2a. Is this a CAPC or CPNP or Non-Service Delivery (NSD) project or an AHSUNC Site?

Depending on the option selected, you will notice that the questions will not follow sequentially (e.g. After Q3, CAPC projects will skip to Q8 and CPNP projects will skip to Q12. After Q7, AHSUNC sites will skip to Q18.).

|  |
| --- |
|[ ]  CAPC Project |
|[ ]  CPNP Project |
|[ ]  AHSUNC Site  |
|[ ]  Non-service delivery (NSD)Projects who receive CAPC, CPNP and AHSUNC funding to develop knowledge products, deliver training and/or build capacity will also be required to complete this tool. |

|  |  |
| --- | --- |
| 2b. Total number of CAPC or CPNP sites associated with this project (includes anywhere programs, activities, or services are regularly delivered to participants except home visits and locations where staff may meet participants on an informal and/or occasional basis, for example, coffee shops).**Example:** a main site and two smaller satellite sites should be recorded as “3.”  |  |

# Section 2: Workplan and Objectives

Questions 3-4: CAPC,CPNP, NSD and AHSUNC

# 3a. Provide a summary of progress on project activities undertaken during the reporting period, as per your approved work plan (for each activity, please indicate the number of times it has taken place and the number of participants). Sufficient detail on each activity should be provided to support an understanding of associated budget costs, as per those reported on the cashflow statement.

|  |
| --- |
|  |

**3b. Please describe some of your site/project’s highlights or key accomplishments that relate to your project objectives and outcomes. Please include any innovative delivery mechanisms implemented to reach your target audience.**

**Please focus on the most significant highlights/accomplishments using a maximum of three examples.**

**For projects with Official Languages Minorities Communities (OLMC) obligations, please include one example of your project’s highlights or key accomplishments related to addressing OLMC needs.**

|  |
| --- |
|  |

# 4a. Did your project/site experience any challenges during the reporting period? Please select all that apply from the list below.

|  |
| --- |
| Emergency conditions (e.g., COVID-19, threat or lockdown) |[ ]
| Disaster conditions (e.g., forest fires or flooding) |[ ]
| Weather conditions (e.g., freezing rain, heavy snowfall that made transportation to the project difficult) |[ ]
| Infrastructure/utility issues (e.g., power outages, water advisories) |[ ]
| Insufficient number of participants |[ ]
| Lack of available professionals (e.g., nurses, dietitians, counsellors, local health services) |[ ]
| Lack of funding (includes not being able to afford needed staff) |[ ]
| Lack of Project staff (for reasons other than lack of funding e.g., staff unavailable for hire/volunteer) |[ ]
| Lack of transportation for participants to/from project |[ ]
| Lack of space to host programs, activities and services |[ ]
| Lack of resources (other than funding, staff and space. E.g., computers) |[ ]
| Other. Please specify: \_\_\_\_\_\_\_\_\_\_\_ |[ ]

# 4b. Please describe the most significant challenges experienced by your project, how they were addressed, and any lessons learned.

|  |
| --- |
|  |

# Questions 5-6: CAPC, CPNP and AHSUNC

# 5. What methods did this CAPC or CPNP project, or AHSUNC site use to deliver its programs, activities, and services to participants during the reporting period?

# The purpose of this question is to track the methods that are used by CAPC and CPNP projects and AHSUNC sites to deliver programs, activities, and services to participants and does not imply that all methods should be used by each project/site.

**5a. Did your project or site use group sessions as a delivery method?**

|  |
| --- |
|[ ]  Yes |
|[ ]  No |

# 5a. Group sessions - Please select all that apply:

|  |
| --- |
|[ ]  Classes/groups with parents/caregivers and children |
|[ ]  Classes/groups/meetings with parents/caregivers only |
|[ ]  Classes/groups/meetings with prenatal/postnatal participants |
|[ ]  Community events/special events (e.g. picnics, festivals, etc.) |
|[ ]  Community kitchens/community gardens |
|[ ]  Cultural ceremonies |
|[ ]  Early childhood education programs/classes/activities for children |
|[ ]  Leadership/advocacy training for parents/caregivers |
|[ ]  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# ****5b. Did the project or site use individual sessions as a delivery method?****

|  |
| --- |
|[ ]  Yes |
|[ ]  No |

# 5b. Individual sessions - Please select all that apply:

|  |
| --- |
|[ ]  Case management/One-on-one support/counselling (e.g., addictions counselling/support, nutritional counselling, prenatal or childbirth support, postnatal and/or breastfeeding support, telephone support) |
|[ ]  Home visiting |
|[ ]  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# ****5c. Did this project or site use support services as a method of delivery?****

|  |
| --- |
|[ ]  Yes |
|[ ]  No |

# 5c. Support services - Please select all that apply:

|  |  |
| --- | --- |
| [ ]  | Access to phone, internet, fax, photocopier |
|[ ]  Access or referral to health or other professionals (e.g., speech language therapist, occupational therapist, justice/legal, education, income) |
|[ ]  Advocacy/support |
|[ ]  Food/vitamin supplements or vouchers |
|[ ]  Job searching support |
|[ ]  Newcomer/settlement services |
|[ ]  Resource/toy lending, libraries |
|[ ]  Respite/child care programs |
|[ ]  Transportation/accompaniment |
|[ ]  Translation and interpretation |
|[ ]  Developmental screening |
|[ ]  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| 5d. Did this project or site use outreach activities as a method of delivery?

|  |
| --- |
|[ ]  Yes |
|[ ]  No |

5d. Outreach activities- Please select all that apply: |
|[ ]  Outreach activities to provide information about the Project (e.g., open houses, information sessions) |
|[x]  Outreach activities for individuals (e.g., to connect with “hard to reach” participants) |
|[ ]  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |

# 5e: Did this project or site use virtual programming as a method of delivery?

Examples of virtual programs include: virtual home visit, virtual intake assessment, virtual activities/programs (crafts, cooking, etc.).

Examples of activities that do not meet the definition of virtual programming: emails, text messages.

|  |
| --- |
|[ ]  Yes |
|[ ]  No |

# 5e. Virtual programming - Please select all that apply:

|  |
| --- |
|[ ]  Group sessions  |
|[ ]  Individual sessions |
|[ ]  Support services |
|[ ]  Outreach services |
|[ ]  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# 6. Which of the following public health topics were addressed by this CAPC or CPNP or NSD project or AHSUNC site’s programs, activities, and services during the reporting period?

# This question refers to all of the programs, activities, and services offered to participants by this CAPC, CPNP or NSD project or AHSUNC site that were at least partially funded by CAPC, CPNP or AHSUNC.  The purpose of this question is to track the public health topics that were addressed by CAPC and CPNP projects or AHSUNC sites during the delivery of programs, activities, and services and does not imply that all topics should be addressed by each Project/site.

|  |
| --- |
|[ ]  Healthy Eating and Nutrition |
|[ ]  Food Security |
|[ ]  Physical Health and Activity |
|[ ]  Injury Prevention |
|[ ]  Mental Health |
|[ ]  Family Violence/Trauma |
|[ ]  Parenting and Parent-Child Attachment/Interaction |
|[ ]  Social Isolation |
|[ ]  Infant and Child Developmental Milestones |
|[ ]  Early Learning/School Readiness |
|[ ]  Substance use reduction or cessation |
|[ ]  Breastfeeding Support/Education |
|[ ]  Prenatal Support/Education |
|[ ]  Postnatal Support/Education |
|[ ]  Immunization/Vaccination |
|[ ]  Other, please specify\_\_\_\_\_\_\_\_ |

# Question 7: CAPC, CPNP and AHSUNC

# 7. For how many weeks during the reporting period (April 1, 2024 to March 31, 2025) did this CAPC or CPNP project or AHSUNC site provide programs, activities and services to participants?

The number of weeks reported should reflect the number of weeks for which CAPC, CPNP or AHSUNC funded programs were running and accessible by participants.  If a program met once a week for 10 weeks, each of those weeks is counted. The number should not reflect any weeks that staff were working at the CAPC or CPNP project or AHSUNC site without participant involvement (e.g., the number of weeks should not reflect staff work over the summer while there is no programming for participants).

|  |
| --- |
| Number of weeks (between 1 and 52): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Questions 8 to 10: AHSUNC only

# 8a. Did your AHSUNC site offer half day sessions?

A half-day session is four hours or less.

|  |
| --- |
|[ ]  Yes |
|[ ]  No |

# 8b. How many days per week did your AHSUNC site offer half-day sessions?

|  |
| --- |
|[ ]  1 day per week |
|[ ]  2 days per week |
|[ ]  3 days per week |
|[ ]  4 days per week |
|[ ]  5 days per week |
|  |  |
|  |  |

# 8c. Thinking about the children who participated in half-day sessions, how many hours of AHSUNC programming were typically available to each child per week?

# Number of hours of AHSUNC programming typically available to each child per week

|  |
| --- |
|  |

# 9a. Did your AHSUNC site offer full-day sessions?

A full-day session is more than four hours long.

|  |
| --- |
|[ ]  Yes |
|[ ]  No |

# 9b. How many days per week did your AHSUNC site offer full-day sessions?

|  |
| --- |
|[ ]  1 day per week |
|[ ]  2 days per week |
|[ ]  3 days per week |
|[ ]  4 days per week |
|[ ]  5 days per week |

# 9c. Thinking about the children who participated in full-day sessions, how many hours of AHSUNC programming were typically available to each child per week?

|  |  |
| --- | --- |
| Number of hours of AHSUNC programming typically available to each child per week |  |

|  |
| --- |
|  |

# 10. Which of the following activities did your AHSUNC site offer to increase cultural knowledge?

Please select all that apply:

|  |
| --- |
|[ ]  Elder participation |
|[ ]  Storytelling |
|[ ]  Traditional Music and Dance |
|[ ]  Crafts - drum making, beading |
|[ ]  Hunting |
|[ ]  Traditional Ceremonies |
|[ ]  Traditional Dress |
|[ ]  Traditional Food |
|[ ]  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Questions 11 to 13: NSD projects only

# 11. How many CAPC and CPNP projects and AHSUNC sites were reached by the activities implemented by your Project during the reporting period?

|  |
| --- |
|  |

# 12. Approximately how many CAPC, CPNP and AHSUNC staff participated in the activities offered by your Project during the reporting period? (This is the total number of people reached by all activities and events offered by your Project)

|  |
| --- |
|  |

**13. Please identify the type of products/activities that were developed or delivered over the reporting period. For each type identified, please specify the number of products/activities developed/delivered and the number of CAPC, CPNP projects or AHSUNC sites reached.**

|  |  |  |
| --- | --- | --- |
| **Output/Activity/Resource** | **Total # per type** | **How many projects or sites did you reach?** |
| **CAPC** | **CPNP** | **AHSUNC** |
| Community events |  |  |  |  |
| Presentations/Webinars |  |  |  |  |
| Training workshops/courses |  |  |  |  |
| On the job training  |  |  |  |  |
| Orientation sessions  |  |  |  |  |
| Research reports |  |  |  |  |
| Tools/manuals/training kits |  |  |  |  |
| Brochures/pamphlets/posters |  |  |  |  |
| Newsletters/articles |  |  |  |  |
| Presentations |  |  |  |  |
| Other (please specify):  |  |  |  |  |
|  |  |  |  |  |

# Section 2: Resources

**Question 14: CAPC and CPNP only**

**15.**  **Please indicate if you are aware of the following resources. If yes, please identify whether you have used the resource and how much during the reporting period. Please select the most common or frequent way the resource was used.**

|  |  |  |  |
| --- | --- | --- | --- |
| Resource | Aware of this Resource | Have Used this Resource | If yes, please identify how each resource was used  |
|  | Yes | No  | Yes  | No  | To provide directly to program participants and / or colleagues for informational purposes | To inform or change how services are delivered (e.g., inform policy or program development, establish or update professional practices) | To develop health promotion messages or initiatives | To be used as an educational resource within programs | Other |
| Your guide to postpartum health and caring for your baby |  |  |  |  |  |  |  |  |  |
| Your Guide to a Healthy Pregnancy |  |  |  |  |  |  |  |  |  |
| 10 Great Reasons to Breastfeed your Baby |  |  |  |  |  |  |  |  |  |
| 10 Valuable Tips for Successful Breastfeeding |  |  |  |  |  |  |  |  |  |
| Joint Statement on Safe Sleep: Reducing Sudden Infant Deaths in Canada (2021) |  |  |  |  |  |  |  |  |  |
| Safe Sleep for Your Baby – Brochure |  |  |  |  |  |  |  |  |  |
| What’s Wrong with Spanking – Brochure |  |  |  |  |  |  |  |  |  |
| Family-Centered Maternity & Newborn Care: National Guidelines (Revised), Factsheets, and/or Infographics |  |  |  |  |  |  |  |  |  |
| Nobody’s Perfect Parenting Tip Sheets – general and fathers |  |  |  |  |  |  |  |  |  |
| Brief Intervention on Substance Use with Girls and Women: 50 Ideas for Dialogue, Skill Building, and Empowerment |  |  |  |  |  |  |  |  |  |
| Thinking about using cannabis before or during pregnancy? |  |  |  |  |  |  |  |  |  |
| Thinking about using cannabis while parenting? |  |  |  |  |  |  |  |  |  |
| Canada’s Guidance on Alcohol and Health - Communications Toolkit (Canadian Centre on Substance Use and Addiction) |  |  |  |  |  |  |  |  |  |
| The FASD Dictionary (YWCA Metro Vancouver) |  |  |  |  |  |  |  |  |  |
| Learn More About Alcohol and Breastfeeding fact sheet (fasdNL) |  |  |  |  |  |  |  |  |  |
| FASD Awareness Campaign tools and resources (Association pour la santé publique du Québec) |  |  |  |  |  |  |  |  |  |

Question 15: CAPC, CPNP and AHSUNC

**15a. Did your project develop knowledge products, resources, or training with CAPC/CPNP/AHSUNC funding?**

[ ]  Yes

[ ]  No

**15b. If yes, please complete the table below**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title of resource/product/training** | **Description of product/resource/training** | **Author resource** | **Link to resource if available online** |
| *e.g., Nutrition tips for breastfeeding moms*  | *Provides tips to help breastfeeding mothers eat nutritious foods.* | *Baby and Me registered dietitian* |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Section 3: Capacity and Reach**

Definition of Participant:

An individual is a participant if they have received a program, activity, or service from this project that is at least partially funded by CAPC/CPNP/AHSUNC.

How to Count Participants:

Count each individual only once, even if they participated on multiple occasions or multiple activities during the reporting period. For CAPC and CPNP if both parents or caregivers attend, count each person once.

Who to Exclude:

An individual is not a participant if they:

* only stopped by to inquire about the program;
* only had a casual encounter with the project wherein no program, activity or service was received; only participated at a one-time special event or social event;
* participated in a program, activity or service that was not at least partially funded by CAPC/CPNP/AHSUNC.

Question 16-18: CAPC only

# 16a. How many parents/caregivers participated at this CAPC project during the reporting period?

|  |
| --- |
|[ ]  Individuals \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|[ ]  Not applicable, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |

# 16b. Of the parents/caregivers (reported above) who participated at this CAPC project during the reporting period, how many of them were fathers/male caregivers?

|  |
| --- |
|[ ]  Individuals \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|[ ]  Not applicable, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|[ ]   |

# 17. How many children 0-6 years of age participated at this CAPC project during the reporting period?

|  |
| --- |
|[ ]  Individuals \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|[ ]  Not applicable, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# 18. For Quebec CAPC projects only, how many children 7-12 years of age participated at this CAPC project during the reporting period?

|  |
| --- |
|[ ]  Individuals \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|[ ]  Not applicable, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Questions 19-24: CPNP only

# 19. How many pregnant individuals participated at this CPNP project during this reporting period?

|  |  |
| --- | --- |
| [ ]   | Individuals \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|[ ]  Not applicable, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# 20. Of the pregnant individuals (reported above) who participated at this CPNP Project during the reporting period, how many women:

# 20a. Gave birth to a live term infant (37- 42 weeks gestation) during the reporting period?

(This number should not exceed the number provided in Question 19)

|  |
| --- |
|[ ]  Individuals \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|[ ]  Not applicable, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |

# 20b. Gave birth to a live preterm infant (fewer than 37 weeks gestation) during the reporting period?

(This number should not exceed the number provided in Question 19)

|  |
| --- |
|[ ]  Individuals \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|[ ]  Not applicable, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# 21. Please indicate breastfeeding initiation status for all pregnant women who gave birth to a live infant (reported in Questions 20a + 20b)

Breastfeeding initiation refers to individuals who breastfed or tried to breastfeed their child, even if only for a short time.
(The sum of the numbers reported in a, b and c below should equal the sum of 20a and 20b)

1. Number of these individuals who initiated breastfeeding:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Number of these individuals who never breastfed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Number of these individuals for whom no breastfeeding information is available:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 22. How many individuals attended this CPNP project as postnatal participants only during the reporting period?

This question is asking about individuals who did not participate during their pregnancy, rather, they joined only after the birth of their infant.

|  |
| --- |
|[ ]  Individuals \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|[ ]  Not applicable, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# 23. How many individuals who identify as fathers/male caregivers participated at this CPNP project during the reporting period?

|  |
| --- |
|[ ]  Individuals \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|[ ]  Not applicable, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# 24. How many other caregivers participated at this CPNP project during the reporting period?

|  |
| --- |
|[ ]  Individuals \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|[ ]  Not applicable, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Question 26: CAPC, CPNP and AHSUNC

**25. In which of the following geographic areas did this CAPC or CPNP project or AHSUNC site deliver programs, activities, or services?**

This question shows the geographic distribution of projects/sites. Please answer based on the overarching geographic area(s) in which your project delivered services. For example, if your project served a neighbourhood within a large urban population centre, you should select “large urban population centre. An answer is required for each question. You may answer “Yes” for more than one option. This question is not asking where participants are coming from.

|  |  |  |
| --- | --- | --- |
|   | **Yes** | **No** |
| Large urban population centres (population of 100,000 or more) |[ ] [ ]
| Medium population centres (population between 30,000 and 99,999) |[ ] [ ]
| Small population centres (population between 1,000 and 29,999) |[ ] [ ]
| Rural areas (population of less than 1,000) |[ ] [ ]
| Remote areas (geographic area at least 350 km away from the nearest small, medium or large population centre but has year-round road access) |[ ] [ ]
| Isolated areas (geographic area that is without year round road access) |[ ] [ ]
| Reserves / Communities  |[ ] [ ]
| Self-governing First Nations |[ ] [ ]
| Métis settlement |[ ] [ ]

Question 26: CAPC and CPNP

**26. In what languages did this CAPC or CPNP project deliver its programs, activities, and services to participants (including languages used by translators) during this reporting period?**

Please include all languages used by at least one of the Project’s staff (or a translator) to deliver programs, activities, and services to participants. Do not include languages spoken casually between staff members or by a staff member in his/her personal time.

Please select all that apply:

|  |
| --- |
|[ ]  English |
|[ ]  French |
|[ ]  Indigenous Languages |
|[ ]  Other languages: |
|[ ]  Other languages: |

Questions 27-41: AHSUNC

# 27. As of November 1, 2024, how many children participated at your AHSUNC site for regular programming?

|  |  |
| --- | --- |
| Number of children: |  |

# 28. What is the maximum number of children that could participate at your AHSUNC site on November 1, 2024?

|  |  |
| --- | --- |
| Number of children: |  |

# 29a. Does your site offer a summer program?

# ☐ Yes

# ☐ No

# 29b. If yes, how many children participated?

|  |  |
| --- | --- |
| Number of children: |  |

# 30a. Of the children who participated on November 1, 2024 (reported in Question 27) how many were boys and how many were girls? How many identified as other?

The total should equal the total in Question 27.

|  |  |
| --- | --- |
| Number of Boys |  |
| Number of Girls |  |
| Number identified as other |  |

# 30b. Of the children who participated at your AHSUNC site (reported in Question 27), how many belonged to the following age groups?

Please report child's age as of **November 1, 2024.** The total should equal the total in Question 27. Enter 0 if not applicable.

|  |  |
| --- | --- |
| 0 – 12 months |  |
| 1 year olds |   |
| 2 year olds |   |
| 3 year olds |  |
| 4 year olds |   |
| 5 year olds |   |
| 6 year olds |  |
| Older than 6 years |  |

# 30c. Of the children who participated at your AHSUNC site (reported in Question 27), how many self-identified as belonging to one of the following Indigenous groups?

The total should equal the total in Question 27. Enter 0 if not applicable.

|  |  |
| --- | --- |
| First Nations children (including Status/Non-status) |  |
| Métis |  |
| Inuit |  |
| Other Indigenous group(s) (e.g. children who’s heritage may include more than one Indigenous group) |  |
| Non-Indigenous |  |
| Unknown |  |

**31. Out of the number of children who participated in your AHSUNC site as of November 1, 2024, how many children spoke an Indigenous language at a level appropriate for their age?**

(This number should not exceed the total in Question 27)

|  |  |
| --- | --- |
| Number of children: |  |

**32. Which of the languages listed below were commonly spoken by children and/or taught at your AHSUNC site?**

An answer is required for each response option.

|  |  |  |
| --- | --- | --- |
| **Language** | **Language was Spoken by Children:** | **Language was Taught at Site:** |
| English | ☐ Yes / [ ]  No | ☐ Yes / [ ]  No  |
| French | ☐ Yes / [ ]  No | ☐ Yes / [ ]  No |
| Algonquin | ☐ Yes / [ ]  No | ☐ Yes / [ ]  No |
| Attikamekw | ☐ Yes / [ ]  No | ☐ Yes / [ ]  No |
| Blackfoot | ☐ Yes / [ ]  No | ☐ Yes / [ ]  No |
| Carrier | ☐ Yes / [ ]  No | ☐ Yes / [ ]  No |
| Cayuga | ☐ Yes / [ ]  No | ☐ Yes / [ ]  No |
| Cree | ☐ Yes / [ ]  No | ☐ Yes / [ ]  No |
| Dene | ☐ Yes / [ ]  No | ☐ Yes / [ ]  No |
| Hal'qu'em'elem | ☐ Yes / [ ]  No | ☐ Yes / [ ]  No |
| Inuktitut | ☐ Yes / [ ]  No | ☐ Yes / [ ]  No |
| Innu-Aimun | ☐ Yes / [ ]  No | ☐ Yes / [ ]  No |
| Kwa-Kwa-la | ☐ Yes / [ ]  No | ☐ Yes / [ ]  No |
| Maliseet | ☐ Yes / [ ]  No | ☐ Yes / [ ]  No |
| Michif | ☐ Yes / [ ]  No | ☐ Yes / [ ]  No |
| Mi' kmaq | ☐ Yes / [ ]  No | ☐ Yes / [ ]  No |
| Mohawk | ☐ Yes / [ ]  No | ☐ Yes / [ ]  No |
| Nuu-chah-nulth | ☐ Yes / [ ]  No | ☐ Yes / [ ]  No |
| Ojibwe | ☐ Yes / [ ]  No | ☐ Yes / [ ]  No |
| Okanagan | ☐ Yes / [ ]  No | ☐ Yes / [ ]  No |
| Oneida | ☐ Yes / [ ]  No | ☐ Yes / [ ]  No |
| Saulteaux | ☐ Yes / [ ]  No | ☐ Yes / [ ]  No |
| Sm’algyax (Tsimshian) | ☐ Yes / [ ]  No | ☐ Yes / [ ]  No |
| Tahltan | ☐ Yes / [ ]  No | ☐ Yes / [ ]  No |
| Other language | ☐ Yes / [ ]  No | ☐ Yes / [ ]  No |

**33a. How many different individuals worked at this AHSUNC site during the reporting period (April 1, 2024 – March 31, 2025) whose salary was paid either in full or in part with AHSUNC funds?**

**33b. How many of the staff members (identified in 34a) identify as Indigenous? (Please only report if known to survey respondent).**

**34a. How many staff members (identified in 33a) at this AHSUNC site had early childhood education (ECE) responsibilities?**

**34b. How many of those ECE staff (identified in 34a) identify as Indigenous? (Please only report if known to survey respondent).**

**35. How many staff members at this AHSUNC site with early childhood education (ECE) responsibilities:**

The total must not exceed the number of staff identified in question 33a. If none, enter “0”.

|  |  |
| --- | --- |
| (a) Have met minimum provincial ECE requirements for their position? |   |
| (b) Have met minimum provincial ECE requirements for their position and have additional credentials beyond the minimum ECE requirements? |   |
| (c) Are currently enrolled in training to meet minimum ECE requirements for their position? |   |
| (d) Are currently enrolled in training to obtain credentials beyond the minimum provincial ECE requirements for their position? |   |

**36a. Was staff turnover a concern at this AHSUNC site during this reporting period?**

|  |  |
| --- | --- |
| ☐ | Yes |
| ☐ | No |

**36b. If yes, what were the main reasons for staff turnover?**

Please select all that apply:

|  |  |
| --- | --- |
| ☐ | Employee(s) left for personal /family reasons |
| ☐ | Employee(s) moved away |
| ☐ | Employee(s) pursued other career opportunities |
| ☐ | Employee(s) left on maternity leave |
| ☐ | Employee(s) left for position with a higher salary |
| ☐ | Employee(s) fired |
| ☐ | Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**37a. Does your AHSUNC site have a waiting list?**

|  |  |
| --- | --- |
| ☐ | Yes |
| ☐ | No |

**37b. Please report the number of children on the waiting as of November 1, 2024. Include only children who were eligible at that time (e.g., who met the age requirement).**

|  |
| --- |
|  |

# 38a. How many of the children in your AHSUNC site had special needs (diagnosed or suspected) during the reporting period?

Responses should not exceed total number of children who participated (Question 27)

Enter “0” if not applicable.

|  |  |
| --- | --- |
| Number of children with diagnosed special needs:   |  |
| Number of children with suspected special needs: |  |

# 38b. How many of the children in your AHSUNC site required extra staff support because of special needs (diagnosed or suspected) during the reporting period

Responses should not exceed the responses of 38a. Enter “0” if not applicable

|  |  |
| --- | --- |
| Number of children with diagnosed special needs who required extra staff support:  |  |
| Number of children with suspected special needs who required extra staff support:  |  |

# 39a. Were there barriers to obtaining a formal assessment for children with suspected special needs at your AHSUNC site?

|  |
| --- |
|[ ]  Yes, this site did experience barriers - please go to Question 40b |
|[ ]  No, this site did not experience any barriers |

# 39b. What were the barriers to obtaining a formal assessment for children with suspected special needs at your AHSUNC site?

|  |  |  |
| --- | --- | --- |
| **A response is required for each type of barrier:** | **Yes** | **No** |
| No access to a professional in the community to complete an assessment |[ ] [ ]
| Long wait list for publicly funded assessment |[ ] [ ]
| Cost of private assessment was too high for parents/program |[ ] [ ]
| Parents did not agree to having their child assessed |[ ] [ ]
| Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |[ ] [ ]

# 40. Did your AHSUNC site offer any of the following services to support children with special needs and their parents/caregivers?

|  |  |  |
| --- | --- | --- |
| **A response is required for each statement:** | **Yes** | **No** |
| Early Childhood Educators with special needs training worked with children with special needs |[ ] [ ]
| Early Childhood Educators without special needs training worked with children with special needs |[ ] [ ]
| Parent volunteers worked with children with special needs |[ ] [ ]
| Our site offered special needs training to staff members |[ ] [ ]
| Our site referred children with special needs to health professionals (within or outside the community) |[ ] [ ]
| Our site assisted families in accessing other services for children with special needs |[ ] [ ]
| Our site offered individualized or group activities or services for parents/caregivers of children with special needs |[ ] [ ]

# 41. Did any of the following statements apply to your AHSUNC site regarding services for children with special needs?

|  |  |  |
| --- | --- | --- |
| **A response is required for each statement:** | **Yes** | **No** |
| Our site received additional funding (other than AHSUNC funding to help us support children with special needs) |[ ] [ ]
| Our site was unable to accept a child or children with special needs due to a lack of resources |[ ] [ ]
| Our site has had to limit total participation in order to accommodate the high number of special needs children we serve |[ ] [ ]
| Our site requested a family to withdraw their child with special needs from our program |[ ] [ ]

# Questions 42 and 46:  CAPC, CPNP, NSD and AHSUNC

# 42a. Did your CAPC or CPNP project or AHSUNC site receive money from any source other than the Public Health Agency of Canada’s CAPC, CPNP or AHSUNC programs (including the AHSUNC Strategic Fund or Indigenous Early Learning and Child Care (IELCC) funding for capital investments and program quality improvements\*) during this reporting period (April 1, 2024 to March 31 2025)? Only answer “yes” if this money was used to support the activities/objectives/outcomes of your CAPC or CPNP project or AHSUNC site

**\*Note:** AHSUNC provides additional funding related to the Strategic Fund and the IELCC capital investments and program quality improvements that enhance capacity, program quality and safe learning environments.

|  |
| --- |
|[ ]  Yes  |
|[ ]  No |

# 42b. Please identify the source(s) of funding received. For each source identified, please specify the amount of funding received.

**Important Note**: Please only include funds that are allocated to your CAPC, CPNP or AHSUNC programs, activities or services. In other words, please do not include funds received by your host/sponsor organization that were used for other programs, activities or services. If resources (e.g. a van) or services (e.g. staff) belonging to another program offered by your host/sponsor organization, were used by your CAPC, CPNP or AHSUNC program, please capture these benefits as in-kind donations (Question 44).

If the sponsor/host organization receives funding for more than one program (e.g. CAPC and AHSUNC), the funds should be reported in the manner they were divided between the programs. For example, if $20 000 was received by the sponsor/host from the provincial government it should NOT be reported as $20 000 by both CAPC and AHSUNC. Each program should only report the portion they received to support their programs, activities and services.

Please check the box and enter the value of funding from other sources. **If a funding source is not applicable, do not check the box.**

|  |  |
| --- | --- |
| **Source** | **Amount** |
|[ ]  Federal government funding other than PHAC |   |
|[ ]  PHAC funding other than CAPC, CPNP, or AHSUNC (e.g., Diabetes Strategy Fund, Community Action Fund, FASD Strategic Fund, Healthy Living, Innovation Strategy, Multi-sectorial Partnerships, Early Childhood Learning and Care) |  |
|[ ]  Provincial/territorial/regional/municipal government funding (including health regions or public health departments) |   |
|[ ]  Not-for-profit organizations |   |
|[ ]  Fundraising activities/events |  |
|[ ]  Business/Private Sector |   |
|[ ]  Other sources of funding (please specify)  |  |

# 43a. Did this CAPC or CPNP project or AHSUNC site receive in-kind donations during this reporting period (April 1, 2024 to March 31, 2025)?

In-kind donations are resources or services that are given/loaned to a CAPC or CPNP project or AHSUNC site, to support the delivery of programs, activities or services to participants, for which they would have had to otherwise pay.

**Examples**:

* Donations of resources or services from an external organization.
* Use of resources or services belonging to another program offered by your host/sponsor organization (e.g., van, staff, etc.).
* Donations of staff time or professional services include contributions that are paid for by another organization
* Contributions to the management, coordination or delivery of programs, activities, and services to participants. For example, if a regional public health unit provided a registered nurse twice a week.

|  |
| --- |
|[ ]  Yes  |
|[ ]  No |

# 43b. Please identify each type of in-kind donation received. For each type identified, please specify the value of the donation.

**Important Note:** An unpaid contribution to the CAPC or CPNP project or AHSUNC site by an individual is considered to be **volunteering** (even if an individual is providing their professional expertise (e.g., an accountant, dietitian or dentist) and should not be included here. Also, if an individual was paid an amount that was not a realistic payment for their services (e.g., honorarium), then they are considered volunteers.

If the sponsor/host organization receives donations for more than one program (e.g. CAPC and AHSUNC), the donations should be reported in the manner they were divided between the programs. In other words, each program should only report the donations they received to support their programs, activities and services.

**How to report the value of in-kind donations:**

It is recognized that the value of some of these donations will be difficult to report. In some cases, it may be appropriate to use the estimated purchase price of an item or service (e.g., regular use of a van) whereas in other cases it will be more appropriate to use an estimated rental price (e.g., infrequent use of the van).

Please check the box and enter the value of in-kind donations. **If an in-kind donation is not applicable, do not check the box.**

|  |  |
| --- | --- |
| **Type** | **Value** |
|[ ]  Administrative goods (e.g., office supplies, printing, postage) |   |
|[ ]  Equipment (e.g., office equipment, furniture, special equipment) |   |
|[ ]  In-kind staff (e.g., staff who are paid by another organization) |  |
|[ ]  Resources to support programming (e.g., books, food served during program) |   |
|[ ]  Resources for participant use outside the program (e.g., food, clothing, toys, baby equipment) |  |
|[ ]  Space/use of facility (e.g., typically equivalent to cost of renting space/facility) |   |
|[ ]  Transportation |   |
|[ ]  Other in-kind donations (e.g., professional development / staff training; entertainment e.g., tickets to attractions)  |   |

# 44a. Did your CAPC or CPNP project or ASHUNC site have volunteers during the reporting period?

A volunteer is an individual who made an un-paid contribution to this CAPC or CPNP project or ASHUNC site including, but not limited to the management, coordination, or delivery of programs, activities, and services to participants. This includes the following groups of people:

* Students on a practicum who are not being paid (even if receiving course credits)
* Current or past participants who are not being paid
* Project or site staff who stay after hours to help out and are not being paid
* Individuals who provide general support who are not being paid
* Individuals who provide their professional expertise (e.g., an accountant, dietitian or dentist) and are not being paid by the project, site or by another organization
* Individuals who were paid an amount that was not a realistic payment for services (e.g. honorarium, reimbursements, etc.)

Individuals whose contribution is **paid for by another organization** are **not** volunteers (this is an in-kind donation and should be captured in Question 44).

|  |
| --- |
|[ ]  Yes |
|[ ]  No |

# 44b. Number of Volunteers and Hours

Please check the box and enter the total number of volunteers and amount of hours volunteered per type. If a volunteer type is not applicable, do not check the box.

|  |  |  |
| --- | --- | --- |
| **Type** | **# of individuals who volunteered** | **Total # of hours volunteered** |
|[ ]  Community members |   |   |
|[ ]  Current or past participants |   |   |
|[ ]  Parent / caregiver of current participant |  |  |
|[ ]  Parent / caregiver of former participant |  |  |
|[ ]  Project staff (unpaid, on their own time) |  |  |
|[ ]  Practicum Students |  |  |
|[ ]  Professionals |   |   |
|[ ]  Seniors (e.g., 55+ and/or retired persons |   |   |
|[ ]  Indigenous Elders  |  |  |
|[ ]  Other individuals |   |   |

# 45a. Did your CAPC, CPNP or NSD project or AHSUNC site work with partner organizations during the reporting period?

Partner organizations are those which contribute to the management, coordination and delivery of this CAPC, CPNP or NSD project or AHSUNC site’s programs, activities and services.  An organization should not be counted as a partner if they only refer participants to, or accept referrals from, the project/site.

|  |
| --- |
|[ ]  Yes  |
|[ ]  No |

# 45b. Please identify the type of partner organization(s) your project worked with. For each type identified, please specify the number of partners.

All partner organizations should be included regardless of the size of their contribution. Count each partner organization only once, even if it could be described by more than one category. Choose the category that best describes the organization.

Please check the box and enter the amount of partners. **If a partner type is not applicable, do not check the box.**

|  |  |
| --- | --- |
| **Type** | **Number** |
|[ ]  Other Aboriginal Head Start (AHSUNC) site |   |
|[ ]  Other Canada Prenatal Nutrition Program (CPNP) Project |   |
|[ ]  Other Community Action Program for Children (CAPC) Project |   |
|[ ]  Indigenous organization (e.g. Friendship Centre) |   |
|[ ]  Business |   |
|[ ]  Charitable organization (e.g., United Way) |   |
|[ ]  Child protection service/Child and Family Service |   |
|[ ]  Community kitchen or similar organization |   |
|[ ]  Community organization |   |
|[ ]  Educational institution (e.g., school, university) |   |
|[ ]  Family resource/Early childhood/childcare centre |   |
|[ ]  Food, clothing bank or similar organization |   |
|[ ]  Health organization (e.g., Community Health Centre, Clinic, Public Health Unit) |   |
|[ ]  Housing provider |   |
|[ ]  Library/literacy organization |   |
|[ ]  Mental Health Agency |   |
|[ ]  Municipality |   |
|[ ]  Place of worship |   |
|[ ]  Police/other justice system |   |
|[ ]  Provincial early childhood initiative |   |
|[ ]  Recreation Centre |   |
|[ ]  Settlement organization for immigrants/newcomers |   |
|[ ]  Substance abuse program or treatment center |   |
|[ ]  Volunteer organization (e.g., Lion’s Club, Shriners, 4H) |   |
|[ ]  Women’s shelter/crisis centre |   |
|[ ]  Other partner organization (if you have a partner organization that does not fall into the categories above, indicate how many such organizations there are (number only))  |   |

# 46. To help us improve this questionnaire, we invite you to provide us with any feedback you may have (positive or negative) on the questions of the survey or the Voxco software. You may also provide us with other type of feedback regarding programming or other information you would like to share.

# Thank you!