



City of  
**Peterborough**

<b>CHILD CARE PROGRAM CLOSURE CHECKLIST</b>
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<b>Program Name:</b>	
<b>Contact Person:</b>	
<b>Address:</b>	
<b>Phone Number:</b>	<b>Fax Number:</b>
<b>E-mail Address:</b>	
<b>DNA License Number:</b>	<b>Service Contract Number:</b>
<b>Licensed Capacity:</b>	<b>Current Enrolment:</b>
<b>Date Program Established:</b>	<b>Estimated Date of Closure:</b>

**Legal & Financial:**

Please ensure the following are included <u>or</u> completed:		
✓	Item	Office Use Only
	Attach any legal advice received regarding closure	
	Verification of incorporated status/Business License	
	Verification of registered business closure	
	Return DNA License	
	List of all closure-related expenses	
	Submit final tax return (by April of following year)	
	Return all Service Contracts	
	Attach Wage Subsidy Utilization Form & YTD statistical reports	
	Complete and submit final Fee Subsidy Record of Attendance	

<b>Finance Officer, Treasurer or Accountant:</b> Name: _____  Contact Name: _____
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**Capital & Equipment:**

Please ensure the following are included or completed:		
✓	Item	Office Use Only
	Attach list of all Ministry /Municipal funded assets	
	Attach Asset Inventory and disposal plan of equipment for approval*	
	List of Ministry/Municipal funded property	

\*approval required from CMSM and Ministry

**Program:**

Please ensure the following are included or completed:		
✓	Item	Office Use Only
	Attach reasons for closure (board decision, low enrolment, financial constraints, facilities, staffing, etc)	
	List alternative program options considered (i.e. nursery school operating as a full day program, alternate space/hours of operation, etc)	
	Attach all parent communications regarding closure	
	Contact parents regarding alternative care options	

**Please complete this checklist, attach all required documentation and forward to:**

Sandra Robinson  
 Program Manager, Children's Services – City of Peterborough  
 178 Charlotte St. P.O. Box 4138  
 Peterborough, ON K9J 8S1

\_\_\_\_\_  
 Signature of Supervisor

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Board President/Owner

\_\_\_\_\_  
 Date

**For Office Use Only:**

✓	Item
	Notify Ministry of Closure
	Cancel subsidy payments to provider
	Submit Closure report & documentation to Ministry