**Council of Canadian Child and Youth Care Associations**

**Quarterly Provincial Report**

**Yearly Meeting Schedule:**

* July 30, 2020
* September 24, 2020
* January 21, 2021
* April 22, 2021
* AGM – TBA (June)

**Council Member completing this form:**

First and last name:

Phone number:

Email address:

**Province** (please put an X beside the reporting province – your province):

NL

NS

PEI

NB

QC

ON

MB

SK

AB

BC

**Quarterly Report #** (#1 is report directly following the AGM – put an X beside current report):

1 2 3 4

**Provincial Membership Numbers** (record N/A if the category does not apply):

Full members:

Student members:

Certified members:

Organizational members:

Honorary members (do not pay):

**TOTAL CURRENT MEMBERSHIP:**

**Current CCCYCA Committee Appointment(s)** (put an X beside the your committee)**:**

Communications

Conference

Finance

Membership

Policies and Bylaws

Other (please list):

**Agency Profiles** (list organizations/agencies in the province who employ your members)

*
*

or
**☐** Information not available

**Provincial Executive** (Put an X beside “no changes” or indicate changes below):

No changes this quarter

or

*Changes include:* (please list name and email address beside any position that has changed)

☐ President/Chair:

☐ Vice-President/Chair:

☐ Secretary:

☐ Treasurer:

**Trainings/Events/Professional Development Activities** (include offered and upcoming):

Completed:

*

Planned:

*
*
*

**Social Awareness and Political Activism:**

*
*

**Investment in the Field:**

**☐** CCCYCA dues paid for the year – amount: $

☐ Donation/payment to CYC-Assets – amount: $

☐ Donation/payment to CYC-Net – amount: $

☐ Donation/payment to RCYCP (e-Journal) – amount: $

☐ Other – please list (including amount):

**Other Concerns/Issues of Relevance** (record N/A if nothing further to record):