

**YMCA Youth Exchanges Canada**

**Exchange Report**

|  |
| --- |
| Group Name: |
| Group Number: |
| Hosting Dates: |
| Travel Dates: |

**Instruction for this document**

The following pages contain detailed information about your group’s exchange. **It is suggested that you have a copy of this plan with you when you travel as well as host.**

**What is the Exchange Report?**

**​**

* The exchange report is intended to help your group plan your exchange, from beginning to end.
* The exchange report helps us understand what groups are doing during their exchange.
* It includes information we need to report to our funder, such as program activities, demographics information, and financial information.
* The exchange report is also a tool for your Regional Coordinator to provide you with feedback and support during your exchange.
* Information in the report helps us ensure that exchanges are safe and meet program objectives.
* The emergency plan and host plan in the exchange report is intended to be shared with your own participants, their families, and with your twin group

# **Save/****Draft**

Please save this document using the following format: *Your group name* Exchange Report today’s date i.e. ***Main St Public School*** Exchange Plan 21Jun2022

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TWIN CONTACT INFORMATION-**Please provide contact details for your ***Twin***   |  | | --- | | Name of the Twin Group Organizer: | | Email address: | | Cell number: | | **YMCA YOUTH EXCHANGES CANADA CONTACT INFORMATION**  **Your Regional Coordinator is:**  Choose a Regional Coordinator  **Your Twin’s Regional Coordinator is:**  Choose your twin's Regional Coordinator |
| **ITINERARY**  Date of most recent Itinerary: |
| **YMCA YOUTH EXCHANGES CANADA NATIONAL OFFICE CONTACT INFORMATION**  Regular calls or during business hours in Toronto  **1-877-639-9987** | |
| **UNIGLOBE TRAVEL AGENT CONTACT**  During Business hours in Ottawa (M-F) **1-877-771-7157**  Celine Boudreau-Owens - [Celine@uniglobepremiere.com](mailto:Celine@uniglobepremiere.com)  Angie Taylor [Angie@uniglobepremiere.com](mailto:Angie@uniglobepremiere.com)  Jacinthe Martin – [Jacinthe@uniglobepremiere.com](mailto:Jacinthe@uniglobepremiere.com) | |
| **FOR EMERGENCY SITUATIONS**  YMCA **1-647-339-5926**  UNIGLOBE After hours **call 1-888-644-5623 SOS Code: YOWC421PT**  After hours email:[**afterhours@premieregroup.com**](mailto:afterhours@premieregroup.com)  Other relevant local emergency contact information:   |  |  |  |  | | --- | --- | --- | --- | | Police: | Ambulance: | Fire: | Hospital: |   Main Contact Number while travelling: | |

**PRE- EXCHANGE ACTIVITIES**

|  |  |
| --- | --- |
| **Date Range** | **Activity (Please check all that apply to your group)** |
| Enter date range: | Review Organizational/Board policies related to travel (adult-participant ratios, home stays etc.)  Secure appropriate number of adult male and female chaperones  Secure Insurance Certificate with the YMCA of GTA added as an additional insured  Ensure any proposed planned activities are in compliance with both my own and my twin’s Board/District/Organizational policies and procedures  Hold Parent/ Guardian information meeting  Contact your MP, local officials, and local media to inform them in advance of the exchange.  Collect any documentation that is required, such as medical information, or proof of vaccination (if required)  Our group will also: |
| Enter date range: | **COVID-19 related considerations:**  Ensure proposed activities are compliant with current public health measures in both exchange communities.  Complete information in the Host Plan and Emergency Planning sections based on your organizational/board policies related to COVID-19 safety protocols while travelling and hosting. Ensure this information is shared with your twin and that both organizations/board requirements are met.  Consider additional Group Leaders for extra support in case someone develops symptoms  Create an action plan to manage a possible positive case of COVID-19 while travelling and hosting and speak with the YMCA to better understand what emergency funds would be available to provide support if this were to occur.  Our group will also: |

**PRE-EXCHANGE ACTIVITIES**

Please describe your plan for the following pre-exchange activities that you will do:

|  |
| --- |
| **Team Building –** Describe what you will do to connect your group and build a team. |
|  |
| **Activity Planning** - How will youth be engaged in planning and organizing activities? How will your group plan activities? (ex: How will you meet, communicate, work together?) |
|  |
| **Twinning -** How will you help connect the youth from both groups before the exchange? |
|  |
| **Community Orientation -** What will you do to showcase and orient your twin group to your community before the exchange? |
|  |

**PROGRAM OBJECTIVES**

Please provide us with information on how your group is going to meet the following objectives:

|  |
| --- |
| **By participating in this exchange…** |
| Participants will enhance their knowledge and understanding of Canada  Participants will be connected and create linkages with one another  Participants will enhance their appreciation of the diversity and shared aspects of the Canadian experience  Participants will share, express and appreciate their Canadian identity through their exchange experience |
|  |
| Participants increase their self-confidence  Participants enhance their leadership capacities  Participants gain greater cross-cultural competencies |
|  |

**YOUR GROUP’S KEY LEARNING OBJECTIVES** (**KLO**)

|  |
| --- |
| Please list the specific goals that your group has for this exchange |
| KLO 1 |
| KLO 2 |
| KLO 3 |

**SOCIAL MEDIA** [](https://www.facebook.com/YMCAExchanges/) [](https://twitter.com/ymcaexchanges)[](https://www.instagram.com/ymcaexchanges/)[](https://ymcaexchanges.com/) [](https://www.youtube.com/channel/UCBnFJJJS4QvpSEmayeYdC7w)

Please tell us your Social Media plans. Please include links to the sites that you are using.

|  |
| --- |
|  |

**COMMUNITY CONNECTIONS**

**These are people in your community that your group has connected with to help, or spread the word about the program (i.e. Chief, Mayor, MP).**

Please complete the table below

|  |  |  |
| --- | --- | --- |
| **Name/Title of the VIP** | **Type of Contact** (e.g. phone, email, letter) | **Outcome** (e.g. attending event, will share on social media follow up needed) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**FINANCIAL REPORT**

You and your group will have to decide how much you'll need to spend and raise for the exchange. Please record all your revenue and expenses on this page.

Extra lines have been included so that you can add your own items.

Ensure that there is balance between revenue and expenses so as not to put too much hardship on the group members or community.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Revenue** | ***$$$*** | **Expenses** | **$$$** | **In Kind Donations** | **$$$** |
| Funds Raised By Participants |  | Recreation Activities |  |  |  |
| Community Sponsorship |  | Local Transportation |  |  |  |
| Participant Contributions |  | Pocket Money |  |  |  |
| Corporate Donations |  | Admission Fees |  |  |  |
| Events (list below) |  | Postage, Phone etc. |  |  |  |
|  |  | Prep Material |  |  |  |
|  |  | Supply Teachers |  |  |  |
|  |  | Food |  |  |  |
|  |  | Participant Fees ($75) |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total** | *0.00* | **Total** | *0.00* | **Total** | *0.00* |
| **Note: Please enter “0” in the $$$ column if it doesn’t apply to your group. To update the totals for each, right click on the 0.00 and select Update Field.** | | | | | |

**GROUP STATISTICS AND DEMOGRAPHICS**

Exchanges Canada has provided financial support to the exchange you are participating in. One of the key objectives of the program is to ensure that opportunities are accessible to all young Canadians. In order to ensure that our program can reach as many youth as possible, we would appreciate if you would provide us with the following information about your group.

*Information collected in this questionnaire will be used for statistical purposes only.*

|  |  |
| --- | --- |
| **Total number of youth participants in your group:** |  |
| **Total number of adult leaders in your group:** |  |

**Youth with Disabilities.** In your view, did any of the participants in your exchange program have a disability? Persons with disabilities are those who have difficulties with daily living activities, or who have a physical, mental condition or health problem reducing the kind or amount of activities that they can do. This could include: difficulty seeing, hearing, walking; difficulty using stairs, hands, fingers or doing other physical activities; difficulty learning, remembering or concentrating; emotional, psychological or mental health conditions; or other health problems or long-term conditions that have lasted or that are expected to last six months or more.

**Please specify the number of youth in each category:**

|  |  |  |  |
| --- | --- | --- | --- |
| Mobility |  | Hearing impairment |  |
| Learning disability |  | Speech impairment |  |
| Multiple |  | Medical disability |  |
| Visual impairment |  | Emotional challenges |  |
| Activity limitation |  |  | |
| Other: | | Please specify: | |

**Low-Income Households**

|  |  |  |
| --- | --- | --- |
| In your view, were there any participants in your exchange program that are from a low-income household? | How many? |  |

**Indigenous Youth.** To your knowledge, were there any participants in your exchange program who are Indigenous? If yes, how many?

|  |  |  |  |
| --- | --- | --- | --- |
| First Nation on reserve |  | First Nation off reserve |  |
| Inuit |  | Métis |  |

**Rural and Remote Communities**

|  |  |  |
| --- | --- | --- |
| In your view, did any of the participants in your exchange program live in a rural or remote community with a population that is less than 10,000? | How many? |  |

**Visible Minority Youth**

|  |  |  |
| --- | --- | --- |
| In your view, were any of the participants in your exchange program from a visible minority group? A visible minority is defined as an individual, other than an Indigenous person, who is non-Caucasian in race or non-white in colour. | How many? |  |

**Official Language Minorities**

|  |  |  |
| --- | --- | --- |
| To your knowledge, were any participants in your group members of an official language minority community (i.e. Francophone's outside Quebec, Anglophones in Quebec)? | How many? |  |

To your knowledge, how many participants in your group speak the following languages at home:

|  |  |
| --- | --- |
|  | **How many?** |
| **ONLY French** |  |
| **ONLY English** |  |
| **Both English and French are spoken at home** |  |
| **Other** |  |

**List other languages:**

**(Could be one of the official languages and another language listed above)**

**EMERGENCY PLANNING**

|  |  |
| --- | --- |
| **COMMUNICATION PLANNING** | |
| What is your groups Communication Protocol? | |
| ***Hosting*** | ***Travelling*** |
|  |  |
| How will parents be able to reach their youth or the Group Leader if required? | |
| ***Hosting*** | ***Travelling*** |
|  |  |

|  |
| --- |
| **RESPONSIBILITY** |
| Who is responsible for the group at different times of the exchange plan? |
|  |

|  |
| --- |
| **EMERGENCY SITUATIONS** |
| Contact the YMCA Youth Exchanges Canada Program Hosting? Contact your Regional Coordinator Travelling? Contact your twin’s Regional Coordinator. |
| Please describe what your group plans to do in an emergency |
|  |

**EMERGENCY PLANNING**

|  |  |
| --- | --- |
| **RISK MITIGATION** | |
| Please review the exchange plan and list the safety concerns that you need to review with the visitors and how you will mitigate this risk during their visit. (e.g. How you will mitigate potential risks associated with sun exposure, cold exposure, swimming, wildlife, bugs, injuries, youth navigating a different environment, etc.). | |
|  | |
| Please detail your procedure in the event that a participant has a mental health crisis or incident while on the exchange (e.g. isolation, panic attack, self-harm). | |
|  | |
| Please detail your group’s COVID-19 prevention safety protocols while travelling and hosting. | |
| ***Hosting*** | ***Travelling*** |
|  |  |

|  |  |
| --- | --- |
| **ILL OR INJURED PARTICIPANT** | |
| Minor Injury or illness | Serious illness or injury |
|  |  |
| Please outline your group’s response plan should anyone develops COVID-19 symptoms or tests positive for COVID-19. | |
|  | |

|  |
| --- |
| **LOST PARTICIPANT** |
| What are your group’s plans to deal with a lost participant? What measures will you take to mitigate this risk? |
|  |

|  |
| --- |
| **GROUND RULES** |
| Please provide a list of ground rules that your group agrees to follow |
|  |
| What is the groups plan to deal with a participant who is not following these ground rules? |
|  |

**Emergency Plan Checklist**

Ensure that you have:

Participant information, including relevant medical information, copies front and back of health card

Emergency Contact numbers

Reviewed my school/associations emergency polices and have noted the steps in case of an emergency.

At least one copy of the accident incident report with you when travelling and hosting

Copy of your Twins Exchange Report.

Shared my emergency plan with my participants and their families, and my twin Group Leader

**COMMUNITY SERVICE PROJECT**

Please provide us with as much information as possible on your community project. Please remember that it must total **8 hrs**.

This could mean that you are doing more than one activity.

|  |  |
| --- | --- |
| **Project Description:** |  |
| **Objective:** |  |
| **Date(s):** |  |
| **Alternate Project:** |  |
| **Notes** |  |

**HOST PLAN**

|  |  |
| --- | --- |
| **Date:** | **Waivers - Yes**  **No** |
| **Provide a detailed plan for your day,** including protocols to mitigate the spread of the COVID-19, following public health measures | |
|  | |
| **Key Learning Objectives -** Describe why the activity was selected and how it relates to your Key Learning Objective | |
|  | |
| **Alternate Plan for the day -** Please describe your alternate plans for the day, if any. | |
|  | |

**HOST PLAN**

|  |  |
| --- | --- |
| **Date:** | **Waivers - Yes**  **No** |
| **Provide a detailed plan for your day,** including protocols to mitigate the spread of the COVID-19, following public health measures | |
|  | |
| **Key Learning Objectives -** Describe why the activity was selected and how it relates to your Key Learning Objective | |
|  | |
| **Alternate Plan for the day -** Please describe your alternate plans for the day, if any. | |
|  | |

**HOST PLAN**

|  |  |
| --- | --- |
| **Date:** | **Waivers - Yes**  **No** |
| **Provide a detailed plan for your day,** including protocols to mitigate the spread of the COVID-19, following public health measures | |
|  | |
| **Key Learning Objectives -** Describe why the activity was selected and how it relates to your Key Learning Objective | |
|  | |
| **Alternate Plan for the day -** Please describe your alternate plans for the day, if any. | |
|  | |

**HOST PLAN**

|  |  |
| --- | --- |
| **Date:** | **Waivers - Yes**  **No** |
| **Provide a detailed plan for your day,** including protocols to mitigate the spread of the COVID-19, following public health measures | |
|  | |
| **Key Learning Objectives -** Describe why the activity was selected and how it relates to your Key Learning Objective | |
|  | |
| **Alternate Plan for the day -** Please describe your alternate plans for the day, if any. | |
|  | |

**HOST PLAN**

|  |  |
| --- | --- |
| **Date:** | **Waivers - Yes**  **No** |
| **Provide a detailed plan for your day,** including protocols to mitigate the spread of the COVID-19, following public health measures | |
|  | |
| **Key Learning Objectives -** Describe why the activity was selected and how it relates to your Key Learning Objective | |
|  | |
| **Alternate Plan for the day -** Please describe your alternate plans for the day, if any. | |
|  | |

**HOST PLAN**

|  |  |
| --- | --- |
| **Date:** | **Waivers - Yes**  **No** |
| **Provide a detailed plan for your day,** including protocols to mitigate the spread of the COVID-19, following public health measures | |
|  | |
| **Key Learning Objectives -** Describe why the activity was selected and how it relates to your Key Learning Objective | |
|  | |
| **Alternate Plan for the day -** Please describe your alternate plans for the day, if any. | |
|  | |

**HOST PLAN**

|  |  |
| --- | --- |
| **Date:** | **Waivers - Yes**  **No** |
| **Provide a detailed plan for your day,** including protocols to mitigate the spread of the COVID-19, following public health measures | |
|  | |
| **Key Learning Objectives -** Describe why the activity was selected and how it relates to your Key Learning Objective | |
|  | |
| **Alternate Plan for the day -** Please describe your alternate plans for the day, if any. | |
|  | |

**HOST PLAN**

|  |  |
| --- | --- |
| **Date:** | **Waivers - Yes**  **No** |
| **Provide a detailed plan for your day,** including protocols to mitigate the spread of the COVID-19, following public health measures | |
|  | |
| **Key Learning Objectives -** Describe why the activity was selected and how it relates to your Key Learning Objective | |
|  | |
| **Alternate Plan for the day -** Please describe your alternate plans for the day, if any. | |
|  | |

**POST EXCHANGE ACTIVITIES**

|  |  |
| --- | --- |
| **Timeline** | **Activity** |
| Enter date range: | Debrief the experience with the group  Youth are provided with opportunities to reflect on their experiences with their school/community group  Share the experience with the community at large |
|  | At the end of the exchange, I will receive from my Regional Coordinator instructions on how to complete and distribute an online survey. I will:  Send the evaluation link out to other leaders  Send the evaluation link out to the youth along with the letter from the Minister  Send the evaluation link to Parents/Guardians  Submit Post Program Follow Up Report.  Participate in the YMCA phone follow up with Regional Coordinator |
|  | Encourage continued communication between participants |
| **Please describe your plan for how you will debrief the exchange with your group and complete the surveys with youth participants.** | |
|  | |