

Section A – Child Care Service Information

Child Care Centre Name		
Physical Address		
Mailing Address		
City/Town	Province NL	Postal Code
Telephone	Email Address	
Website		
Licence Age Range		Licence Capacity
Licence Number	Current Date of Issue YYYY/MM/DD	Expiry Date YYYY/MM/DD
Administrator(s) Name		
Casual Caregiver Name		

Section B – Declaration

I, _____ Licensee of _____ declare that
(name) (Child Care Centre)

I have endured hardships in obtaining qualified caregivers to work casually at my child care centre. I continually advertise for qualified caregivers and no qualified applicants have applied. I have either closed a homeroom or taken extraordinary measures in order to meet legislative requirements. Therefore, in order to continue with the operation of _____ and continue to meet legislative requirements I am requesting
(Child Care Centre)

approval of the identified individual above to work as a Casual Caregiver as defined by the **Casual Caregiver Pilot Program** who will report to work to at _____ to fill short-term vacancies and
(Child Care Centre)

replace caregivers who are absent. Short-term vacancies/absences can include, but are not limited to, unexpected appointments, school closures, illness or emergency situations and no other qualified caregiver is available. I confirm that no corrective actions have been issued to _____ in relation to risk of harm
(Child Care Centre)

to children within the last calendar year. I agree to read and adhere to the **Casual Caregiver Pilot Program** policy and actively monitor the Casual Caregiver named above and as well as provide the required documentation as requested by the Department of Education. The information provided on this application is true and complete to the best of my knowledge.

Applicant/Licensee/Legal Entity Signature: _____ Date: (YYYY/MM/DD) _____

Name (Please Print): _____

Title of Signatory (if a corporation): _____

Telephone: _____

Section C – Information for Submission

This form may be completed and signed online and submitted electronically; or printed, signed and submitted (by mail, in person or electronically) to the regional office in your area. Regional office information can be found at: <http://www.gov.nl.ca/education/familyprograms/>

The following documentation must be attached:

1. Proof of long standing advertisement for qualified caregivers/limited pool of qualified applicants
2. Proof of homeroom closure or extraordinary measures to avoid homeroom closures
3. Attestation of Employment
4. Previous Employee Work Schedule – Where a caregiver previously received a Casual Caregiver Pilot Program approval
5. Proof of annual completion of the on-line Casual Caregiver Module via the Association of Early Childhood Educators Newfoundland and Labrador ([AECENL](#))

EDU OFFICE USE ONLY

Received By _____ Date Received
YYYY/MM/DD _____

Recommendations/Notes:

Regional Inspector Name _____ Date _____
YYYY/MM/DD

Regional Inspector Signature _____

PRIVACY NOTICE

The information collected on this form is collected under the authority of the *Child Care Act* and the *Access to Information and Protection of Privacy Act (ATIPPA)* and is used solely for the purposes of administration/operation of regulated child care program and services provided by the Early Learning and Child Development Division. This information is kept confidential and held securely as required by *ATIPPA*. If you have any questions about the collection or use of this information, please contact the Information Management Division of the Department of Education at 709-729-6281.