

## Child Care Inclusion Program Application: Guide to Completion

### **ONLY ONE APPLICATION PER HOME/HOMEROOM**

**A new application is to be completed/submitted each time a new request is made for a home/homeroom, including renewals and amendments. Applications must be completed in full. Incomplete applications will be returned.**

### **Inclusion Request**

#### **Initial:**

The request is a new application where:

- There are no inclusion supports already in place for the home/homeroom; or
- The supports have been in place for one year from an initial application and a new application is required.

#### **Renewal:**

The request is a continuation to an existing support. A request cannot be renewed beyond one year from the initial request.

#### **Amendment:**

The request involves a change (increase in funding, change in capacity, children moving homerooms, etc.) to an existing support.

## **Section A: Child Care Service Information**

### **Child Care Service Name:**

The name by which the child care service is known, as indicated on the child care licence or approval certificate.

### **Administrator(s):**

This is the name of an individual(s) who has been identified as an Administrator for the child care service. Where two Administrators exist, both must be listed.

### **Licensee:**

This is the corporation (or individual where there is no corporation) who holds the licence or approval certificate for the child care service.

### **Street Address:**

The street address where the child care service is physically located.

### **City/Town:**

The town or city where the child care service is physically located.

### **Postal Code:**

The postal code associated with the physical location of the child care service.

**Telephone:**

The telephone number to contact an authorized individual for information/clarity regarding the application.

**Email Address:**

The email address to contact an authorized individual for information/clarity regarding the application.

**Region:**

The region in which the child care service is located.

**OGP Site:**

Select Yes or No

**Section B: Licensing Information****Type of Program:**

Full Time – Operates more than 4 hours a day.

Part-Time – Operates for 4 hours or less per day.

**Hours of Operation:**

The hours a child care service is licensed or approved to operate and children are permitted to attend.

**Days of Operation:**

The days of the week a child care service is licensed or approved to operate and children are permitted to attend.

**Service Capacity:**

The maximum number of children permitted to attend the child care service at any one time as indicated on the licence or approval certificate. This is **NOT** the service capacity identified by Service NL.

**Number Enrolled:**

The total number of children enrolled in the child care service at the time the application was completed.

**Administrator in Ratio:**

Yes – The Administrator is counted in the caregiver to child ratio.

No – The Administrator is NOT counted in the caregiver to child ratio.

**NOTE: Where an Administrator is not in ratio, explain in the “Additional Information” section why the Administrator is not able to assist in providing the extra support needed.**

**Service Age Range:**

The licensed or approved age range of the child care service as indicated on the licence or approval certificate.

**Section C: Application Details****Table 1 – Consent & Supports:**

This section pertains to the exceptional needs of one or more children enrolled with exceptionalities in one or more developmental domains.

**Notes:**

**Up to four (4) spaces are allotted in considering naturally occurring proportions. In exceptional circumstances where a home/homeroom has more than four (4) children enrolled with exceptionalities, please attach as a separate document.**

**The Child Care Inclusion Consent to Obtain/Release Information form must be completed in full and identify the child care service in order for the inclusion consultant to become involved. The original will be kept at the Regional Office of the Department of Education and a copy will be kept in the child's file at the child care service. This form can be found on the Government website at:**

<https://www.gov.nl.ca/eecd/publications/childcare/>

Child Initials and DOB:

The Initials of the child for whom consent has been received. Entered as the initial of the first name followed by the initial of last name; e.g.; PT. Where different children are identified with the same initials use a middle name initial to differentiate the children; e.g.; PRT. Date of Birth is to be entered in year/month/day format, e.g., 2016/12/25.

Consent Received:

Confirm that parental consent has been received by checking "Yes". NOTE: The Inclusion Consultant or designated staff will only complete observations, collaborate with other professionals involved, etc., where informed written consent has been obtained from the parent or legal guardian.

Date Child Started at Service:

The first day that the child attended the child care service, including orientation sessions. This is to be entered as year/month/day format – YYYY-MM-DD. Where the child has not yet started and is unable to start due to exceptionally high needs, the "not yet started" field should be indicated here.

Current Supports in Place:

Check any supports that/who are involved with the child. If the child is waitlisted for a support, please indicate this in the "other" section in this field.

**Table 2 – Homeroom Details:**

**NOTE: Homeroom information must be completed for every homeroom in the child care service, regardless of which homeroom supports are being requested.**

FCC – Family Child Care Home:

Refers to a child care service operated in a family home.

HR - Homeroom:

Refers to the homerooms of a child care centre. Where a centre has more than nine homerooms, the additional information must be submitted on a separate page. Where a centre has less than nine homerooms, only complete the number of columns applicable for each homeroom.

**Notes:**

**Where a centre has a homeroom that is closed (no children currently enrolled in that homeroom), identify the closure in the appropriate HR section by entering "Closed" in the "Certification Level &**

**Classification of FCC Provider or HR Lead Caregiver” field and leave all other fields for this homeroom column blank.**

**All homerooms are required to have at least a Level I certification as well as the classification for which the homeroom is licensed.**

Certification Level & Classification of FCC Provider or HR Lead Caregiver:

The qualification assigned by the Association of Early Childhood Educators of Newfoundland and Labrador (AECENL). The FCC provider or HR lead caregiver is the person with the appropriate qualifications for the position and/or waived in accordance with legislation.

The format for entering the information is as follows:

- Certification Level: Entry – **E**, Trainee – **T**, or Level – **L** followed the applicable number, e.g., E; T; L1; L2; L3; L4.
- Classification: Infant – **I**; Preschool – **PS**; School Age – **SA**. Must be entered in chronological order using a comma and one space, e.g., L1 – PS, SA; L3 – SA; L2 – I, PS, SA.
- Where a person does not have the appropriate qualifications for the position and is waived, indicate “**waivered**” after the certification, e.g., T- PS (waivered).

Certification Level & Classification of Second Caregiver:

The qualification assigned by the Association of Early Childhood Educators of Newfoundland and Labrador (AECENL). The second caregiver is the person with the appropriate qualifications for the position and/or waived in accordance to legislation. Complete the Certification Level and Classification using the format listed above.

Where a homeroom is single-staffed:

- Enter **NA** in this field
- **DO NOT** enter the additional caregiver (**the caregiver who enhances the ratio**) information in this field even if the additional caregiver is the second staff in the homeroom. See below for further explanation.

Certification Level & Classification of Additional Caregiver:

The qualification assigned by the Association of Early Childhood Educators of Newfoundland and Labrador (AECENL). The additional caregiver is the **caregiver who enhances the ratio**. Complete the Certification Level and Classification using the format listed above. **NOTE: As per policy, the additional caregiver must not be the Administrator or the Lead Caregiver. Where the qualifications of the additional caregiver are higher than the lead and/or second caregiver, a rationale must be provided in the “Additional Information” section. Where the additional caregiver has not yet been hired, enter “not yet hired” in this field.**

Age Range:

The minimum age to the maximum age identified for that home/homeroom. Age ranges must match the information indicated on the licence or approval certificate:

- A family child care licence or approval certificate with an age range of 24m-69m should be entered as 24m-69m.
- A homeroom with an age range of Toddler – enter Toddler in this field.
- A homeroom that has one age range in the morning and a different one in the afternoon, both age ranges must be listed, followed by the applicable time frames, e.g., Toddler/Preschool(8am -12pm); Younger School Age/Older School Age (2 - 6pm).

Caregiver to Child Ratio:

This is the legislated ratio of caregivers to children. This should match the home/homeroom ratio as indicated on the licence or approval certificate.

Capacity:

The maximum number of children who can be present in the home/homeroom at one time. The capacity should match the maximum home/homeroom capacity as indicated on the licence or approval certificate. This is **NOT** the maximum capacity as identified by Service NL.

Number of child care spaces filled:

This is the total number of children enrolled at the time the application was completed. The number of child care spaces filled must be provided for both the home/homeroom in the morning and/or afternoon sessions. This number can be different from the capacity of the home/homeroom.

Complete for children with exceptionalities enrolled in the FCC/HR where support is requested, as well as those already in place:

- The initials of child's first and last names, e.g., **MG**.
- The exact age must be listed numerically, using number of years, then a period followed by number of months, e.g., **2.0, 3.4, 8.9** (It is important to note the number of months when entering the age as the developmental abilities of a 2.0-year-old can be significantly different than those of a 2.11-year-old)

## **Section D: Request Details**

**Have you referred the family for any of the supports listed in Table 1 or others not listed?** Indicate if the child care service has referred the family to any of the supports listed in Table 1, or others. Where the family has been referred for supports, provide details indicating if consent was received, which supports were referred, when supports were referred, and the outcome of the referral (if known).

**Has a written care plan been developed in conjunction with the parents/guardian as outlined in section ELCD-2017-K1 of the Child Care Policy and Standards Manual?** Indicate whether or not a written care plan was completed in conjunction with the parents/guardians as outlined in 2(xii) of section ELCD-2017-K1 of the Child Care Policy and Standards Manual. (The written care plan is not required to be attached and is different from the Inclusion Program Individual Program Plan - IPP).

**Are there existing supports in place at the child care service?** Indicate if there are existing supports in place. This includes **ALL** supports that have been approved for the child care service. Indicate all consultation supports or grants that are in place for the home/centre; the type of support (consultation, grant); approval period and any other pertinent information should be included here. It also includes applications that may be pending.

**Have you consulted with a child care and/or an inclusion consultant for direction/support?**

Indicate if you have consulted with a child care consultant and/or an inclusion consultant for direction and support prior to submitting the application.

**Describe the strategies implemented to date to foster an inclusive environment and address the current inclusion challenge and why these modifications are not enough to support the identified**

**child(ren).** Describe the strategies implemented including any strategies that have been put in place to address the presenting concerns as well as those suggested by a child care consultant or inclusion consultant. Describe any modifications that have been made to accommodate the needs of all of the children, any successes, as well as any challenges related to the modification. This can include revising the daily schedule based on needs, participation in training on a pertinent topic, or making accommodations/modifications to the environment/equipment/program/schedule. Modifications and adaptations can include: Professional training; sensory materials - visual/auditory/tactile that may support the environment; adaptive or assistive technology and/or room arrangement for accessibility.

**What are the presenting concerns and why is inclusion support requested? Indicate if the support is requested prior to the child/children beginning the program and if written consent and professions referral(s) are attached.** This includes all of the reasons for requesting inclusion supports. It should be as detailed as possible and include how the needs of the child(ren) are impacting the homeroom. Include observations on how children in the home/homeroom relate to one another, the level of engagement of caregivers with the children, ability to interact with the children individually, in small group and as a whole group, as well as interactions that are outside typical development.

When describing children's behaviours include the frequency (from most to least) Examples: AB attempts to leave home room every/several/couple times a day when the door opens; DE cries and screams 6-8 times daily especially during diapering (any patterns you see). Also, include the intensity when describing behaviours. Examples: AB applies heavy/medium/light pressure when attempting to touch others, leaves big red marks, leaves teeth impressions, breaks the skin, leaves bruises, pulls out hair. When DE becomes upset, he cries and screams to the degree that his face becomes red and other children who are sensitive to the noise cover their ears. **Where consent for more than one child has been received, indicate which child is being referred to by using the first and second initial of the child as indicated in the above example.**

Where interactions cannot be observed prior to a child starting (e.g., level of need is exceptionally high), a professional referral is required from an individual qualified to address/assess the developmental needs of the child. The professional referral must outline in detail why the child would not be able to attend without support. Every effort should be made for the child to complete orientation sessions prior to submitting an application.

**How will this support be used within the home/homeroom to include all children in attendance and address the concerns noted in the previous questions?** Describe how the noted concerns will be addressed and the expected outcome as a result of the support being approved, e.g., staff will be better equipped to be inclusive of children with varying abilities; programming requirements will be achieved; transitions from one environment to another will be smoother. This is typically information that you would see on an Action Plan if the child care service has received supports in the past.

**Additional Information:** This section should include any information pertinent to the request that did not fit in any of the previous categories. **Where an Administrator is not in ratio, details of why the Administrator is not able to assist in providing the extra support needed must be explained in this section.**

## **Section E: Signature:**

**Licensee/FCC Provider/Authorized Designate Signature:**

This is the signature of the individual identified as the licensee, FCC provider, or authorized designate. A signature in this area certifies that the information provided in the application and the supporting documentation required is accurate and true. **NOTE: the application will be returned where the signature is missing.**

**Date:**

This is the date the application was completed, certified, and signed by the licensee, FCC provider, or authorized designate. It is to be entered in YYYY/MM/DD format, e.g., where the date is September 28, 2018, the information must be entered as 2018/09/28.

**Name (Please Print):**

The printed name of the licensee/FCC Provider, or authorized designate who signed the application in the previous field.

**Section F: Required Documentation:**

Documents required to be submitted with the application in order for the application to be processed. The documents include:

- Written Parental Consent
- Professional Referral Letter (if applicable)
- Observation Charts/Records (for initial applications and/or where required by the Regional Manager)
- Inclusion Policy (for initial applications and/or where required by the Regional Manager)

Other documents may be required at the discretion of the Regional Manager.

**For Office Use Only:**

No information should be entered into this field.