

Section A – General Information

Agency Name		
Physical Location		
Incorporation Number N/A	Incorporation Date YYYY/MM/DD	
Licence Number N/A	Current Date of Issue YYYY/MM/DD	Expiry Date YYYY/MM/DD
Applicant/Agent		
Coordinator		
Mailing Address		
City/Town	Province	NL Postal Code
Capacity	Catchment Area	

Section B –Services to be Provided

Describe in detail all services to be provided by the Agency.

Section C – Professional Resources Available

Describe in detail all professional resources to be provided by the Agency including how they are provided to Affiliated Child Care Service Providers.

Section D – Coordinator and Monitor Duties

Describe in detail the duties and responsibilities of the Agency’s coordinator and Monitors.

Section E – Monitors – Orientation, Monitoring and Evaluation

Describe in detail the orientation, monitoring and evaluation of Monitors including any requirement and provision of professional learning.

Section F – Approval and Refusal Processes of Affiliated Child Care Service Providers

Describe in detail the approval and refusal processes of Affiliated Child Care Service Providers.

Section G – Monitoring and Evaluation of Affiliated Child Care Providers

Describe in detail the monitoring and evaluation processes of Affiliated Child Care Service Providers.

Section H – Policies (complaints, investigations, supports, others)

Describe in detail the Agency’s policies on complaints, investigations, corrective actions, supports available to Affiliated Child Care Service Providers and any other policy in relation to the provision and implementation of services.

Section I – Signatures

Please sign below. **Legal entity must sign if incorporated.**

(i) I confirm the information given in this application is, to the best of my knowledge and ability, complete, true and correct.

(ii) I understand that any changes in this application must be approved by the Department of Education prior to implementation.

Prepared by Name
and Title (Please Print)

Date

Prepared by Signature

YYYY/MM/DD

Applicant/Agent/Legal
Entity Name (Please Print)

Date

Applicant/Agent/Legal
Entity Signature

YYYY/MM/DD

Title of Signatory
(if a corporation)

Telephone

FOR OFFICE USE ONLY

Date Received

Received By

Inspector Recommendation

Recommended

Not Recommended

Inspector Signature

Date

Name (Please Print)

YYYY/MM/DD

Section J – Information for Submission

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

The following documentation must be attached:

1. Copy of all related forms and evaluation documents pertaining to monitoring and provision of service.

2. Copy of all information and documentation provided to Affiliated Child Care Service Providers.

3. Current list of approved Affiliated Child Care Service Providers (if applicable).

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 709-729-7425.