**Program Eligibility and Funding Conditions**

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| **Part One** |

When faced with a situation where barriers to inclusion exist and temporary supports are required to meet the unique needs of the children participating in the program, funding to support enhanced staffing for the transition period may be available from the Inclusion Support Program.

Under the direction of the administrator/supervisor and in collaboration with the resource consultant funding may be available to hire an additional educator to support a group within a centre. Each request for funding is unique and will vary depending on the concerns of the program.

The funding may be available for short term additional support within the program for the whole group. The educator’s role may be individualized based on the needs and supports required within the program.

An additional educator is hired to replace the permanent educator, it is the permanent educator who is responsible to work alongside the resource consultant and implement the strategies to support the group. The additional educator replaces the permanent educator and completes the program expectations.

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| **Part Two** |

The maximum hourly rate of Enhanced Funding to be paid for each agreement is currently at a rate of $15.50.

The operator will ensure the attendance form and invoice are provided to the Manager of Community Living North Bay no later than the fifth (5th) day of the following month.

On receipt of the Record of Attendance and Invoice, Community Living North Bay shall pay the operator the Enhanced Funding in respect to the pre-approved hours.

**Application for Enhanced Funding**

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| **How to Complete this Application** |

Please **carefully** read the following information before completing your application

When completing your application:

* Complete **all** sections of the application.
* While filling out the application please only use the child(ren)’s initials
* Make sure the application is signed by the child care Supervisor, an Educator from the applicable program, and the Resource Consultant.
* Failure to complete any of the above may result in a delay in the application process.

You must submit your application electronically to the program manager via email.

If you require additional information please contact the Inclusion Support Program Manager:

April Porter – (705) 474-8910 ex. 229 or [aporter@communitylivingnorthbay.org](mailto:aporter@communitylivingnorthbay.org)

Josée Drouin – (705) 753-0561 or [josee@wnccc.ca](mailto:josee@wnccc.ca).

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| **Funding Approval Process** |

The Inclusion Support Program Manager reviews all applications and ensures eligibility criteria are met. Initial applications may be submitted at any time and will be approved up to the end of that funding period.

Funding periods for full day programs are:

* January 1 – March 31
* April 1 – June 30
* July 1 – September 30
* October 1 – December 31

Funding periods for school age programs are:

* January 1 – March 31
* April 1 – June 30
* July 1 – August 31
* September 1 – December 31

If required, you will need to fill out a renewal application.

Renewal applications will be due by the following dates:

* Full day program
  + March 15th
  + June 15th
  + September 15th
  + December 15th
* School Age programs
  + March 15th
  + June 15th
  + September 15th
  + December 15th

Funding approvals are managed within the approved yearly budget. When funding is at capacity, applications are entered on the waitlist. As funding becomes available, applications on the waitlist are addressed.

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| **Application Check List** |

Before you submit your application make sure you have:

Completed all sections of the form

Obtained the required **three** signatures in section G of the application

Up to date Individual Support Plans for all children included on the application

LookSees and ASQs have been completed for children who will be noted on the application

A minimum of three weeks of documentation

All educators in the program have completed all DNSSAB mandatory training

**FAQs**

**Q. Is the Inclusion Support Program still accepting paper applications?**

A. No, all new applications and re-applications must be submitted via email to the program manager/supervisor. Please send all applications to [aporter@communitylivingnorthbay.org](mailto:aporter@communitylivingnorthbay.org) or [josee@wnccc.ca](mailto:josee@wnccc.ca).

**Q. Do I include the enhanced funding staff in the number of staff assigned to the group?**

A. No, do not include the enhanced funding staff in your count when indicating the number of educators assigned to the group. Enhanced funding is intended to enhance the adult to child ratio beyond the ministry requirements, if the classroom has low enrollment or the ratios are already enhanced with current staffing, the application may not be approved.

**Q. Does the child(ren) need to have a formal diagnosis to be eligible for Enhanced Funding?**

A. No, the child does not need to have a formal diagnosis. Please include only confirmed diagnoses on the application.

**Q. What type of information is required in the “Safety, Health and Mobility Strategies” section?**

A. Please include factual observations that reflect the child(ren)’s behaviours and the classroom challenges. The information in this section should allow the Inclusion Support Program Manager to get a clear picture of the child(ren)/classroom needs. The dialogue boxes have ample space and allow detailed information to be included. For example:

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| What is the issue/need?  (specify behavior that results in a safety issue) | What strategies are you currently using?  (be specific) | What is the plan of action?  (be specific) | During what specific times or routines is support required? |
| * JD will hit, bite, push and scratch peers and educators frequently each day, especially during nap time * JD climbs and jumps off furniture during transitions and lunch time * SB has seizures 2-3 times per week and requires an oxygen tank throughout the day | * Redirect JD to activities that interest him * Model appropriate behaviour * Praise positive behavior * Keeping a close eye on them to make sure their needs are addressed | * Ongoing observations completed to enhance strategies aimed to reduce aggression * Create transition activities and routines to be used consistently * Ongoing individual support to address all needs | * 12:00PM to 4:00PM * Lunch time, nap time and afternoon activities * When there is only one staff in the room 7:00AM to 9:00AM and Lunch 12:00PM to 2:00PM |

**Q. Do I have to submit a separate application for children who will transfer to another site over the summer?**

A. Yes, if children will be transferring to another site over the summer, a separate application must be submitted. Please indicate which site the child is transferred to and select July and August as the funding start and end dates. The educator/administrator most familiar should be completing the application.

**Q. What happens after I submit the application?**

A. All applications are reviewed to ensure eligibility criteria are met. The manager of the program and the resource consultant will discuss the needs of the program, the manager will decide and write a letter to the childcare approving or declining the funding request. When funding is at capacity, applications are placed on the wait list, which will be addressed on a first come first serve basis when/if more funding becomes available.

**Q. Who do I contact if I have questions about Enhanced Funding?**

A. For all questions regarding enhanced funding that cannot be answered by your resource consultant please contact the Inclusion Support Program manager, at [aporter@communitylivingnorthbay.org](mailto:aporter@communitylivingnorthbay.org), or (705) 474-8910 ex 229 or [josee@wnccc.ca](mailto:josee@wnccc.ca) or (705) 753-0561.

**Q. Do I still need to provide three weeks of tracking documentation?**

A. Yes, three weeks of documentation will be needed for every initial application and all subsequent renewals.

**Q. Do the children in the group need to be supported by the Inclusion Support Program?**

A. Yes, for Enhanced Funding to be granted to the group the children who need support need to be connected to the Inclusion Support Program.

**Enhanced Funding Application**

Is this the first time you have applied for Enhanced Funding for the children in this group application?

Yes (New Application)  No (Renewal Application)

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| **Section A – Child Care Setting Information** | | | |
| Childcare Name:Click or tap here to enter text. | | | |
| Address:Click or tap here to enter text. | | | |
| City/Town:Click or tap here to enter text. | | Postal Code:Click or tap here to enter text. | |
| Billing Address (if different from above):Click or tap here to enter text. | | | |
| City/Town:Click or tap here to enter text. | | Postal Code:Click or tap here to enter text. | |
| Email:Click or tap here to enter text. | Phone:Click or tap here to enter text. | | Fax:Click or tap here to enter text. |
| Supervisor/Contact Person:Click or tap here to enter text. | | | |
| Resource Consultant: Click or tap here to enter text. | | | |

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| **Section B – Application Information** | |
| Age group/classroom that children are enrolled in: | Infant  Toddler  Preschool  JK/SK  School Age |
| Total number of children in age group/classroom:Click or tap here to enter text. | |
| Number of educators assigned to this group:Click or tap here to enter text. | |

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| Child’s Name  (first initial, last initial) | Date of Birth | Confirmed Diagnosis, if known (Be specific) | Is there an Individual Support Plan created for this child? |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Yes  No |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Yes  No |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Yes  No |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Yes  No |

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| Indicate Each Child’s Attendance Schedule at Child Care | | | | | |
| Child’s Name  (first initial, last initial) | Monday  (Times) | Tuesday  (Times) | Wednesday  (Times) | Thursday  (Times) | Friday  (Times) |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| **Section C – Plan/Strategies for Safety, Mobility, or Health** | | | |
| Child’s Name  (first initial, last initial) | What is the concern?  (be specific) | What strategies are you currently using?  (be specific) | During what specific times or routines is support required? |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| **Section D – Goals and Success Indicators** | | | |
| Child’s Name  (first initial, last initial) | Goals  (list the goals you wish to reach with the enhanced funding) | Indicators  (list what you will be looking for to determine that the goals have been reached) | Time frame  (list how long you believe it will take to reach this goals) |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| **Section E – Community Supports** | |
| Document all support services currently involved with the child(ren) | |
| Child’s Name  (first initial, last initial) | Agency Name(s) |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

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| List past and future training opportunities for staff to support inclusive practices. | | |
| Type of Training | Date of Training | Number of Staff Involved |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. |

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| **Section F – Enhanced Funding Request** |

Please check applicable funding period for full day programs:

January to March  April to June  July to September  October to December

Please check applicable funding period for school age programs:

January to March  April to June  July to August  September to December

|  |  |
| --- | --- |
| Funding start date: | Click or tap to enter a date. |
| Funding end date: | Click or tap to enter a date. |
|  |  |
| Number of hours required per day | Choose an item. |
| Is extra support required on PD days/school breaks? | Yes  No |

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| **Enhanced funding is intended as a short-term measure to help implement strategies for including children with exceptional needs. Document how time and supports will be reduced over the duration of the funding period.** |
| Click or tap here to enter text. |

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| **Comments** |
| Click or tap here to enter text. |

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| **Section G – Signatures** | |
| I hereby, apply for funding services and declare the above information to be true. If there are any changes to the children’s enrollment in the program I will notify that manager of the Inclusion Support Program immediately. | |
| This application will be shared with:   1. The Manager of the Inclusion Support Program 2. Resource Consultant | |
| Click or tap here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Child Care Centre Supervisor Signature  Click or tap here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Educator Signature  Click or tap here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Consultant Signature | Click or tap to enter a date.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date  Click or tap to enter a date.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date  Click or tap to enter a date.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |