

Eligibility for Enhanced Staff Support Funding

Enhanced Staff Support Funding is available to child care programs supporting a child(ren) with a significant:

- 1. Physical/medical challenge(s) which impacts on his/her mobility and self care.**
- 2. Unsafe Challenging Behaviours which results in causing serious harm or injury to himself(ves) or others, may cause damage to the environment, or is disruptive to the group compromising the safety and supervision of himself(ves) and others.**

Without this support, the child(ren) would be unable to participate in the routines and activities of the child care program.

Child Care Program _____

Director _____

Phone Number _____ Email _____

Resource Consultant (if confirmed) _____

- ☐ This application is for a child in the School Age Pilot Project. An assessment has been sent for eligibility to be established

Documents/training (check off if completed)

- | | |
|--|--|
| <input type="checkbox"/> Inclusion Profile | <input type="checkbox"/> In-service training (re: child(ren’s) diagnosis/behaviours) |
| <input type="checkbox"/> Child Profile | <input type="checkbox"/> Team Service Plan (TSP) |
| <input type="checkbox"/> Data sheets regarding behaviours being identified | |
| <input type="checkbox"/> ABC (Antecedent/Behaviour/Consequence) | |
| <input type="checkbox"/> Frequency | |
| <input type="checkbox"/> Module 1 – Setting Up Great Spaces for Everyone | |
| <input type="checkbox"/> Module 2 – Dynamic Programs: Effective Structure and Transitions | |
| <input type="checkbox"/> Module 3 – Responding with Heart: Building Trusting Relationships | |
| <input type="checkbox"/> Module 4 – Reflective Programming: Creating Opportunities for Everyone to Learn | |

Name of Child(ren) _____

Date of Birth _____

Attendance:

| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|---------------------|---------------------|---------------------|---------------------|---------------------|
| A.M. ____ P.M. ____ | A.M. ____ P.M. ____ | A.M. ____ P.M. ____ | A.M. ____ P.M. ____ | A.M. ____ P.M. ____ |

Program Group:

☐ Kindergarten ☐ School Age Program ☐ Home Child Care

Number of staff in the group _____ Number of children in the group _____

Are you currently at full capacity? ☐ Yes ☐ No _____

Other adult support that could be utilized: ☐ Daily ☐ Regularly ☐ Occasionally

☐ Director ☐ Volunteers ☐ Students ☐ Parents/Guardians ☐ Other _____

This application is being submitted due to:

☐ Physical/Medical Needs ☐ Unsafe Challenging Behaviours

Based on observations, data collection, and/or conversations with parents/guardians, clearly describe the behaviour or physical/medical needs.

Specific routines/times of day needs/behaviours are critical and require additional support.

What strategies/resources have been utilized to date?

- ☐ Intake meeting with parents/guardians – child not yet enrolled
- ☐ Met with parents/guardians to gather further information
- ☐ Observed child in the program
- ☐ Met/spoke with Resource Consultant to review data
- ☐ Requested resources from CISS Resource Library

Strategies that are currently being implemented are...

Application request summary: Regular School Day

If more than one application is being submitted or if you already have a contract and are submitting another application, could these be combined into one?

☐ Yes ☐ No

If no, why: _____

Number of hours per day support required: Minimum _____ Maximum _____

Number of days per week support required: _____

Hourly base supply teacher rate paid \$ _____, excluding 4% vacation pay. Date

support required by: _____

Application request summary: PD Days / School Holidays

If more than one application is being submitted or if you already have a contract and are submitting another application, could these be combined into one?

☐ Yes ☐ No

If no, why: _____

School Board Affiliation: ☐ Public ☐ Catholic

Number of hours per day support required: Minimum _____ Maximum _____

Number of PD days: _____

Number of days during Christmas: _____

Number of days during March Break: _____

Total number of days: _____

Hourly base supply teacher rate paid \$ _____, excluding 4% vacation pay.

Date support required by: _____

Consent and Declaration

I, _____ on the _____ day of _____, _____, apply for Enhanced Staff Support Funding and declare that the enclosed information is accurate and complete to the best of my knowledge. I am authorized to submit this application on behalf of the legal entity (child care program) named in this registration. I authorize Children's Inclusion Support Services to use the enclosed information to assess this request according to the Policy - Enhanced Staff Support Funding.

☐ I agree to the Consent and Declaration above.

Please return to:

Children's Inclusion Support Services
Attention: Ginette Bédard, Intake Coordinator
600 - 700 Industrial Avenue
Ottawa, Ontario K1G 0Y9
613-736-8378 (fax)
intake-ciss@afchildrensservices.ca

For Office Use Only

This request was reviewed by the Intake Coordinator on _____.

This request was reviewed by the Resource Consultant on _____.

Comment:

May 2023