

Application Instructions for Home Child Care Enhancement Grant Funding - Home Child Care Providers (2020)

The purpose of these instructions is to support Home Child Care Providers agencies in completing their Home Child Care Enhancement Grant (HCCEG) application. The application will generate the 2020 funding entitlement. If you have any questions related to your application please contact Dawn Dietrich at dawnd@wellington.ca or 519.837.3620 ext. 3690.

HCCEG applications must be submitted no later than **JANUARY 17, 2020 in order to be considered for HCCEG funds.**

You are only required to enter data in the green cells similar to this one. All other calculations will be performed automatically.

STEP 1: DETERMINE ELIGIBILITY

In order to successfully complete your HCCEG application you must determine which of the providers are eligible for the enhancement as of December 31, 2019.

Full Home Child Care Enhancement Grant

In order to be eligible to receive the full HCCEG of \$20 per day, home child care providers must:

- Hold a contract with a licensed home child care agency;
- Provide services to one child or more (excluding providers own children);
- Provide full time services on average (6 hours or more a day); and
- Receive base daily fees, excluding prior year's HCCEG, of less than \$257.50 (e.g. \$20 below the cap of \$277.50).

Partial Home Child Care Enhancement Grant

In order to be eligible to receive the partial HCCEG of \$10 per day, home child care providers must:

- Hold a contract with a licensed home child care agency;
- Provide services to one child or more (excluding providers own children);
- Provide part time services on average (less than 6 hours a day) ; and
- Receive base daily fees, excluding prior year's HCCEG of less than \$156.50 (e.g. \$10 below the cap of \$166.50).

Now that you have determined which providers qualify for the HCCEG you can begin completing the form.

STEP 2: ENTER AGENCY INFORMATION

Open the HCCEG application form in excel and complete the agency information shown below as well as a contact person who is able to answer questions in regards to the application form being submitted.

CHILD CARE AGENCY INFORMATION	
Agency Name:	ABC Child Care Agency
Agency Licence Number	12345
Auspice Type:	Not For Profit
Agency Mailing Address:	123 Alphabet Street Toronto, Ontario M7A 1L2
Number of Licensed Homes	12

CONTACT INFORMATION	
Name:	Mary Smith
Phone Number:	(416) 416-4161
Email Address:	Mary.Smith@ABCChildCareAgency.com

STEP 3: PROVIDER INFORMATION

Enter the following information for the eligible providers.

- Provider Name = Name of the provider or Home Child Care Provider programme
 - Provider Address = Address of the provider or Home Child Care Provider programme
 - Provider works with more than one agency = If the provider works with more than one agency, then provide the agency name.
 - Provider's own children are excluded (check if yes/no) to confirm that the providers' own children are excluded from the data provided.
 - Provider works Full time or Part Time (based on ministry definitions) = If the provider works 6 hours or more a day select "Full Time" If the providers works less than 6 hours a day select "Part Time" based on ministry definitions
 - # of days worked (Jan 1 - Dec 31, 2019) = Please enter the number of days worked in the qualifying period. Where a provider operates over the weekend, those days should be included in the count.
 - Total Fees Received (Jan 1 - Dec 31, 2019) = Please enter the total number of fees received (excluding prior year HCCEG), including fees for privately placed clients.
- Please see sample table completed below:

Home Child Care Provider Information

	Provider Name	Provider Address	Provider works with more than one agency (enter agency name if Yes)	Serving one child or more (excluding providers own children) (Y/N)	Full Time (6 hrs or more a day) or Part Time Services (less than 6 hrs a day)?	# of Days Worked (Jan 1- Dec 31, 2016)	Total Fees Received (Jan 1- Dec 31, 2016) (excluding prior year wage enhancement)
1	Provider 1	123 Abc street	Good Year Agency	Yes	Full Time	310	\$ 75,000.00
2	Provider 2	456 xyz street	N/A	Yes	Part Time	250	\$ 30,000.00

Once you've entered the information above the application template will generate the following information:

- Average Base Daily Fee
- Eligibility Status
- Qualifying Daily rate - Full = \$20 or Partial = \$10
- Maximum Grant Transfer that can be transferred to a provider in 2019

Following the example of Provider 1 and Provider 2, they would be entitled to the following:

Provider Enhancement Determination			
Average Base Daily Fee	Eligibility Status	Qualifying Daily Rate	Maximum Grant Transfer
\$ 241.94	Full	\$ 20.00	\$ 6,200.00
\$ 120.00	Partial	\$ 10.00	\$ 2,500.00

At the bottom of the application form, you will find a summary of the agency's eligible providers and the total funding you will receive for HCCEG transfers pending approval from the CMSM/DSSAB (County of Wellington).

This section also generates the supplemental grant for each eligible home child care provider.

As this agency only has 2 service providers, Provider 1 and Provider 2, this agency is applying for the following:

Partially Eligible Providers (# / \$)	1	\$ 2,500.00
Fully Eligible Providers (# / \$)	1	\$ 6,200.00
TOTAL	2	\$ 8,700.00
SUPPLEMENTAL GRANT		\$ 100.00
GRAND TOTAL		\$ 8,800.00

STEP 4: CERTIFICATION

Please complete the certification stating that the information you have included in the application is accurate by selecting "Yes" in the box shown below and completing your signing authority's information. Submit the completed application to the County of Wellington. Applications must be sent electronically in excel format to: childrearsearlyyearsclerk@wellington.ca.

CERTIFICATION		Please click on this:
As a signing authority for this agency, I certify that the information included in this application is accurate and represents the providers that have existing relationships with this agency as of December 31, 2016.		
Name of Signing Authority	<input type="text"/>	<input type="checkbox"/>
Title:	<input type="text"/>	
Date:	<input type="text"/>	

The information that you have provided is subject to review by the County of Wellington prior to/or after granting wage enhancement funding to the agency.

The County of Wellington will communicate the approval amount through returning the application form with the bottom portion of the form completed.

(To be completed by CMSM/DSSAB only)

APPROVAL

The child care agency is approved for the following Home child care enhancement grant funding: