

2025 Funding Applications

Directed Growth Application Package

Upon completion of the Directed Growth Application, please send your form to the Children's Early Years Clerk at CEYD@wellington.ca.

Please note, it is expected that your application is consistent with:

- Ontario's Pedagogical Framework, [How Does Learning Happen? Ontario's Pedagogy for the Early Years](#)
- County of Wellington's [Directed Growth Plan, 2023-2026](#)

Type of Application

- ☐ Current operator (licensee) seeking to increase their licensed capacity of CWELCC-eligible spaces at an existing centre.
- ☐ Prospective operator (licensee) seeking to open a new child care centre site or home child care agency that is not yet licensed.

Child Care Operator (Licensee) Basic Information

Date of Application:	
Child Care Operator (Licensee) Legal Name:	
Child Care Centre or Licensed Home Child Care Agency Name:	
License Number (if applicable):	
Child Care Operator (Licensee) Street Address, City, and Postal Code:	
Type of Setting:	<input type="checkbox"/> Licensed Child Care Centre <input type="checkbox"/> Licensed Home Child Care Agency
Auspice:	<input type="checkbox"/> For-Profit <input type="checkbox"/> Not-for-Profit

Child Care Site Information

Site Name:	
Site Address:	
Municipality or Guelph Planning Unit*: *Please refer to the Directed Growth Plan	
Total Licensed Capacity:	
Infant (younger than 18 months):	
Toddler (18 months to 30 months):	
Preschool (20 months to 6 years):	
Kindergarten (44 months to 7 years):	
Family Age Grouping (schedule 4):	
For centres, number of rooms:	
For Home Child Care Agencies, number of provider homes:	
Days of Operation:	
Hours of Operation:	
Total number of annual operating days: (excluding closure days)	
Closure days: (list all days the site will be closed)	
Will you charge families for closure days:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Contact Information

Contact Name:	
Position Title:	
Business Telephone Number:	
Business Email:	

Non-Base Fees

Please list any and all non-base fees that may be charged to families that are not included as part of your regular base fee. If you need more space to list your non-base fees, please attach a separate page.

Fee Type (e.g., late pick-up)	Amount

Directed Growth

Please indicate which of the following population groups (if any) your programme will serve.

If you have selected one of the priority populations listed, please describe **how** you will meet the specific needs of each of these groups. Please use examples in your response.

Population Group	Description of Planned Supports (if applicable)
<input type="checkbox"/> Families living in low-income	
<input type="checkbox"/> Black & racialized families	
<input type="checkbox"/> Indigenous families	

<input type="checkbox"/> Francophone families	
<input type="checkbox"/> Children with disabilities, additional support needs, and/or medical concerns	
<input type="checkbox"/> Newcomer families	

Describe how your programme will align with [Wellington's Directed Growth Plan](#) and advance the growth of licensed child care through space creation in underserved areas. Please note, applicants are expected to provide specific references to the Growth Plan and the data within.

Children with Disabilities, Special Needs, and/or Medical Concerns

Describe how your learning environments will be designed to accommodate children with disabilities, special needs, medical concerns and/or children who require enhanced support. What supports will you offer families to ensure their children may participate fully, and have equal opportunity, in the programme?

Diversity, Equity, and Inclusion

Describe how you will ensure that you are responsive to, and appreciative of, the diversity and intersecting identities of families and will create opportunities for families to share their culture in your programme. Please use specific examples.

Waitlist Policy

Please list the prioritization for placing children from your waitlist.

Staff

Please indicate which of the following (if any) your staff will be compensated for (i.e., with paid time, paid time off in lieu, reimbursement).

If you have selected any of the practices below, please describe what this support will look like using specific examples.

Type of Support	Compensation Provided	Description of Compensation Package/Employee Supports
Professional learning	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Time spent at staff meetings	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Planning time	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Healthcare Benefits (e.g., medical, dental, vision)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sick time	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please describe the planned compensation package (i.e., salary, benefits) and employee supports to retain a qualified workforce.

Quality Programming

Briefly summarize the programme's vision for quality programming. Please do not duplicate information provided above.

Not for Profit Requirements

Not-for-Profit Service Providers applying for funding and wishing to enter into a funding agreement with the County of Wellington Children's Early Years Division must meet the minimum requirements identified in Wellington's Not-for-Profit Funding Agreement Requirements and submit Wellington's Declaration of Not-for-Profit Compliance completed by a solicitor qualified to carry on the practice of law in the Province of Ontario.

- ☐ I confirm that I have reviewed and will operate within the [Requirements for Not for Profit Child Care Operators](#).
- ☐ I have included the County of Wellington's Declaration of Not-For-Profit Compliance, signed and authenticated by a solicitor.

Licensing History (if applicable)

- ☐ I have enclosed our organization's Child Care Licensing History
 - ☐ Our organization does not have a Child Care Licensing History

Verification of Financial Viability

- ☐ I confirm that if my application is approved, I will provide the County of Wellington with an operating budget that demonstrates my proposed programme's financial viability.

Authorized Signing Officer(s)

Not-for-Profit organizations must include two signatories.

Authorized Signing Officer(s) Name First, Last	Signature	Position	Date yyyy-mm-dd

Notice of Collection of Personal Information

Personal information (PI) is collected under the authority of the Municipal Act, 2001. All personal information created, held, or collected by the County of Wellington is protected in accordance with Municipal Freedom of Information and Protection of Privacy Act, 1990 (MFIPPA). For questions related to this collection of personal information, contact the

Manager of Privacy and Information, County of Wellington, Office of the CAO, T
519.837.2600 x2528.