



County of Wellington
Children's Early Years Division
Enhanced Support System

Enhanced Support Funding - Staff Application

Please return this application to CEYD@wellington.ca

This application is to be completed by the child care programme based on the needs of an individual child who is enrolled in their programme for enhanced support staff due to a special need and/or disability.

Child Care Programme: _____

Name of Child Care Supervisor: _____

If Home Child Care, Name of Provider: _____

Date of Application: _____

Enhanced support staff are employed/contracted by a licensed child care centre operator or home child care provider who feels they need additional staff to support the programme's ability to ensure that children with special needs and/or disabilities can experience equitable participation in their programme. Enhanced Support Staff funding can be requested for the duration of the child's placement (ongoing) or for a period of time (temporary).

Child's First Name and Last Initial:	
Child's Date of Birth:	

- Check here to confirm you have reviewed this application with the parent/guardian and they consent to the submission.
- The programme has an ISP in place or is currently in the process of creating an ISP for this child.



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Please choose the most appropriate option for your needs (check all that apply)

The following are situations that relate to a more chronic and/or complex situations:

- The child has a chronic and/or complex physical condition which can result in a dependency on specialized care that is required daily. Example: Tube fed, life threatening illness, regular seizures, or any other medical concerns while in the programme. Please provide details here:

Application request: Ongoing need Temporary need

If temporary, length of time requested:

- The child has an intellectual or physical condition that affects their ability to self-care and to participate in the programme. Example: Stamina, dexterity, respiratory disorders, hearing, and/or vision impairment. Please provide details here:

Application request: Ongoing need Temporary need

If temporary, length of time requested:



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The following are situations that can usually be mitigated by building staff capacity and making environmental changes. Please ensure that your programme reaches out for appropriate additional supports:

- Leaving the Programme** - The child attempts to leave supervised areas several times daily resulting in jeopardizing their safety. Please provide details here:

- Harmful to Self** - Deliberate infliction of harm on self – head banging, scratching self until bleeding, biting self, etc. Please provide details here:

- Harmful to Others** - Beyond what is typical for the child's age. When the child needs to have someone very close to them at all times for the protection of other children from hitting, biting, pushing, etc. Please provide details here:



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Application request: 1-3 months 4-6 months

General Information

Age Group that the child currently attends:

Infant Toddler Preschool Kindergarten School Age

Have you consulted with any of the following Enhanced Support System partners?

- Canadian Mental Health Association
- Early Years Professional Resource Centre
- KidsAbility
- Resource Consultant – County of Wellington

Attendance and Support Needs

Days of the Week	Time Child Attends (e.g. 8:30am-4:30pm)	Time Period for which Funding is Requested	Operating Capacity of the Group Child Attends
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			



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Goals

Describe how you will utilize the enhanced funding hours and how having enhanced staff in your programme will support you in meeting the child's needs and enhance your overall programme.

Fiscal Need – Please describe why the programme needs financial assistance for the Enhanced Support Staff:



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Consents and Signatures

- I/We hereby apply for Enhanced Support Funding for additional staffing, and declare that the enclosed statements are true to the best of my/our knowledge.
- I/We understand that the needs of the child and the child care programme, and the plans of the child care programme, must meet specific criteria to receive funding.
- I/We understand that this application and consequent contract for funding is between the child care programme and the County of Wellington.

Signature of Child Care Programme Supervisor

Date

Signature of Home Child Care Provider (if applicable)

Date