

2026 CWELCC Directed Growth Application

Please note that a completed Expression of Interest Form is also required in order to request enrolment in Canada-wide Early Learning and Child Care (CWELCC). Upon completion of the Directed Growth Application and Expression of Interest form please send both forms to the Children's Early Years Clerk at CEYD@wellington.ca.

Applicants who are already enrolled in CWELCC in Wellington County or Guelph are not required to complete a new Directed Growth Application but are required to complete an Expression of Interest Form.

Application Deadline: March 5, 2026

Evaluation of Applications:

Applicants meeting the following criteria will be prioritized in the review process:

- Geographic regions with low access rates (based on [Wellington's Directed Growth Plan](#)).
- Child care centres that support the needs of priority populations.
- Child care centres with existing non-CWELCC spaces or centres that can be licensed for additional spaces with only minor operational adjustments.
- Not-for-profit child care centres.

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](#)

Applicant Contact Information

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

Child Care Site Information

Note: Include only information related to the spaces you are requesting to enroll in CWELCC.

Site Name:	
Site Address:	

Non-Base Fees

Please list 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

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="radio"/> Yes <input type="radio"/> No	
Time spent at staff meetings	<input type="radio"/> Yes <input type="radio"/> No	
Planning time	<input type="radio"/> Yes <input type="radio"/> No	
Healthcare Benefits (e.g., medical, dental, vision)	<input type="radio"/> Yes <input type="radio"/> No	
Sick time	<input type="radio"/> Yes <input type="radio"/> No	

Please describe the planned compensation package (i.e., salary, benefits) and employee supports to recruit and 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.

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.

Expression of Interest

- I have attached the County of Wellington's 2026 CWELCC Directed Growth Expression of Interest Form.

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.