

# WAGE ENHANCEMENT

## APPLICATION INSTRUCTIONS

### Licensed Child Care & Home Visitor

# Contents

## **Purpose**

**Step 1: Determine Eligibility**

**Step 2: Enter Centre/Agency Information**

**Step 3: Child Care Centre/Agency Operating Information**

**Step 4: Child Care Centre/Agency Operating Information**

**Step 5: Employee Information**

**Step 6: Review of Application Form**

**Step 7: Certification**

**Step 8: Page Layout & Printing**

**Step 9: Submission**

## 2020 Provincial Wage Enhancement Application Instructions - Child Care Centre & Home Visitors

### Purpose

The purpose of these instructions is to support operators in completing their wage enhancement application. The application will generate the 2020 funding entitlement. If you have any questions related to your application, please contact Carole Keeping, Manager Human Services at 519-539-9800 ext 3360 or email at [ckeping@oxfordcounty.ca](mailto:ckeping@oxfordcounty.ca).

Wage enhancement applications must be submitted no later than February 24, 2020 in order to be considered for wage enhancement funding. Applications submitted after February 24, 2020 will not be accepted.

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

The application form contains 100 rows to allow you to enter data for all eligible positions. At step 8, you will be provided with instructions on how to only show the rows where data has been entered for printing purposes.

Please note that definitions/explanations have been included for certain fields to help you complete this form. You can activate these definitions/explanations by clicking on the cell. You can also move these cells to a different location on the application form if its placement makes it difficult for you to see other information on the application form.

### **STEP 1: DETERMINE ELIGIBILITY**

In order to successfully complete your wage enhancement application you must determine which of the positions as of December 31, 2019 in your licensed child care centre/agency are eligible for the enhancement to generate your 2020 funding entitlement.

#### Full Wage Enhancement

To be eligible to receive the full 2020 wage enhancement of \$2/hour plus 17.5% in benefits, staff must:

- Be employed in a licensed child care centre or home child care agency
- Have an associated base wage excluding prior year's wage enhancement of less than \$25.75 per hour (eg \$2.00 below the wage cap of \$27.75)
- Be in a position that is categorized as a child care supervisor, RECE, home child care visitor, or otherwise counted toward adult to child ratios under the Child Care and Early Years Act (CCEYA)

Child care program positions that are in place to maintain higher employee-child ratios than required under the CCEYA and meet the eligibility as outlined above are also eligible for wage enhancement.

Partial Wage Enhancement

Where an eligible centre-based or home visitor position has an associated base rate excluding prior years wage enhancement between \$25.76 and \$27.74/hour, the position is eligible for a partial wage enhancement. The partial wage enhancement will increase the wage of the qualifying position to \$27.75/hour without exceeding the cap.

For example: If an RECE position has a base wage rate, excluding the previous year’s wage enhancement of \$25.90/hour, the position would be eligible for \$1.85 per hour wage enhancement.

Now that you have determined which of the positions in your licensed child care centre / agency qualified for the wage enhancement, you can begin completing the form.

**STEP 2: ENTER CENTRE / AGENCY INFORMATION**

Open the wage enhancement application form in excel and complete the centre / agency information shown below as well as the contact person who is able to answer questions about the application form being submitted.

**CHILD CARE CENTRE / AGENCY INFORMATION**

Child Care Centre / Agency Name:  
Operator Name:  
Licence Number  
Auspice Type:  
Centre / Agency Mailing Address:

Child Care Centre ABC
DEF Nursery
12345
Not-For Profit
123 Alphabet Street
Woodstock, Ontario
N4S 1L2

**CONTACT INFORMATION**

Name:  
Phone Number:  
Email Address:

Mary Smith
(519) 416-4164
<a href="mailto:Mary.Smith@DEFNursery.ca">Mary.Smith@DEFNursery.ca</a>

**STEP 3: CHILD CARE CENTRE / AGENCY OPERATING INFORMATION**

Please provide the number of weeks your centre was open during 2019.

Next, proceed to entering the standard work week for centre staff in 2019, total operating capacity and total licensed capacity. For private Home Child Care Agencies, the operating capacity and licensed capacity fields should remain blank.

**CHILD CARE CENTRE / AGENCY OPERATING INFORMATION**

How many weeks was your centre open during 2019	
Standard work week (hours)	
Total Operating Capacity (N/A for Home Child Care Provider agencies)	
Total Licensed Capacity (N/A for Home Child Care Provider agencies)	

**STEP 4: CHILD CARE CENTRE / AGENCY OPERATING INFORMATION**

Indicate the number of ineligible RECEs, Non-RECEs, Supervisors, and home visitors (i.e. hourly rate exceeds \$27.75)

**SERVICE DATA**

Number of ineligible* RECEs	
Number of ineligible* Non-RECEs	
Number of ineligible* Supervisors	
Number of ineligible* Home Visitors	
*Hourly rate exceeds cap	

**STEP 5: EMPLOYEE INFORMATION**

Enter the following information for the eligible positions in the licensed child care centre or eligible home child care visitors working in licensed agency.

EMPLOYEE / POSITION INFORMATION						
	Position Description	New Position created during Jan 1 - Dec 31, 2019? (Y/N) (If Yes, provide an estimate for the number of hours that the position would work during the year in Column J)	Category	Base Hourly Wage (excluding prior year wage enhancement)	# of Hours Worked (Jan 1 Dec 31, 2019)	% of Time in Eligible Position
1	Infant Room	NO	RECE	\$ 26.67	1,770.00	100%
2	Toddler Room A	NO	RECE	\$ 15.95	1,540.00	100%
3	Cook	NO	Non-RECE	\$ 14.95	1,760.00	50%
4	Toddler Room B	NO	RECE	\$ 18.00	1,550.00	100%
5	Supervisor	NO	Supervisor	\$ 25.90	1,750.00	100%
6	Home Visitor 1	YES	Home Visit	\$ 26.40	2,000.00	100%

### Position Description

This field should contain sufficient information to allow you to provide additional information to the CMSM/DSSAB should it be requested.

### New Position Created during Jan 1 - Dec 31 (select Yes or No)

If a new position has been created due to the expansion of a program during the year, then please provide an estimate for the equivalent # of hours that the position would work during the Jan 1 – Dec 31 period. Enter the estimated hours in the # of hours worked column. (Column J)

### Category

From the drop-down listing, please select from the eligible positions categories of RECE, Non-RECE, Supervisor or Home Visitor.

### Hourly Wage

Hourly wage paid to the position as of **December 31, 2019** (excluding prior year wage enhancement amounts).

If the position is on an annual salary, take the annual salary and divide it by the standard hours of work per year.

### # of Hours Worked

This field should include the total number of hours worked in the regular position between January 1, 2019 and December 31, 2019.

Overtime hours can be included in the application form.

There are two options in terms of reporting the hours worked in an eligible position by both regular and supply staff in the application form to generate their 2020 funding entitlement.

- If all hours worked by a supply staff are to replace the regular staff's hours (sick days, vacations days, etc.), the operator can report all hours worked by the regular staff including their sick days and vacation days on one line on the application and exclude the hours worked by the supply staff. This option is suggested to reduce some administrative burden on having to keep track of the hours worked by all individuals in the same eligible position separately.
- If operators decided to report the hours worked by a supply staff on a separate line, then the hours worked by the regular staff during 2019 should include actual hours worked only (i.e. exclude sick days, vacation days, other leaves, etc.). The 2020 entitlement is then used to make payments to the eligible staff for hours worked in 2020.

% of Time in Eligible Position

If the position covers ratio at all times, please enter 100%. If a position covers ratio for 30% of the time, please report 30%.

Please note that the position must work **at least 25% of the day** in a position that can be counted toward adult to child ratio.

The following table is an illustration of 5 positions at Child Care Centre ABC and of particular interest position # 3 that works 50% of the time in an eligible position.

EMPLOYEE / POSITION INFORMATION						
	Position Description	New Position created during Jan 1 - Dec 31, 2019? (Y/N) (If Yes, provide an estimate for the number of hours that the position would work during the year in Column J)	Category	Base Hourly Wage (excluding prior year wage enhancement)	# of Hours Worked (Jan 1 Dec 31, 2019)	% of Time in Eligible Position
1	Infant Room	NO	RECE	\$ 26.67	1,770.00	100%
2	Toddler Room A	NO	RECE	\$ 15.95	1,540.00	100%
3	Cook	NO	Non-RECE	\$ 14.95	1,760.00	50%
4	Toddler Room B	NO	RECE	\$ 18.00	1,550.00	100%
5	Supervisor	NO	Supervisor	\$ 25.90	1,750.00	100%
6	Home Visitor 1	YES	Home Visit	\$ 26.40	2,000.00	100%

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

- Eligibility status = partial or full, depending on the wage enhancement eligibility rate (\$) per hour
- Eligibility rate = up to \$2.00
- Annual Funded FTE = could be higher than 1.0 if the total hours worked from Jan 1st to December 31, 2019 exceeds 1,754.50 hours
- Salary component of the enhancement = up to \$2.00 per hour for hours worked, including overtime
- Statutory benefit component of the enhancement = 17.5% of the salary component.
- Total compensation = maximum wage enhancement entitlement which is the sum of the salary and benefit component

The following table is an illustration of the wage enhancement funding for the 5 positions applicable to Child Care Centre ABC. The calculation in the form now automatically gives you the maximum benefit entitlement of 17.5%.

WAGE ENHANCEMENT DETERMINATION					
Eligibility Status	Eligibility Rate per Hour (\$)	FTE	Salary Component	Statutory Benefit Component (17.5%)	Total Compensation
Full	\$ 2.00	1.00	\$ 3,520.00	\$ 616.00	\$ 4,136.00
Full	\$ 2.00	0.88	\$ 3,080.00	\$ 539.00	\$ 3,619.00
Full	\$ 2.00	0.50	\$ 1,760.00	\$ 308.00	\$ 2,068.00
Full	\$ 2.00	0.88	\$ 3,100.00	\$ 542.50	\$ 3,642.50
Partial	\$ 0.78	1.00	\$ 1,365.00	\$ 238.88	\$ 1,603.88

**STEP 6: REVIEW OF APPLICATION FORM**

Prior to leaving the middle section of the application form, please review the "Summary" section. It contains a summary of the centre’s/agency’s eligible positions and the total funding you are applying for in regards to salaries and benefits pending approval. This section will also generate the operators’ supplemental grant of \$150 for each eligible centre based FTE and home visitor FTE.

SUMMARY		FTE	Salary Component	Statutory Benefit Component (17.5%)	Total Compensation
Fully Eligible Positions	RECE	2.77	\$ 9,720.00	\$ 1,701.00	\$ 11,421.00
	Non-RECE	0.50	\$ 1,760.00	\$ 308.00	\$ 2,068.00
	Supervisor	1.00	\$ 3,500.00	\$ 612.50	\$ 4,112.50
	Home Visitor	-	\$ 0.00	\$ 0.00	\$ 0.00
	<b>SUB-TOTAL</b>	<b>4.27</b>	<b>\$ 14,980.00</b>	<b>\$ 2,621.50</b>	<b>\$ 17,601.50</b>
Partially Eligible Positions	RECE	-	\$ 0.00	\$ 0.00	\$ 0.00
	Non-RECE	-	\$ 0.00	\$ 0.00	\$ 0.00
	Supervisor	-	\$ 0.00	\$ 0.00	\$ 0.00
	Home Visitor	1.14	\$ 560.00	\$ 98.00	\$ 658.00
	<b>SUB-TOTAL</b>	<b>1.14</b>	<b>\$ 560.00</b>	<b>\$ 98.00</b>	<b>\$ 658.00</b>
<b>TOTAL</b>		<b>5.41</b>	<b>\$ 15,540.00</b>	<b>\$ 2,719.50</b>	<b>\$ 18,259.50</b>
<b>SUPPLEMENTAL GRANT</b>					<b>\$ 811.34</b>
<b>GRAND TOTAL</b>					<b>\$ 19,070.84</b>



**STEP 7: CERTIFICATION**

Please complete the certification section stating that the information you have included in the application is accurate by selecting “Yes” in the box and completing your signing authority’s information.

**CERTIFICATION**

As a signing authority for this organization, I certify that the information included in this application is accurate to the best of my knowledge and represents the positions that can be counted toward adult to child ratios under the Child Care and Early Years Act (CCEYA) as of December 31, 2019.

Please click and select:

[Green selection box]

Name of Signing Authority:

[Green input box]

Title:

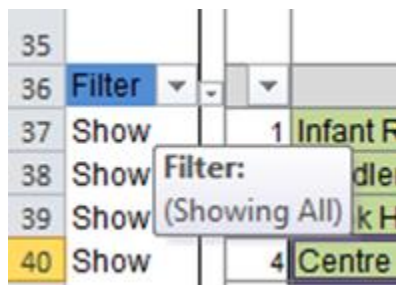
[Green input box]

Date:

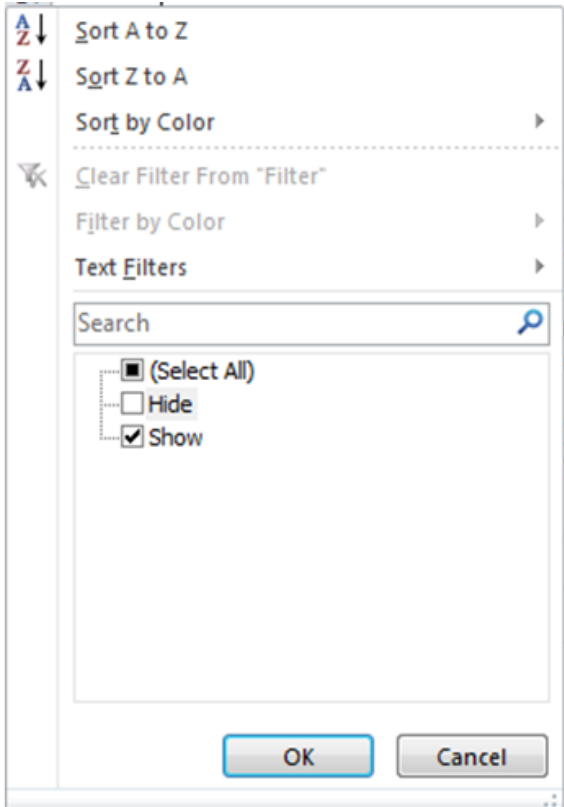
[Green input box]

**STEP 8: PAGE LAYOUT & PRINTING**

Prior to printing or submitting your application form, please go to cell A41 and left click on the symbol to the right of the filter button. This gives you the ability to only show the rows that contain information.



Please ensure that only the "show" option contains a check mark. You can remove the other checkmark, by left clicking on the box beside “hide”.



**STEP 9: SUBMISSION**

Submit the completed application to:

**Carole Keeping**  
**Manager, Human Services**  
**County of Oxford**  
**21 Reeve St P.O. Box 1614**  
**Woodstock ON**  
**N4S 7Y3**  
[ckeping@oxfordcounty.ca](mailto:ckeping@oxfordcounty.ca)

**Please Note:** The information you have provided is subject to review by the County of Oxford prior to/or after granting wage enhancement funding to the agency.