

WAGE ENHANCEMENT

APPLICATION INSTRUCTIONS

Licensed Home Child Care

2020

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2020 Application for Home Child Care Enhancement Grant Funding - Home Child Care Providers

Purpose

The purpose of these instructions is to support Private Home Day Care (PHDC) agencies 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

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 5, you will be provided with instructions on how to only show the rows where data has been entered for printing purposes.

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

To be eligible to receive the full HCCEG of \$20/day, home child care providers must:

- Hold a contract with a licensed home child care agency
- Provide services to one child or more (including privately placed children; excluding the provider's own children)
- Provide full time services on average (6 hours or more/day)
- Receive base daily fees excluding prior year's HCCEG of less than \$257.50 (eg \$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/day, home child care providers must:

- Hold a contract with a licensed home child care agency
- Provide services to one child or more (including privately placed children; excluding the provider’s own children)
- Provide part time services on average (less than 6 hours/day)
- Receive base daily fees excluding prior year’s HCCEG of less than \$156.50 (eg \$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
Centre / Agency Mailing Address:	123 Alphabet Street
	Woodstock, Ontario
	N4S 1L2

Number of Licensed Homes	12
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CONTACT INFORMATION

Name:	Mary Smith
Phone Number:	(519) 416-4164
Email Address:	Mary.Smith@ABCchildcare.ca

STEP 3: SERVICE DATA

Please indicate the number of ineligible home child care providers (i.e. exceeds the cap)

SERVICE DATA

Number of ineligible* home child care providers

*Exceed the cap

Now that you have completed information regarding your agency, move to Step 4, where you will begin entering provider information.

STEP 4: PROVIDER INFORMATION

Enter the following information for the eligible providers.

- Provider Name - Name of the provider or Home Child Care Provider program
- Provider Address - Address of the provider or Home Child Care Provider program
- 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 provider 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:

<u>Home Child Care Provider Information</u>							
	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, 2019)	Total Fees Received (Jan 1- Dec 31, 2019) (excluding prior year wage enhancement)
<u>1</u>	Provider 1	1 Abc St	Good Year	Yes	Full Time	310	\$ 75,000.00
<u>2</u>	Provider 2	2 Xyz St	NA	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 2020

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.

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

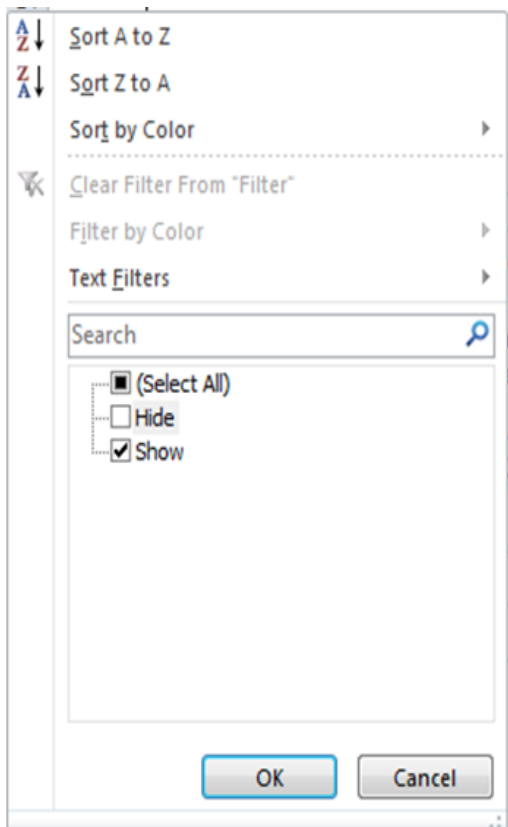
STEP 5: PAGE LAYOUT & PRINTING

Prior to printing or submitting your application form, please go to cell A31 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.

		Provider Name
38		
39	Filter	
40	Show	1 Rebecca Smith
41	Show	Higgins
42	Hide	3

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"



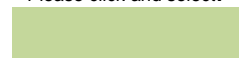
STEP 6: CERTIFICATION

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.

CERTIFICATION

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, 2019.

Please click and select:



Name of Signing Authority:

Title:

Date:

STEP 7: 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

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.