

City of Windsor, Children's Services

Service Agreement Application: Licensed Child Care

Process for Entering into a Service Agreement

The following criteria must be met:

- Must provide child care service within the City of Windsor and/or County of Essex;
 - Must be licensed by the Ministry of Education and in good standing
- Or
- Have a current Service Agreement and wish to expand child care services (increase child care spaces at existing location.)
- Or
- Have a current Service Agreement and wish to open an additional location (Any expansion must be previously approved by CMSM.)
- Complete the application and submit along with all the required documentation
 - Once received, your application will be reviewed. You may be contacted for additional information.

Please note, completion of application does not guarantee a Service Agreement will be granted.

Required Documents (Please submit copies of the following):

- Current Child Care License for each program site you are currently operating
- Program Statement (your operating philosophy)
- Parent Handbook (information given to parents upon registration)
- "Criminal Reference Check" and "Vulnerable sector Check" Policy
- "Inclusion Policy"
- Current fee structure and payment policy:
- *If your agency is a "Non-Profit Corporation", current listing of Board of Directors that also identifies your Board Executive and whomever has the signing authority
- Proof of "public liability and property damage insurance" in a form containing endorsements naming the Corporation of the City of Windsor as an additional insured, and providing a cross liability clause, in the amount of \$2,000,000. This insurance documentation must reflect all licensed locations. As well, if your agency uses/maintains vehicles and uses same in connection with the day to day operation of the Child Care Centre (s), passenger hazard coverage in the amount of \$2,000,000 must be included in the insurance policy documentation submitted.

Section 1: Child Care Licensee Information

Legal Name of Agency:	
Operating Name:	
License #:	
Agency Mailing Address:	Application Date (DD/MM/YY):
	Date of which this agency became operational (DD/MM/YY):
Type of Licensee: <input type="checkbox"/> Corporate <input type="checkbox"/> Individual	Auspice: <input checked="" type="checkbox"/> Profit <input type="checkbox"/> Not-for-Profit
Contact Name:	Position Title:
Business Telephone Number:	Business Email:
Total # of licensed child care program sites your agency operates:	
Type of Program (if applicable):	
<input type="checkbox"/> Licensed Child Care <input type="checkbox"/> Licensed Home Child Care Agency	
# of Staff:	# of Full-time RECE:
	# of Part-time RECE:
Request Type: <input type="checkbox"/> New Service Agreement Application <input type="checkbox"/> Expansion	

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IF applying for more than one site, please provide name/ operating location/ license # below:

Site Name	Location	License #

Current Enrollment			
Infant	Toddler	Preschool	School Age

Do you have a waitlist? Yes No

Current Rate Schedule				
	Infant	Toddler	Preschool	School Age
Full Day				
Half Day				

Salary Range			
Salary Range	Starting Hourly Rate	Mid Hourly Rate	Top End Hourly Rate
RECE			
Non RECE			
Supervisor			

Agency Fiscal Year End (DD/MM): _____

To minimize the amount of work in filling out this form we only ask for line items that we absolutely need in assessing financial health.

Please attest:

Licensee is a viable business and is able to operate without additional operating funding: Yes No

Licensee is able to meet minimum wage requirements without additional operating funding: Yes No

Licensee is able to meet minimum mandatory benefits requirements without additional operating funding:

Yes No

Do you own or lease the building you are currently utilizing for child care? Own Lease

IF owned, total value of building? \$_____ Is there a mortgage? Yes No

Mortgagor (Whose name is on the mortgage?): _____

Additional Information you would like to provide:

CERTIFICATE

I certify that the information given and that the statements made in the pro forma statement are true and correct, and in accordance with the records of

(Name of the Agency)

The Corporation of the City of Windsor is hereby authorized to have access to our accounting records in order to validate any of the above figures in order to substantiate the per diem rate structure request.

Date: _____

Signature of Board President or Owner/Operator

Please affix Corporate Seal (*where applicable)