



Community and Social Services  
**2022 Home Child Care Enhancement Grant  
Application Instructions**  
Children's Services Department

---

These instructions have been created to support licensed Child Care Agencies with their application for Home Child Care Enhancement Grant (HCCEG) funding. For more specific information about HCCEG funding, eligibility, payment, etc., please see the United Counties of Leeds and Grenville *2022 WEG/HCCEG Guidelines*.

### **HOME CHILD CARE ENHANCEMENT GRANT FUNDING - HOME CHILD CARE PROVIDERS APPLICATION INSTRUCTIONS**

The purpose of these instructions is to support licensed home child care agencies in completing their HCCEG application. The application will generate your HCCEG funding entitlement.

HCCEG applications must be submitted by **Monday March 1, 2022** in order to be considered for HCCEG funds.

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

The application form contains 50 rows to allow for data entry for all eligible providers. At step 5, you will be provided with instructions on how to show only the rows where data has been entered for printing purposes.

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

To complete your HCCEG application successfully you must determine which of the providers are eligible for the HCCEG.

#### FULL HOME CHILD CARE ENHANCEMENT GRANT

To be eligible for full HCCEG of \$20.00 per day, providers must:

- Hold a contract with a licensed home child care agency;
- Provide services to one child or more (excluding providers own children);
- Provide full-time services on average (6 hours or more a day); and
- Receive base daily fees, excluding prior years' HCCEG, of less than **\$265.90** (i.e. \$20.00 below the cap of **\$285.90**).

#### PARTIAL HOME CHILD CARE ENHANCEMENT GRANT

To be eligible for partial HCCEG of \$10.00 per day, providers must:

- Hold a contract with a licensed home child care agency;

- Provide services to one child or more (excluding providers own children);
- Provide part-time services on average (less than 6 hours a day); and
- Receive base daily fees, excluding prior years’ HCCEG, of less than **\$161.54** (i.e. \$10.00 below the cap of **\$171.54**).

**STEP 2: ENTER AGENCY INFORMATION**

Open the HCCEG application form in excel and complete the agency information as well as the contact person who is able to answer questions about the application form being submitted.

<p><b>CHILD CARE AGENCY INFORMATION</b></p> <p>Agency Name:          Agency Licence Number          Auspice Type:          Agency Mailing Address:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>ABC Child Care Agency</td></tr> <tr><td>12345</td></tr> <tr><td>Non-Profit Operation</td></tr> <tr><td>123 Alphabet Street</td></tr> <tr><td>Toronto, Ontario</td></tr> <tr><td>M7A 1L2</td></tr> </table>	ABC Child Care Agency	12345	Non-Profit Operation	123 Alphabet Street	Toronto, Ontario	M7A 1L2
ABC Child Care Agency							
12345							
Non-Profit Operation							
123 Alphabet Street							
Toronto, Ontario							
M7A 1L2							
<p><b>CONTACT INFORMATION</b></p> <p>Name:          Phone Number:          Email Address:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Mary Smith</td></tr> <tr><td>(416)416-4161</td></tr> <tr><td><a href="mailto:Mary@ABCChildCareAgency.com">Mary@ABCChildCareAgency.com</a></td></tr> </table>	Mary Smith	(416)416-4161	<a href="mailto:Mary@ABCChildCareAgency.com">Mary@ABCChildCareAgency.com</a>			
Mary Smith							
(416)416-4161							
<a href="mailto:Mary@ABCChildCareAgency.com">Mary@ABCChildCareAgency.com</a>							

**STEP 3: ENTER SERVICE DATA**

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

**STEP 4: ENTER PROVIDER INFORMATION**

Enter the following information for eligible providers:

- Provide Name = Name of Provider
- Provider Address = Address of the provider including postal code
- Provider works with more than one agency = If the provider works with more than one agency, then provide the agency name.
- Providers’ own children are excluded (check if yes/no) to confirm that the providers’ own children are excluded from the date 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”.



**Community and Social Services**  
**2022 Home Child Care Enhancement Grant**  
**Application Instructions**  
**Children’s Services Department**

If the provider works less than six (6) hours a day select “Part-Time” based on Ministry definitions.

- Number of days worked January 1 to December 31 = 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 January 1 to December 31 = Enter the total number of fees received (excluding prior year HCEEG), including fees for privately placed clients.

Please see sample table completed below:

Home Child Care Provider Information									
	Provider First and Last Name	Provider Address <i>(Unit #, Street and Town/City)</i>	Postal Code	Provider works with more than one agency (enter agency name if Yes)	RECE/Non RECE	Serving one child or more placed by agency (excluding providers own children)	Full Time (6 hrs or more a day) or Part Time (less than 6 hrs a day)?	Number of Days Expected to be Worked Jan. 1- Dec. 31, 2022	Total Fees Received, Jan. 1- Dec. 31, 2021, including privately placed children
EX.	Susie Smith	1234 Apple Street	K0E 1X0	No					
1									
2									
3									
4									
5									

Once the above information is entered, the application template will generate the following information:

- Average base Daily Fee
- Eligibility Status
- Qualifying Daily rate – Full = \$20.00 or Partial = \$10.00
- Maximum Grant Transfer that can be transferred to a provider

Following the example of Provider 1 and Provider 2, they would be entitled to the following:

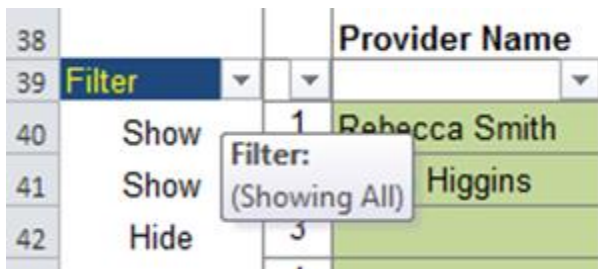
Provider Enhancement Determination				
Average Base Daily Fee	Eligibility Status	Qualifying Daily Rate	Maximum Grant Transfer	
\$ 241.94	Full	\$ 20.00	\$ 6,200.00	
\$ 120.00	Partial	\$ 10.00	\$ 2,500.00	

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 pending approval from the CMSM/DSSAB.

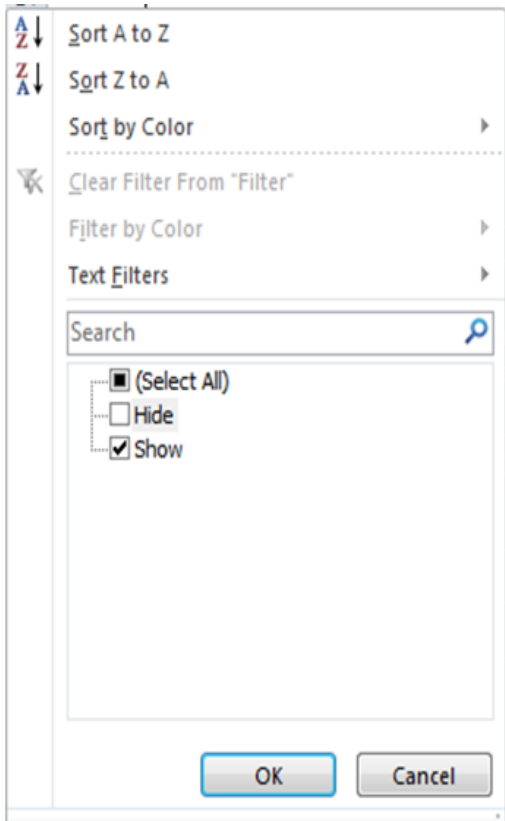
This section also generates the supplemental grant for each eligible home child care provider. As this agency only has two (2) service providers, Provider 1 and Provider 2, this agency is applying for the following:

<b>Partially Eligible Providers (# / \$)</b>	1	\$ 2,500.00
<b>Fully Eligible Providers (# / \$)</b>	1	\$ 6,200.00
<b>TOTAL</b>	<b>2</b>	<b>\$ 8,700.00</b>
<b>SUPPLEMENTAL GRANT</b>		<b>\$ 100.00</b>
<b>GRAND TOTAL</b>		<b>\$ 8,800.00</b>

**STEP 5: PAGE LAYOUT AND 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 show only 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” (see below).



**Community and Social Services  
2022 Home Child Care Enhancement Grant  
Application Instructions  
Children's Services Department**

---

**STEP 6: CERTIFICATION**

Agencies must complete the certification section stating that the information 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 agency, I certify that the information included in this application is accurate and represents the providers that have existing relationships with this agency.

Name of Signing Authority

Title:

Date:

Please click and select

The information that you have provided is subject to review by the CMSM/DSSAB prior to/or after granting the HCCEG funding to the agency.