

Community and Health Services Department Social Services Branch EarlyON Program **Exemption Request Form** 

**SECTION 1 – EARLYON PROGRAM DETAILS** 

Agency name

EarlyON program name

EarlyON program address (full address)

Telephone

Designated (signing) Authority

Name

Position

Completion date (mm/dd/yyyy)

## SECTION 2 - TYPE OF REQUEST

First request for a temporary exemption from the RECE requirement

Request to renew temporary exemption from the RECE requirement – due one (1) month prior to expiry date of current temporary exemption

Expiry date of current exemption (mm/dd/yyyy)

## SECTION 3 – PLAN TO MEET RECE REQUIREMENTS

How is your EarlyON program planning to meet the RECE requirements?

Select the option that applies to your EarlyON program and explain what specific steps will be taken to meet the requirement.

Current staff will work towards obtaining RECE credentials

Please outline the action plan of the EarlyON agency and the staff member listed to ensure credentials are obtained.

- In the Method column, select the option from the drop down list the staff member will use to obtain credentials.
- In the Action Plan column, include estimated timelines, courses, how staff will balance obtaining credentials and work and so forth.



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SECTION 3 – PLAN TO MEET RECE REQUIREMENTS CONT.		
Staff name	Method	Action Plan
	Post Secondary Qualifications	
	Equivalency assessment	
	On-job training	
	Other	
	Post Secondary Qualifications	
	Equivalency assessment	
	On-job training	
	Other	
	Post Secondary Qualifications	
	Equivalency assessment	
	On-job training	
	Other	

#### New RECE will be hired

Please outline the EarlyON agency's action plan to recruit a new RECE. Include estimated timelines, recruitment methods and so forth.



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# **SECTION 4: FAMILY SUPPORT PRACTITIONERS**

This position will work alongside a RECE and will be system-wide and agency specific. Responding to community needs and complementing the program. This position may be created to cover a vacant RECE position, not an additional position. Family Support practitioners' qualifications may include:

- Outdoor Educator
- Child and Youth Worker
- Social Worker
- Community Engagement/Outreach
- Service Navigator
- Infant Mental Health Educator
- Resource Educator

Please indicate the local community need driving this request and how this alternate qualification will support the community need and what are the expected outcomes for families

### Notice with Respect to the Collection of Personal Information

(Freedom of Information and Protection of Privacy Act. Municipal Freedom of Information and Protection of Privacy Act.)

Personal Information in this Consent is collected under the legal authority of the *Child Care and Early Years Act* for the purpose of verifying eligibility or continuing eligibility for Child Care Fee Assistance. For more information contact the Manager of Child Care Services, The Regional Municipality of York, 17150 Yonge Street, Newmarket, Ontario, L3Y 8V3. Tel: 1-877-464-9675 ext. 76655.