



# Child Care Support Referral (CCSF) 2012

To be completed by the Child Care Supervisor/Provider, Parent and Special Needs Resource staff. Please print.

## Child Care / Provider information:

<input type="text"/>		<input type="text"/>	
Child Care / Provider name		Location ID number	
<input type="text"/>		<input type="text"/>	<input type="text"/>
Address		Postal code	Phone number
<input type="text"/>	<input type="text"/>		
Date started at centre (dd-mmm-yyyy)	Supervisor name		

## Child information:

<input type="text"/>		<input type="text"/>	
Child's name (first, last)		Date of birth (dd-mmm-yyyy)	
<input type="text"/>		<input type="text"/>	
Parent / Guardian(s) names(s)		Phone number	
<input type="text"/>		<input type="text"/>	
Home address		Postal code	

## Special Needs Resource (SNR) information:

<input type="text"/>		<input type="text"/>	
Staff name		Phone number	
<input type="text"/>		<input type="text"/>	
Agency		Date SNR service started (dd-mmm-yyyy)	

- Service request type:**
- Intensive Resource Support
  - Child Care Support Funds

- Presenting concern(s):**
- Safety
  - Transition support
  - Social interactions
  - Skill building
  - Physical behavior
  - Other:

Please expand on the priority concern:

# CHILD CARE SUPPORT REFERRAL FORM (CCSF) 2012

## Assessment:

Has the child had an assessment?  Yes  No  On waiting list

Date put on waiting list:  Hospital / Agency (if known):   
(dd-mmm-yyyy)

If yes, type of assessment:  Developmental  Psychological  Other (please describe below)

Date of assessment:  Location:   
(dd-mmm-yyyy)

## Diagnosis / Outcome / Recommendation:

## School information:

Does the child attend school?  Yes  No

Describe school placement:

## Agency involvement / in what capacity (if known):

Are any other agencies involved with the child?  Yes  No

Current agency involvement:

Past agency involvement:

Wait-listed for service:

**Request form and Consent for Presentation must be submitted to the Resource Supervisor by the SNR staff prior the Child Care Support meeting.**

# CHILD CARE SUPPORT REFERRAL FORM (CCSF) 2012

Special Needs Resource staff complete the following as they relate to the development of the child and the request for CCSF and/or IRS:

Areas of development (be specific about strengths and needs):

Current program goals / strategies:

Goals and **specific** strategies that will be implemented by the program staff to support the child:

Additional information that may be having an impact on the child in the program:

# CHILD CARE SUPPORT REFERRAL FORM (CCSF) 2012

**Contract agreements:** (please refer to the Child Care Support Guidelines)

**The Child Care Centre agrees to the following:**

1. The addition of CCSF and/or IRS services in the child care program.
2. To hire CCSF staff so that regular staff can provide a higher level of support to the child names in the contract.
3. To provide direct supervision to CCSF staff.
4. Payment to CCSF staff according to typical pay schedule and rate indicated on request form.
5. Sign and submit documentation required for CCSF payment in a timely manner.
6. Involve and inform families in all aspects of IRS service.
7. Promptly communicate any concerns or questions to the Special Needs Resource staff and/or the Intensive Resource staff.
8. On-going collaboration and consultation with the Special Needs Consultation service and/or Intensive Support service regarding the child's needs and progress.
9. Prompt notification and cancellation of CCSF staff or Intensive Resource staff when the child is absent.

Signature

Date (dd-mmm-yyyy)

**The Home Child Care Agency agrees to the following:**

1. Knows about the IRS support request to the Home Child Care Provider listed on the form.

Signature

Date (dd-mmm-yyyy)

**The Home Child Care Provider agrees to the following:**

1. The addition of Intensive Resource Support services in their home.
2. To involve and inform families in all aspects of IRS service.
3. To promptly communicate any concerns or questions to the Special Needs Resource staff and/or the Intensive Resource staff.
4. On-going collaboration and consultation with the Special Needs Consultation service and/or Intensive Support service regarding the child's needs and progress.
5. Prompt notification and cancellation of IRS staff when the child is absent.

Signature

Date (dd-mmm-yyyy)

**Parent / Guardian agree to the following:**

1. The addition of CCSF staff and/or Intensive Resource Support services in the child care program.
2. To attend initial planning meeting and subsequent review meetings.
3. To communicate with the child care Supervisor/Provider/Staff, Special Needs Resource staff and/or Intensive Resource staff as deemed necessary.
4. To inform the Supervisor/Provider as soon as possible if child is going to be absent.

Signature

Date (dd-mmm-yyyy)

Signature

Date (dd-mmm-yyyy)

**Special Needs Resource staff agree to:**

1. Organize the first planning meeting immediately after receiving notice that IRS has been approved.
2. Develop goals in partnership with parents, child care staff/provider and IRS staff as described in this agreement.
3. Meet with the Child Care Centre/Provider, Intensive Resource staff and/or family regarding the child's on-going and changing needs.
4. Maintain active involvement with the child care program during the implementation of CCSF/IRS.

Signature

Date (dd-mmm-yyyy)

# CHILD CARE SUPPORT REFERRAL FORM (CCSF) 2012

## Child Care Support Funds (CCSF)

Child Care Support Funds (CCSF) are available to child care programs that require short-term staff support to relieve regular staff so they can assist children with extra support needs in the program.

Any other information related to the approval of CSF:

Number of hours requested:  Rate of pay per hour (\$):

**Any change to the rate of pay after the request has been processed must be approved by the Resource Supervisor.**

What time of day is most beneficial to deliver CCSF service?

Morning    Lunch    Afternoon    Other:

## Intensive Resource Support (IRS)

The focus of IRS staff is to build the capacity of a child care program or home child care provider, to support the inclusion of specific children with complex and/pr intensive developmental, social, emotional or behavioral needs through direct teaching, modeling and coaching of strategies.

The CCSF/IRS review committee will consider all applications and discuss priority if applicable. The agency providing IRS service will prioritize service based on a number of factors (referral date, child/program needs, staff availability, etc). The IRS agency will contact the SNR staff when service is ready to begin.

Please list below any other information related to the approval of IRS.

What time of day is most beneficial to deliver IRS service?

Morning    Lunch    Afternoon    After-school    Other:

### COMMITTEE USE ONLY

Agency to provide IRS service: \_\_\_\_\_ Date referral accepted: \_\_\_\_\_  
(dd-mmm-yyyy)

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