

# Application Package

## Early Learning and Childcare Home

Department of Education and Early Childhood Development  
November 2023

Included in this application package you will find:

1. Application for a Licence

As per Policy 901, ELC Homes who intend to become designated are exempt from the Open Call for Proposals Process. Applicants must submit their Application for a Licence directly to their regional licensing office and indicate in **section C** of the application if they intend on becoming designated.

2. Information regarding inspection by the Office of the Fire Marshal
3. Social Development Record Check Consent Form
4. Process for Obtaining Supplier Number

### Important information:

The following will provide you with further information on licensing an early learning and childcare facility in New Brunswick.

- *Early Childhood Services Act*: <https://laws.gnb.ca/en/pdf/cs/E-0.5.pdf>
- *Licensing Regulation – Early Childhood Services Act*: <https://laws.gnb.ca/en/pdf/cr/2018-11%20.pdf>
- *Childcare Grants and Subsidies Regulation – Early Childhood Services Act*  
<https://laws.gnb.ca/en/pdf/cr/2018-12%20.pdf>
- Operator Manual – Early Learning and Childcare Homes:  
<http://www2.gnb.ca/content/dam/gnb/Departments/ed/pdf/ELCC/OperatorManualEarlyLearningChildcareHomes.pdf>
- Information regarding such topics as: Early Learning and Childcare curriculum, Wage Support Program, information for parents, etc. may be found at :  
<http://www2.gnb.ca/content/gnb/en/departments/education/elcc.html>

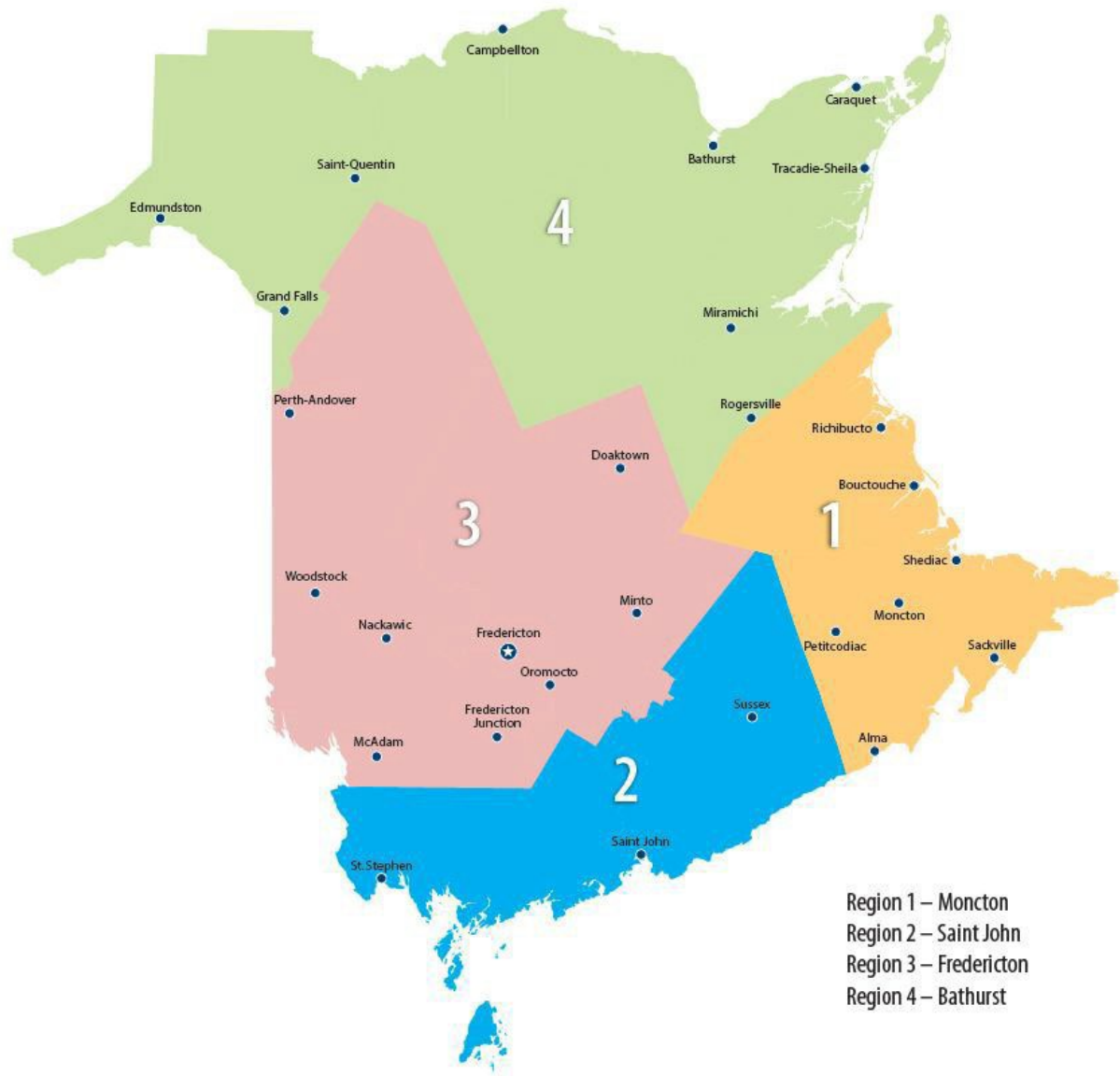
Should you require further assistance, please do not hesitate to contact your regional office of Early Learning and Childcare Services.

**Please return completed application to the Early Learning and Childcare office in your region.**

# Early Learning and Childcare Services

## Provincial Regions

Region 1 – Moncton	Region 2 – Saint John	Region 3 – Fredericton	Region 4 – Bathurst
<b>Address</b> Satellite Office – Early Childhood Development École Louis-J-Robichaud 435 Main St. Shediac, NB, E4P 0S6	<b>Address</b> Milledgeville North School, B108 490 Woodward Ave. Saint John, NB E2K 5N3	<b>Address</b> Marysville Place 1st Floor 20 McGloin St. Fredericton, NB E3A 5T8	<b>Address</b> 3376 rue Principale C.P. 3668 Tracadie-Sheila, NB E1X 1G5
<b>Phone number</b> 1 506 533-3712	<b>Phone number</b> 1 506 658-2604	<b>Phone number</b> 1 506 453-3005	<b>Phone number</b> 1 506 394-4696
<b>Email</b> <a href="mailto:ELC-SGERegion1@gnb.ca">ELC-SGERegion1@gnb.ca</a>	<b>Email</b> <a href="mailto:ELC-SGERegion2@gnb.ca">ELC-SGERegion2@gnb.ca</a>	<b>Email</b> <a href="mailto:ELC-SGERegion3@gnb.ca">ELC-SGERegion3@gnb.ca</a>	<b>Email</b> <a href="mailto:ELC-SGERegion4@gnb.ca">ELC-SGERegion4@gnb.ca</a>



To apply for a licence to operate an early learning and childcare home in New Brunswick, all of the sections included in this application must be completed and submitted for approval.

### Section 1: Application for a licence

A- Facility information					
Name of facility					
Civic address				Province	Postal code
Mailing address (if different from above)				Province	Postal code
Telephone		Fax		Email address	
Language of licensing service		<input type="checkbox"/> English <input type="checkbox"/> French		Preferred method of correspondence	
				<input type="checkbox"/> Mail <input type="checkbox"/> Email	

B- Applicant information – applicant must be 19 years of age			
Name of applicant - (First and Last name or Registered name of corporation)			
Form of business:	<input type="checkbox"/> Individual ownership <input type="checkbox"/> Corporation		
Name of primary contact person (for corporation)		Title/Role	
Do you currently operate any other early learning and childcare facilities?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously applied for and/or been licensed for childcare in New Brunswick?			<input type="checkbox"/> Yes <input type="checkbox"/> No
In the past 3 years, have you:			
a) Applied for a licence or renewal of a licence that has been refused?			<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Had your licence suspended and reinstatement of the licence refused?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a well?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Required documentation:</b> Copy of the well water inspection certificate			
Do you plan to have an alternate care provider?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you caring for children at this time?   If yes, how many?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an Early Childhood Education certificate/diploma/degree?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you completed the Introduction to Early Childhood Education course? (Department of Education and Early Childhood Development on-line course)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any other certificate/diploma/degree if applicable?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, indicate the training program. _____			
<b>Required documentation:</b> Proof of training			

Have you completed the New Brunswick Early Learning and Child Care Curriculum Framework training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please indicate which framework:		
<input type="checkbox"/> New Brunswick Early Learning and Child Care Curriculum ~ English		
<input type="checkbox"/> Curriculum éducatif Services de garde francophones du Nouveau-Brunswick		
Proposed opening date:		

<b>C- Designation</b>	
Do you intend to become a designated facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicants applying for designation will be subject to meeting all of the requirements for a licence under the <i>Early Childhood Services Act</i> and <i>Regulations</i> . All designation requirements are outlined in the Handbook for Designated Early Learning and Childcare Facilities.	

<b>D- Childcare Fees - required to be completed by all facilities</b>				
Please enter the <b>daily</b> fee charged to parents/guardians.				
All facilities applying for designation must adhere to the Market Fee Threshold for establishing childcare fees for preschool aged children.				
Age group	Full Time: 5 days per week, full day (Full week/full day)	Part Time: Less than 5 days per week, full day (Part week/full day)	Part Time: 5 days per week, half day (Full week/part day)	Part Time: Less than 5 days per week, half day (Part week/part day)
Infant 0-23 months				
Preschool 2 years				
Preschool 3 years				
Preschool 4 years				
Preschool 5 years (not attending school)				
School-age – After school				
School-age – Before and after school				
School-age – Before school				
School-age – Half day only				
School-age – School year full day				
School-age – Summer full day				

<b>E- Household occupant's information</b> Provide information for all individuals residing in your home, including children.		
First and last name	18 years and older	Relationship to applicant

	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**F- Services information - check all appropriate boxes**

**Age and language**

**Age categories**  Infants: 0-23 months  
 Preschool children: 2-5 years old  
 School-age children

**Language of service**  English  
 French

**Operating hours**

Hours of operation	From _____ to _____	Days of operation	From _____ to _____	Months of operation	From _____ to _____
<b>Extended hour services</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes :</b> <input type="checkbox"/> Monday - Friday <input type="checkbox"/> Saturday/Sunday		<b>Overnight services</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes :</b> <input type="checkbox"/> Monday - Friday <input type="checkbox"/> Saturday/Sunday		Does the ELC Home close for more than 4 consecutive weeks during the year: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify when : _____	

**Curriculum framework**

**Curriculum framework that will be used in the facility**  
 New Brunswick Early Learning and Child Care Curriculum ~ English  
 Curriculum éducatif Services de garde francophones du Nouveau-Brunswick  
 Not required

**Other services: will you be providing the following**

<b>Food services</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes:</b> <input type="checkbox"/> Meals only <input type="checkbox"/> Snacks only <input type="checkbox"/> Meals and snacks	<b>Transportation</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes:</b> <input type="checkbox"/> Daily <input type="checkbox"/> Occasionally
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**G- Statement of understanding**

I, the undersigned, do hereby certify that the statements and information in this application form are true and correct to the best of my knowledge and understanding. As well, I declare that I have read and understand all relevant sections of the Early Childhood Services Act and the Licensing Regulation. By signing this application, I understand my responsibilities in operating an early learning and childcare facility and agree to comply with the Act and Licensing Regulation.

In accordance with the Right to Information and Protection of Privacy Act, the Department of Education and Early Childhood Development is committed to the protection of all personal information collected and used in the operation and management of its activities. The Act can be found via the link: <http://laws.gnb.ca/en/ShowPdf/cs/R-10.6.pdf> Personal information is defined in the Right to Information and Protection of Privacy Act (RTIPPA).

I understand that the Department of Education and Early Childhood Development may share the information contained in this application with authorized representatives of the Department of Education and Early Childhood Development.

Signature of applicant:	Print name:	Date: (dd/mm/yyyy)
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## Section 2: Required documents

As per section 4 of the Licensing Regulation and the application requirements, the following documents must be submitted when applying for a licence. Include this page with your application. ✓ Check box or insert N/A when not applicable	
	Application for licence completed and signed
	Proof of Early Childhood Education training or equivalent, if applicable
	Criminal record check/Vulnerable sector check, dated within the past 3 months, for the applicant
	Criminal record check, dated within the past 3 months, for all individuals 18 years and older residing in the applicant's home, if applicable
	Social Development Record Check Consent Form for the applicant and all individuals 18 years and older residing in the applicant's home, if applicable
	Proof of compliance with the applicable municipal by-laws
	Copy of the Certificate of general liability insurance or a statement from insurer of an intention to provide Certificate of insurance
	Copy of the Certificate of motor vehicle insurance if transportation is provided
	Copy of the well water inspection certificate
	Licence application fee of \$100 payable to the Minister of Finance. <b>Fees are non-refundable.</b>
	GNB Supplier Registration / Direct Deposit Form
<b>Documentation</b>	
	Operational plan:
	• Service plan
	• Parent and guardian handbook
	• Weekly menus of meals and/or snacks
	Inclusion Policy
<b>Plans</b>	
	Unofficial plan of the home
	Copy of the outdoor play area

### Important

If the application is incomplete or the required documentation is missing, the application review process will be delayed. The licensing process will not be initiated until all forms are complete and all documents are received. Please ensure that copies of the submitted documents are retained. No documents will be returned.

Note that after six months of no activity from the applicant during the licensing process, the file will be closed and the applicant will be required to re-submit an application including the fee.

Kindly forward your application duly completed to the regional office of Early Learning and Childcare (address can be found on page 2 of the Application Package).

# Licence Application Guide

## Early Learning and Childcare Home





As per section 4 of the *Licensing Regulation – Early Childhood Services Act*, an application for a licence to operate an Early Learning and Childcare Home must include the following documentation:

- Operational plan
- Unofficial plan of the premises
- Criminal record check and vulnerable sector check
- Social development record check consent form
- Proof of compliance with the applicable municipal by-laws
- Certificate of insurance
- Daily childcare fees
- Staffing plan (optional)

This guide provides additional information to help support applicants to complete the required documentation listed above.

## Operational Plan

The operational plan is a written plan that demonstrates how the facility will meet specific requirements under the *Early Childhood Services Act* and the *Licensing Regulation - Early Childhood Services Act*. The operational plan includes the service plan, a statement of services for parents and weekly menus.

Applicants are encouraged to complete the operational plan as best as possible. Once the application is received, the Early Learning and Childcare Quality Assurance Monitor will review the information and assist the applicant in the completion of the plan, if required.

Please ensure that all required documentation is included with your application.

### **A- Service plan (Licensing Regulation section 4)**

1. Describe the services that will be provided in your facility.
2. What measures will be taken to implement those services? Provide a description of the learning principles and goals and the measures that will be taken to reach those goals.
3. Describe how you will provide a suitable environment, materials and equipment for the proposed number of children and age categories?
4. How will the program planning involve parents and families, and engage the children?
5. When planning activities, how will you ensure that children's interests, passions, strengths and abilities be taken into consideration?
6. How will you ensure that the services for school-age children support children's learning outside of the formal school program?

### **B- Statement of services for parent or guardian (Licensing Regulation sections 4, 26)**

Operators are to provide a statement of services for parents and guardians which must be compiled in a handbook. Please refer to section 6.3 and the Parent and guardian handbook template of the Operator Manual – Early Learning and Childcare Homes for more information.

The handbook template identifies what is minimally required. It contains policies, responsibilities and expectations of the parents and guardians and the operator. Operators may add more information specific to the centre and additional policies in the handbook.

### **C- Weekly menus (Licensing Regulation sections 4, 48)**

For facilities providing meals and/or snacks.

Meals and snacks consist of a variety of foods which are nutritious and appropriate for children. For more information on nutrition, please refer to section 12 and the nutrition appendices of the Operator Manual – Early Learning and Childcare Homes. The weekly menu plan template may be used as a guide to prepare your menu.

Health Canada is also an excellent resource providing various documentation on healthy eating. <https://www.canada.ca/en/services/health/food-nutrition.html>

Provide 2-4 weeks of menus of meals and/or snacks with your application.

### **D- Additional information**

Include answers to the following questions (please refer to the Operator Manual – Early Learning and Childcare Homes for guidance).

If a section does not apply to your facility, proceed to the next applicable section.

#### **a) Staff requirements and records (Licensing Regulation sections 11, 12, 24)**

(operator, alternate care provider and associated persons)

1. How will records for the operator, alternate care provider and associated persons be maintained and kept up-to-date, such as dates of criminal record checks/vulnerable sector checks, checks with Social Development, first aid and cardiopulmonary resuscitation (CPR) training, Early Childhood Education certificate, Introduction to Early Childhood Education course and any other training?
2. Criminal Record checks, vulnerable sector checks and checks with the Department of Social Development are required before opening or starting employment in an early learning and childcare facility and must be renewed every five years. How will you ensure that these checks are completed for you, the alternate care provider and associated persons?
3. Are you aware of the steps that must be followed if the results of a check with the Department of Social Development indicate a contravention? Please describe.

**b) Alternate care provider (answer the following if you plan to use an alternate care provider)**

1. Describe how the facility's policies and procedures will be introduced to the alternate care provider.
2. How will you ensure that the alternate care provider understands their responsibilities and obligations with respect to the *Early Childhood Services Act* and the Licensing Regulation?
3. A reference manual which contains documentation such as the operator manual, the *Licensing Regulation - Early Childhood Services Act*, etc. should be available to staff. Where will it be located in the facility?
4. What process will be in place to ensure that the alternate care provider knows how to respond in and is well prepared to handle an emergency?

**c) Child records (Licensing Regulation sections 24, 47)**

1. What processes will you have in place to obtain and update child information to ensure it is current? What will be the frequency of file reviews?
2. Describe the procedures you will follow to ensure immunization records are updated as required.

**d) Supervision (Licensing Regulation sections 9, 10)**

1. How will you ensure that the alternate care provider respects the supervision and child guidance policies and guidelines?

**e) Rest area (Licensing Regulation section 36)**

1. How many cribs and/or playpens will you have available?
2. Will you be purchasing new or used cribs/playpens? How will you ensure they meet the federal requirements in accordance with the Cribs, Cradles and Bassinets Regulation and the Playpens Regulations under the *Canada Consumer Product Safety Act*?
3. How many cots or nap mats will be available at the facility for daily use for infants 15 – 23 months and for resting preschool children?
4. If family beds will be used, how will they be assigned to children?

**f) Outdoor play area, materials and equipment (Licensing Regulation sections 31, 33)**

1. How will you meet the 10% of shaded area required?
2. What variety of surface types will cover the play area (i.e. grass, sand or other substance)?
3. Do you intend to install stationary equipment requiring protective surfacing? If yes;
  - a) what kind of equipment?
  - b) what type of protective surfacing will you use?
4. Describe how you will ensure children have access to bathroom facilities and drinking water during outdoor play time.

**g) Diaper changing (Licensing Regulation section 41)**

1. Where will diapers be changed?
2. What will you use to disinfect the changing surface?
3. Describe the storage of soiled diapers/clothing.

**h) Medication (Licensing Regulation section 46)**

1. Describe your plan for safe storage of medication.
2. What will be your procedures for responding to severe allergic reactions?
3. How will you learn how to use EpiPens?

**i) Transportation of children (Licensing Regulation section 20)**

1. Describe the vehicle that will be used to transport children.
2. What are your plans regarding the use of motor vehicle restraint systems (car seats and booster seats)?

**j) Pools and water safety (Licensing Regulation section 34)**

1. Describe the type of planned water activities including the location of the pool if off the premises.
2. What is the plan to ensure the safety of children while swimming or engaged in water activities?

**k) General health and safety measures (Licensing Regulation sections 39, 40, 44, 45)**

1. Describe how and where cleaning equipment and supplies will be stored.
2. Where will first aid supplies be stored?
3. Will children be provided the opportunity to brush their teeth while at the facility? If yes, explain how you will store and maintain toothbrushes for cleanliness.
4. Parents or guardians must be kept informed of policies of the facility, events that will take place, when their child has been hurt or ill, when there has been an outbreak of a communicable disease, and other issues that occur. How will you communicate with parents to ensure they are well informed?
5. Will there be animals (or pets) in your facility? If yes, indicate how pet vaccination records will be maintained. Will the children be allowed to interact with the pets? What measures will be taken to ensure the health and safety of the children?

**l) Infant feeding (Licensing Regulation section 48)**

1. Describe your process for feeding infants less than 12 months.
2. Describe your plan for safe storage of baby food, formula and breast milk.
3. How will formula and breast milk be heated?

**m) Extended hour services or overnight services (Licensing Regulation section 17)**

1. Will meals and snacks be prepared on site during extended hours or overnight services?

If yes, include weekly menus for evening meals and snacks and the approximate serving times. You may use the template of weekly menus in the Operator Manual – Early Learning and Childcare Homes.

2. If overnight services are provided, describe the sleeping arrangements.

## Unofficial Plan of the Premises

Floor plan of the home and the outdoor play area plan are required to assess the suitability of the premises.

### **Indoor space**

**(Licensing Regulation sections 4, 28, 30, 36, 37, 38, 39, 41)**

Provide one unofficial plan of EACH level of the home showing location of:

- Entrance and exits
- Layout of the home
- Windows
- Doors
- Stairs
- Rooms that will be used for childcare
- Rest area
- Washrooms
- Kitchen
- Wood stoves
- Location of smoke alarms
- Location of fire extinguishers

### **Outdoor space**

**(Licensing Regulation sections 4, 31, 33)**

Provide one copy of the outdoor play area showing:

- Location of outdoor play area in relation to the home
- Location of fence or barriers and gates, if applicable
- Location of stationary equipment (i.e. slides, swings, sandboxes, etc.)
- The shaded area
- Location of storage

**Criminal Record Check and Vulnerable Sector Check  
(Licensing Regulation 12(0.1)a) and 12(1))**

When applying for a licence, a criminal record check (CRC) and vulnerable sector check (VSC) are required for the applicant.

<b>Applicant</b>	<b>CRC and VSC required for</b>
Individual ownership	Applicant
Individuals residing in the home	All individuals 18 years and older residing in the applicant's home where the facility will be located <i>Only a criminal record check is required</i>
Corporation	Corporation directors*

***\*A vulnerable sector check is only required if they have contact with the children at the facility***

These checks must be issued during the previous three months of submitting an application for a licence.

The procedure for obtaining a criminal record check/vulnerable sector check is as follows:

- Applicant requests appropriate checks directly to the local police station or RCMP detachment.
- Police agencies may require a letter requesting a criminal record check and vulnerable sector check be completed. The applicant should contact the regional office of Early Learning and Childcare to obtain the required letter.

Include required criminal record checks and vulnerable sector check with your application.



**Social Development (SD) Record Check Consent Form  
(Licensing Regulation 12(0.1)b) and 12(1))**

When applying for a licence, a check with the Department of Social Development is required for the applicant and all individuals 18 years and older residing in the applicant’s home where the facility will be located.

<b>Applicant</b>	<b>SD check required</b>
Individual ownership	Applicant
Individuals residing in the home	All individuals 18 years and older residing in the applicant’s home where the facility will be located
<b>Applicant</b>	<b>SD check only required if they have contact with children or manage the finances of the facility</b>
Corporation	Corporation directors

The procedure for obtaining a Social Development Record Check is as follows:

- Contact the regional Early Learning and Childcare office for an original copy of the SD Record Check Consent form if required.
- Attach the completed form with the application for a licence.
- Once the application for a licence is received, the regional office of Early Learning and Childcare will forward the form to the Department of Social Development.
- The results will be returned to the Early Learning and Childcare office within two weeks.
- A copy of the results will be given to the applicant for their files.

How to complete the form:

- The form must be completed in full.
- Complete the box at the top right of the form indicating if the record check is for a new childcare facility request (applicant) or an Initial check (individuals 18 years and older residing in the applicant’s home)
- Complete the information about the facility (i.e.; name of agency (facility), fax number, address and telephone number)
- Complete the required information regarding the applicant (person requesting the check): name, date of birth, address, etc.
- Sign and date the bottom of the consent form.

<b>You must indicate if it is for:</b>	
<input type="radio"/>	Initial check
<input type="radio"/>	Five-year renewal
<input type="radio"/>	Owner/Operator
<input type="radio"/>	Exemption request
<input type="radio"/>	New childcare facility request

### **Witness name and signature**

The applicant's identity **must** be verified and witnessed by an employee of Early Learning and Childcare to submit the SD Record Check Consent Form.

Applicants can either:

- Present themselves in person, by appointment, to a regional Early Learning and Childcare office to present a government-issued photo identification or;
- Send a copy of two different government-issued identification pieces (one must be photo) with your application. These copies will be securely discarded immediately once the witness has verified the identity of the applicant.

SD record check consent forms for individuals 18 years of age and older residing in the home do not need to be witnessed by Early Learning and Childcare employee but can be witnessed by another adult over the age of 18.

In signing the form, the witness acknowledges that he or she has reviewed the applicant's government-issued identification and confirmed that the information recorded on the consent form matches the applicant's government-issued identification.

It is also important that the **witness** ensures that:

- All information is legible, clearly written and accurate;
- Date of birth is accurate;
- Middle name is provided and not just an initial;
- All sections of the form are to be completed.

**Important:** Forms which are not completed properly will not be processed. Forms that are not clear will be returned. This will delay the application for licence process.

*Include the SD Record Check Consent Form(s) with your application.*

### **Proof of compliance with applicable municipal by-laws**

Applicants are required to provide proof of compliance with all relevant municipal by-laws, including zoning by-laws.

Applicants must contact the municipality or Local Service District for their area to check what other by-laws are applicable to their facility (for example, building inspections, parking requirements, extended and overnight services) and obtain a letter from them stating it is in compliance with municipal by-laws.

### **Certificate of General Liability Insurance**

Applicants are required to provide a copy of the Certificate of Insurance or a statement from an insurer of an intention to provide Insurance. The proof of insurance documents must clearly indicate who the insurance provider is, or will be, providing coverage for a child care setting.

Prior to the issuance of a licence, a valid insurance policy must be provided.

## Daily Childcare fees

Childcare fees represent the **daily** amount you will be charging for childcare services.

The childcare fees are separated in the following time categories

Time category	Description	Example
<b><u>Full-Time</u></b> <b>5 days per week, full day</b> (Full week/full day)	The daily fees for a 5-day week, full-day attendance	Regular full-time childcare, summer attendance, etc.
<b><u>Part-time</u></b> <b>Less than 5 days per week, full days</b> (Part week/full day)	The daily fees for less than a 5-day week but full-day attendance	Children who attend full days, less than 5 days a week
<b><u>Part-time</u></b> <b>5 days per week, half day</b> (Full week/part day)	The daily fees for a 5-day week but less than full-day attendance	After school, morning preschool, pre-kindergarten
<b><u>Part-time</u></b> <b>Less than 5 days per week, half day</b> (Part week/part day)	The daily fees for less than a 5-day week but less than full-day attendance	Part-time morning preschool program, 2x a week

## Staffing Plan (optional)

When an operator of an early learning and childcare home plans to hire an alternate care provider, they should have a staffing plan which is also referred to as the Alternate Care Provider Handbook in section 5.3 of the Operator Manual - Early Learning and Childcare Homes.

The alternate care provider handbook should include:

- layout of the home, including any areas that are not accessible to children
- how to use safety locks and gates
- daily routine and activity plans
- required forms
- child guidance policy
- confidentiality policy
- general health policies
- emergency evacuation and fire drill procedures
- location of fire extinguishers
- policy for children who are ill
- emergency numbers and procedures, including the children's information files

Signed statements indicate that alternate care providers have read and understand their responsibility in respect of the:

- *Early Childhood Services Act; and*
- *Licensing Regulation.*

Include the alternate care provider handbook with your application if you wish to have it assessed.

**Office of the Fire Marshal Early Learning and Childcare (ELC) Home requirements:**

1. Interconnected smoke alarms (hardwired or wireless) on each floor level and any rooms where infants are located (see Figure 1).
2. 2A-10BC fire extinguisher on any level the ELC home operates (see Figure 2).
3. Fire safety plan including an off-site location where children may be taken in the event of a fire.
4. Flame spread ratings of interior wall and ceiling finishes shall not exceed 150. Gypsum board, plaster or similar fire rated material meet this requirement.
5. At least two means of escape must be provided, one of which needs to be a door or stairway providing travel to the outside of the building at grade level. The second means of escape is permitted to be a window.
6. Spaces used below the exit discharge (basement) must have two means of escape, at least one means of escape that discharges directly to the exterior from the floor level or by a stairway with a vertical travel not more than 2.44 m; the second means of escape may be a window.
7. Windows used as the second means of escape shall provide an unobstructed opening of not less than  $0.35\text{m}^2$  in area, with no dimension less than 380 mm. A structure must be provided to allow access from the floor to the window.
8. Step stools are an acceptable option to gain access to escape windows. Ladders of any kind however are not acceptable. The step stool provides a wide secure platform which gives the person a good secure platform to step onto (see Figure 3).

Important to note – step stools would have to be secured to the floor or wall in a way to prevent them from moving while they are being used. The manufacturer's recommendations would have to be respected in the use of the step stool.

9. Hard wired or plug in emergency lighting with battery backup, in the area the ELC home operates (see Figure 4).

Figure 1: Interconnected smoke alarm  
Estimated cost \$55.00 each

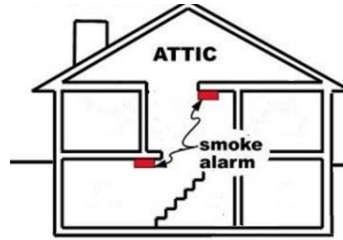


Figure 2: Fire extinguisher 2A:10BC  
Estimated cost \$65.00



Figure 3: Step stools



Figure 4: Emergency light pack  
Estimated cost \$70.00



## Social Development Record Check Consent Form

**You must indicate if it is for:**

- Initial check
- Five-year renewal
- Owner/Operator
- Exemption request
- New childcare facility request

**Send to:** Centralized SD Record Check Services  
 P.O. Box 5001, Moncton, NB E1C 8R3  
 Fax: 506-856-3013  
 Phone: 506-856-2258 Toll free: 1-844-994-7372 (SDRC)  
 Email: [Check.Verification@gnb.ca](mailto:Check.Verification@gnb.ca)

**Return to:** \_\_\_\_\_

**Name of Agency / Service:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**PLEASE PRINT**

Full Name of Applicant:     
*Surname* *First Name* *Middle Name*

Maiden Name:  Other(s) surname(s):

Date of Birth    Sex: M  F  Previous employer: \_\_\_\_\_  
*Year* *Month* *Day*

Current address (must contain civic#, city/town and postal code): \_\_\_\_\_

Previous Addresses within past five years (must contain civic#, city/town and postal code): \_\_\_\_\_

The Applicant provides consent to the Department of Social Development:

- To conduct a SD Record Check, as described below, and
- To disclose the outcome of the SD Record Check to the agency/service named at the top of this form.

The purpose of the SD Record Check is to review Social Development files to determine if the Applicant has been a person identified in the following:

- a) a court order based on a finding by the court that a person has endangered a child's security or development as described in paragraphs 31(1)(a) to (g) of the Act or a person's security as described in paragraphs 37.1(1)(a) to (g) of the Act;
- b) a finding by the Minister, as the result of an investigation by the Minister, that a person has endangered the security or development of a child as described in paragraphs 31(1)(a) to (g) of the Act, where the person has been informed of the finding of the Minister; and
- c) a finding by the Minister, as the result of an investigation by the Minister, that a person has endangered the security of another person as described in paragraphs 37.1(1)(a) to (g) of the Act, where the person has been informed of the finding of the Minister;
- d) who has been found, in accordance with section 27(4)(d) of the Act, to operate a community placement resource in a manner that is dangerous, destructive or damaging to a user, where the person has been directed by the Minister to terminate the operation of the community placement resource.

Applicants with any of the above-noted criteria cannot be approved in the delivery of programs and services funded and/or approved by the Department of Social Development, including:

- operate or work in an early learning and childcare facility, adult residential facility, child placement facility (for example: a foster home or group home), in an AFLA or at Adult Development Activities Program & Training (ADAPT);
- live in an adult residential facility or child placement facility operated out of a personal residence, except as a client receiving services as part of an approved case plan;
- provide home support services, such as attendant care and homemaker;
- become an adoptive parent.

The Applicant acknowledges that he/she has read and understands the purpose of this consent. Applicants who are not in agreement with the outcome of the SD Record Check may request a review in writing.

X \_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
**Signature of applicant**

*The Witness acknowledges that they have reviewed the Applicant's government issued identification and confirms that the information recorded above matches the Applicant's government issued identification.*

X \_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
**Signature of witness** **Print name (witness)**

*Note: All incomplete forms will be returned to the sender which will result in a delay to the processing of the SD Record Check.*

[ ] **Contravention not indicated** [ ] **Contravention indicated** **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



## Process for obtaining supplier number

All GNB suppliers (operators) are assigned a unique eight-digit supplier number that can be found on the top portion of your cheque stub or notice of remittance. Supplier numbers are required in order to receive payments from EECD. **We recommend this number be included on all of your invoices and correspondence with EECD and SNB.** If you need to contact SNB regarding any payments, providing this number will aid SNB in identifying the correct supplier information in their financial system

Applicants are to complete the **GNB Supplier Registration / Direct Deposit Form Formulaire pour l'inscription des fournisseurs GNB et le virement direct des fonds** and return it with their completed application package.

The intent of this process is to have the supplier number assigned prior to the licence being finalized.

If you already have a supplier number and there aren't any changes, **do not** resubmit a supplier number request form as the existing supplier number will be used. There should only be one supplier number per operator as multiple supplier numbers cause problems with the payment systems.

### **Steps to complete the GNB Supplier Registration / Direct Deposit Form Formulaire pour l'inscription des fournisseurs GNB et le virement direct des fonds) :**

- The information on the application must match the information on the **GNB Supplier Registration / Direct Deposit Form Formulaire pour l'inscription des fournisseurs GNB et le virement direct des fonds** and (if attached) the void cheque.
- The operating name must be the name of the facility as indicated on the application form.
- The legal or corporate name must be the legal name of the operator as indicated on the application form.
- The legal or corporate name must match the beneficiary name.
- The "supplier type" section is not applicable and doesn't need completed.
- The banking details section must be completed by a financial institution or a voided cheque attached.
- The "beneficiary name" on the space indicated on the form must match the operator name. Bank accounts should be created in the legal name of the operator of the facility (incorporation for example).
- The form must be signed by the operator or director of the incorporated body.

If the form is filled out incorrectly or is missing information, the Administrative Assistant will contact the applicant and advise you of what needs to be corrected. A new form must be submitted as EECD staff cannot make changes to the document. If the applicant requires further assistance, the QAM will take the form to the applicant and will assist you in completing it correctly and will then return the form to the administrative assistant for processing.

### **Changes to existing supplier numbers**

- If an operator wishes to make changes to their existing supplier number contact information (mailing address, etc), once the request has been approved by EECD, it is the **responsibility of the operator** to submit this form **directly** to SNB.
- The request for changes is sent by email to **“Supplier Maintenance – Maintenance fournisseurs (SNB)”** [suppliermaintenance@snb.ca](mailto:suppliermaintenance@snb.ca).
- **GNB Supplier Registration / Direct Deposit Form Formulaire pour l’inscription des fournisseurs GNB et le virement direct des fonds** may be found at :  
<https://www2.snb.ca/content/dam/snb/Procurement/DirectDepositVirementDirect.pdf>

**GNB Supplier Registration / Direct Deposit Form**  
**Formulaire pour l'inscription des fournisseurs GNB**  
**et le virement direct des fonds**



SNB use only Réservé à SNB

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Please send the completed form to Service New Brunswick by email to [suppliemaintenance@snb.ca](mailto:suppliemaintenance@snb.ca) or mail to Brookside Place, Suite 30, 435 Brookside Dr., Fredericton, NB E3A 8V4. For questions, call 1-888-487-5050. Please see instructions for completion of this form on reverse side.

Veillez envoyer le formulaire dûment rempli à Service Nouveau-Brunswick par courriel à [maintenancefournisseurs@snb.ca](mailto:maintenancefournisseurs@snb.ca) ou par la poste à Place Brookside, 435, promenade Brookside, bureau 30, Fredericton (N.-B.) E3A 8V4. Si vous avez des questions, composez le 1-888-487-5050. Veuillez lire au verso les instructions pour remplir le formulaire.

<b>1</b>	<b>Supplieur</b>	<b>Fournisseur</b>
<b>All Fields must be completed and form must be signed</b>		<b>Il faut remplir tous les champs et signer le formulaire</b>
<b>Operating Name / Nom commercial</b>		
<b>Legal or Corporate Name / Raison sociale ou nom légal</b>		
<b>Address / Adresse</b>	Street address, PO Box / adresse de voirie, case postale	
	City and Province / ville et province	
	Postal Code / code postal	
<b>Supplier # / N° de fournisseur</b>		
<b>Contact Name / Nom du contact</b>		
<b>Contact Phone / Téléphone</b>		
<b>Email address / Adresse de courriel</b>		
<b>Not applicable / Sans objet</b>		<b>Service ID # / ID du service</b>
<b>Supplier Type / Type de fournisseur</b>		<b>Client / Client</b>
		<b>Service Provider / Fournisseur de services</b>
		<b>Supplier / Fournisseur</b>
<p><b>Signing Authority / Pouvoir de signer</b>  <i>I/We hereby authorize you to credit this account with any payments due from the Province of N.B. until appropriate authority is received to indicate otherwise.</i></p> <p><i>Je vous autorise (Nous vous autorisons) par la présente à porter au crédit de mon/notre compte tout paiement que le gouvernement du Nouveau-Brunswick me/nous doit jusqu'à ce qu'un nouvel avis de l'autorité appropriée indiquant autrement soit reçu.</i></p>		
<p>Signature and Position (if applicable) / Signature et titre (s'il y a lieu)</p>		

<b>2</b>	<b>Banking Details</b>	<b>Renseignements bancaires</b>																				
<b>Please attach a « Void » cheque OR have your <u>financial institution</u> complete all fields below.</b>		<b>Annexez un chèque annulé OU demandez à l'<u>institution financière</u> de remplir tous les champs</b>																				
<b>Financial Institution Name - Nom de l'institution financière</b>																						
<b>Financial Institution Address - Adresse de l'institution financière</b>																						
<b>Beneficiary Name – Nom de bénéficiaire</b>																						
<b>Transit Number - Numéro de transit</b>		<b>Bank Validation Stamp Required</b> Le sceau de la banque est obligatoire.																				
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<p><i>The bank validation stamp certifies that the beneficiary name and information have been verified.</i></p> <p><i>Le sceau de la banque certifie que le nom du bénéficiaire et les renseignements bancaires ont été vérifiés.</i></p>																						
<b>Financial Institution / Institution financière</b>																						
<b>Authorized Signature - Signataire autorisé :</b>																						
_____		<b>Date</b> _____																				

## Definitions and Instructions for Completion of the GNB Supplier Registration / Direct Deposit Form

### Définitions et instructions pour remplir le formulaire d'inscription des fournisseurs du GNB / Virement direct des fonds

<p><b>Definitions:</b></p> <ul style="list-style-type: none"><li>• <b>Operating Name:</b> Record your Individual / Agency / Company / Business operating name (the name that will appear on your Invoices).</li><li>• <b>Legal or Corporate Name:</b> As applicable record your Agency / Company / Business legal or corporate name if different than above.</li><li>• <b>Address:</b> Record your full mailing address including as applicable the Street address, PO Box, Postal code, City and Province (the address that will appear on your Invoices).</li><li>• <b>Supplier #:</b> Not applicable for new suppliers – please refer to the supplier registration section below. This field only applies if you are an existing supplier registering for or changing your existing information. Your supplier number can be found on your cheque stub or notice of remittance</li><li>• <b>Contact Name:</b> A contact name for inquiries.</li><li>• <b>Contact Phone:</b> A contact phone number for inquiries.</li><li>• <b>Email Address:</b> Email address where remittance notices / communications can be sent.</li><li>• <b>Supplier Type:</b> Internal use for Department of Social Development only. Service ID # and one supplier type must be provided.</li><li>• <b>Signature and Position:</b> Authorized signature and title.</li></ul>	<p><b>Définitions :</b></p> <ul style="list-style-type: none"><li>• <b>Nom commercial :</b> Inscrivez votre nom ou le nom commercial de votre organisme, compagnie ou entreprise (le nom qui apparaîtra sur vos factures).</li><li>• <b>Raison sociale ou nom légal :</b> Si le nom ci-dessus diffère de la raison sociale ou du nom légal de votre organisme, compagnie ou entreprise, veuillez inscrire la raison sociale ou le nom légal.</li><li>• <b>Adresse :</b> Inscrivez votre adresse postale complète, y compris, comme il convient, l'adresse de voirie, la case postale, le code postal, la ville et la province. (l'adresse qui apparaîtra sur vos factures).</li><li>• <b>N° de fournisseur :</b> Sans objet pour les nouveaux fournisseurs – voir la section ci-dessous sur l'inscription des fournisseurs. Vous devez seulement remplir ce champ si vous êtes un fournisseur existant et que vous voulez vous inscrire ou modifier vos renseignements. Votre numéro de fournisseur figure sur votre talon de chèque ou votre avis de versement.</li><li>• <b>Nom du contact :</b> Nom de la personne-ressource.</li><li>• <b>Téléphone :</b> Numéro de téléphone de la personne-ressource.</li><li>• <b>Adresse de courriel :</b> L'adresse de courriel pour l'envoi des avis de versements et des communications.</li><li>• <b>Type de fournisseur :</b> Champ réservé à l'usage du ministère du Développement social. L'ID du service et un type de fournisseur doivent être fournis.</li><li>• <b>Signature et titre :</b> Signature autorisée et titre.</li></ul>
<p><b>Requirements for GNB Supplier Registration (suppliers who have been awarded a GNB Purchase Order can pre-register):</b></p> <ul style="list-style-type: none"><li>• Suppliers that have been awarded a GNB PO that have not previously done business with GNB or otherwise do not already have a GNB supplier number are required to pre-register to obtain a supplier number prior to invoicing for goods and services. To pre-register:<ul style="list-style-type: none"><li>○ Fill out the GNB Supplier Registration / Direct Deposit Form and send it by mail, with a copy of your GNB purchase order attached, including the name and the address of your company or organization to the following address; Service New Brunswick, Brookside Place, 435 Brookside Dr, Suite 30, Fredericton, New Brunswick, E3A-8V4. You can also scan and send the form by e-mail to <a href="mailto:suppliermaintenance@snb.ca">suppliermaintenance@snb.ca</a></li><li>○ Please note, documentation (Direct Deposit / Pre-Registration form, void cheque or bank confirmation, PO and Sample Invoice) must contain matching name/address information.</li><li>○ A confirmation providing your GNB supplier number will be sent to the Email address provided on this form.</li><li>○ Please allow two – three weeks for processing.</li></ul></li></ul>	<p><b>Exigences relatives à l'inscription des fournisseurs du GNB (fournisseurs auxquels le GNB a adjudgé une commande) :</b></p> <ul style="list-style-type: none"><li>• Avant de facturer des biens ou des services, les fournisseurs auxquels le GNB a adjudgé une commande et qui n'ont jamais fait affaire avec le GNB ou n'ont pas de numéro de fournisseur du GNB doivent s'inscrire pour obtenir un numéro de fournisseur. Pour vous inscrire :</li><li>• Remplissez le formulaire pour l'inscription du fournisseur du GNB et le virement direct de fonds et envoyez-le par poste, accompagné d'une copie de votre bon de commande du GNB et d'un exemple de facture nulle indiquant le nom et l'adresse de votre compagnie ou entreprise, à l'adresse suivante :<ul style="list-style-type: none"><li>- Service Nouveau-Brunswick, place Brookside, 435promenade Brookside, bureau 30, Fredericton (N ouveau-Brunswick) E3A 8V4. Vous pouvez aussi balayer le formulaire et l'envoyer par courriel à l'adresse <a href="mailto:maintenancefournisseurs@snb.ca">maintenancefournisseurs@snb.ca</a></li><li>- S'il vous plait notez que toutes pièces fournis (Formulaire pour l'inscription des fournisseurs et le virement direct de fonds, le spécimen de chèque ou confirmation de la banque, le bon de commande et la facture échantillon) doivent contenir des informations correspondantes pour l'adresse et le nom de compagnie ou de l'entreprise.</li><li>- Une confirmation contenant votre numéro de fournisseur du GNB sera envoyée à l'adresse de courriel indiqué sur le formulaire.</li><li>- Veuillez prévoir de deux à trois semaines pour le traitement du formulaire.</li></ul></li></ul>

For additional information, clarification or general inquiries, please contact SNB Accounts Payable at 1-888- 487-5050 (press 3 for Accounts Payable). For additional information on invoicing requirements please refer to the SNB Invoice Guide.

Pour obtenir des renseignements supplémentaires, des précisions ou des renseignements généraux, veuillez communiquer avec le Service des comptes créditeurs de SNB, en composant le 1 888- 487-5050 (appuyez sur le 3 pour le service des comptes créditeurs). Pour avoir des renseignements supplémentaires sur les exigences relatives à la facturation, veuillez consulter le guide de SNB pour la facturation