

FACILITY INFORMATION		
FACILITY NAME		
PHYSICAL ADDRESS	PHONE NUMBER	
PROGRAM TYPE THE REQUEST IS FOR	DATE OF REQUEST	EMAIL ADDRESS

GENERAL INFORMATION	<i>(Additional children can be added on separate documentation if needed.)</i>				
<table style="width: 100%;"> <tr> <td style="width: 50%;">Child(ren) Name(s)</td> <td style="width: 50%;">Child(ren)'s Date of Birth (DAY/MONTH/YEAR)</td> </tr> <tr> <td colspan="2" style="height: 150px; vertical-align: top;"> <ul style="list-style-type: none"> ▪ Proposed Start Date _____ ▪ Proposed End Date _____ </td> </tr> </table>	Child(ren) Name(s)	Child(ren)'s Date of Birth (DAY/MONTH/YEAR)	<ul style="list-style-type: none"> ▪ Proposed Start Date _____ ▪ Proposed End Date _____ 		
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DETAILS OF THE REQUEST	<i>(Additional documentation may be attached if needed.)</i>
<p>Answer all questions below to show that the Temporary Placement or Retention is in the best interest of the child(ren) (if needed use a separate piece of paper).</p> <ol style="list-style-type: none"> 1. How did you decide that the length of the request is reasonable (hours per day, days per week)? 2. How did you decide that the child is developmentally able to cope with the activities, transitions and daily routines of the program? 3. Describe any unique reasons related to the request for the temporary placement or retention of this child? 	
<p>Give the details of how you have let all of the children's parents/guardians know you have asked for this temporary placement or retention.</p>	

For Family Child Care, Multi-age Care and In-home Multi-age Care submit a proposed weekly schedule of all the children that will be attending and include the following information:

- Names of all the children that will be attending.
- Ages of these children in months and years.
- Dates of birth.
- Days of week they will attend.
- Times of each day they will attend.

Ensure that you also include this information for the child(ren) named in this application.

Give the written details of your plan showing how you have assessed and will address all of the areas listed below. The answers should show how you will ensure that the children's health, safety and dignity are maintained during the time that the Temporary Placement or Retention is in place. Answer all the sections that relate to your request.

Care and Supervision (What changes have you made to your routines, programming, transitions, equipment, and physical environment to meet the age and developmental needs of the child? If the child requires extra support how do you intend to meet the child's needs?)

Staffing (What have you considered for; staff qualifications/skills and abilities, staff screening, staff training including professional development and orientation, additional training needed and staff-to-child ratios?)

Safety Measures/Emergency Management (What changes have you made to fire drills, emergency plans including supplies, and evacuation plans?)

APPLICANT INFORMATION (must be licensee, licensee contact, or facility manager)

- I declare that the information that I have provided is correct and if this request is approved it is my responsibility to at all times fully meet the plan that I have put forward in this application.

Title in the organization

- Licensee
 Licensee Contact
 Manager

DATE _____
(DAY/MONTH/YEAR)

APPLICANT NAME (PLEASE PRINT)

APPLICANT SIGNATURE