



Social & Community  
Services Department  
Children's Services  
690 Dorval Drive 5th Floor  
Oakville ON L6K 3X9  
Fax: 905-825-8821

Dear Service Provider:

Thank you for your interest in a Child Care Service Management (CCSM) Agreement with Halton Region.

In preparation to apply for the CCSM Agreement, please complete the following pre-requisites prior to submitting the remaining requirements listed below:

- Submit a letter of intent which includes the program name and contact information to Senior Program Analyst, Early Years & Child Care or [Lina.Pare@halton.ca](mailto:Lina.Pare@halton.ca). ***Please note: the service provider must be in operation for one full year from date of clear license before Halton Region will consider an agreement.***
- Contact Melanie Cunha, Coordinator of Quality First at 905-875-4600 ext. 245 to enroll in, and maintain your status for Quality First in Good Standing.
- Contact Genevieve McMurdie, Developmental Services Supervisor at 905-825-6000 ext. 2532 to review and sign the Memorandum of Understanding for Inclusion supports.

Once the above pre-requisites are completed, please submit the following information:

- Completed Agreement Information Form (attached) which includes:
  - Official legal name and head office address for your program;
  - list of the centre name(s) and full address and phone numbers for each location;
  - list of signing officers and their positions. Include a full list of the Board of Directors, if applicable, and ensure that you advise us of any changes in your Board of Directors and/or signing officers as they occur;
  - Approximate date of your Annual General Meeting, if applicable; and,
  - Name, phone number and email address of contact person for agreement details.
- Evacuation location for each location (see attached form);
- If you are a corporation, copies of the Articles of Incorporation, Letters Patent and the by-laws of the corporation;
- Copy of the Corporate Profile Report located at [www.oncorp.com](http://www.oncorp.com) dated within 30 days;
- Copy of your Insurance Certificate, with the following insurance limits and The Regional Municipality of Halton, 1151 Bronte Road, Oakville, added as "additional insured" only with respect to the liability of the Service Provider, its employees, agents, contractors and subcontractors:

#### Regional Municipality of Halton

HEAD OFFICE: 1151 Bronte Rd, Oakville, ON L6M 3L1  
905-825-6000 | Toll free: 1-866-442-5866

- Automobile liability insurance limit of \$5 million per occurrence if providing transportation; Comprehensive General Liability limit of \$5 million per occurrence; and if the policy includes an aggregate limit, it must not be less than \$10 million in the aggregate;
  - WSIB coverage within limits as may be required under legislation for all employees, contractors, and agents for work-related injuries and illnesses. A copy of your existing WSIB Clearance Certificate. If your program is exempt from WSIB, please provide evidence of Employers liability or Contingent Employers Liability protection in the case of workplace related injury by employees, contractors or agents;
  - Either an endorsement or the general liability insurance policy or a standalone liability policy providing coverage for bodily injury claims arising vicariously out of actual or threatened abuse or molestation by anyone or any persons and negligence related to the hiring, employment, placement, training, supervision, investigation and reporting incidents of abuse or molestation. The limits of liability shall not be less than \$1 million in the aggregate.
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- If you provide your own transportation, a safety certificate from a licensed mechanic dated within 30 days stating that vehicles are maintained and safe;
  - The current Fee Schedule on letterhead which is provided to parents, broken down into a daily full time rate;
  - Complete the Rate Application form (web address link will be forwarded by separate email) to verify financial viability. The rate form will determine the amount of surplus funds required. Proof of three months surplus funds is required in order to demonstrate financial stability, for example the amount reflects three months of operating expenses. This amount will be determined once you complete the rate application form; and,
  - A copy of the operator's Conflict of Interest policy and by-law when the operator is a non-profit corporation.

While the Region is interested in entering into agreements with child care service providers, the Region has an obligation to use public funds carefully. For this reason, the Region may require you to submit or provide additional information and may consider your performance under any previous or prior agreement with the Region (if applicable) in determining whether to approve your application. The Region reserves the right to accept or refuse any application, require further information from any applicant and request and check references.

Should you have any questions please contact Lina Pare, at (905) 825-6000 ext. 2503 or [Lina.Pare@halton.ca](mailto:Lina.Pare@halton.ca).

Sincerely,

Satinder Klair  
Manager, Systems Planning and Evaluation



**EVACUATION LOCATION FORM**  
(Please use one sheet for each location)

**DATE:**

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**CENTRE:**

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**EVACUATION  
LOCATION:**

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**ADDRESS:  
POSTAL CODE:**

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**PHONE NUMBER:**

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**AGREEMENT INFORMATION FORM**  
(Please Print Clearly)

**LEGAL NAME:**

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**HEAD OFFICE ADDRESS:**

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	<b>ADDITIONAL SITE NAME</b>	<b>FULL ADDRESS</b>	<b>PHONE</b>
1.	<hr/>	<hr/>	<hr/>
2.	<hr/>	<hr/>	<hr/>
3.	<hr/>	<hr/>	<hr/>

(If additional locations please use back of sheet to continue)

	<b>SIGNING OFFICERS</b>		<b>DATE THIS WILL CHANGE</b>
	<b>NAME</b>	<b>TITLE</b>	
1.	<hr/>	<hr/>	<hr/>
2.	<hr/>	<hr/>	<hr/>
3.	<hr/>	<hr/>	<hr/>

DATE OF ANNUAL GENERAL MEETING: (If applicable)

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AGREEMENT CONTACT PERSON: (Where agreements should be mailed and executed)

<b>NAME</b>	<b>EMAIL</b>	<b>PHONE</b>
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