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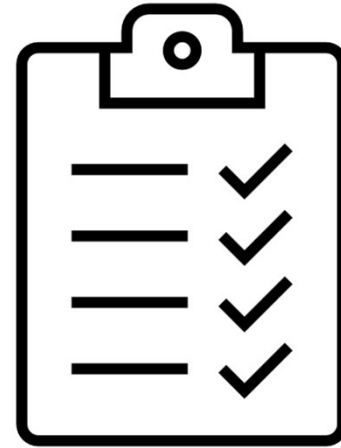
## Features of the QISS Model

- The new model will have 4 tiers of support
- Programs will now be able to report an hourly wage of up to \$19.55 per hour for Inclusion Support Assistants
- This is a classroom support and not intended to provide 1-1 for any specific child
- This new model allows programs to support sensory breaks outside of the classroom- this will be at the discretion of each program
  - Quality Inclusive Support Services defines sensory breaks as an opportunity for child(ren) to be away from the group for no longer than 10 minutes. Programs are expected to work towards transitioning these supports to happen with the rest of the group present
- There will be no ineligibility period
- Programs will receive a guaranteed amount of daily hours pending funds are available
- There will be no application deadline
  - Programs will be able to apply at their times of greatest need

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## Accessing Quality Inclusive Support Services

- To begin accessing Quality Inclusive Support Services (QISS) an application must be completed
- The application will highlight services/supports the program is accessing, training that has been accessed, the needs of the classroom as a whole and what educators require to feel supported with the needs within the classroom

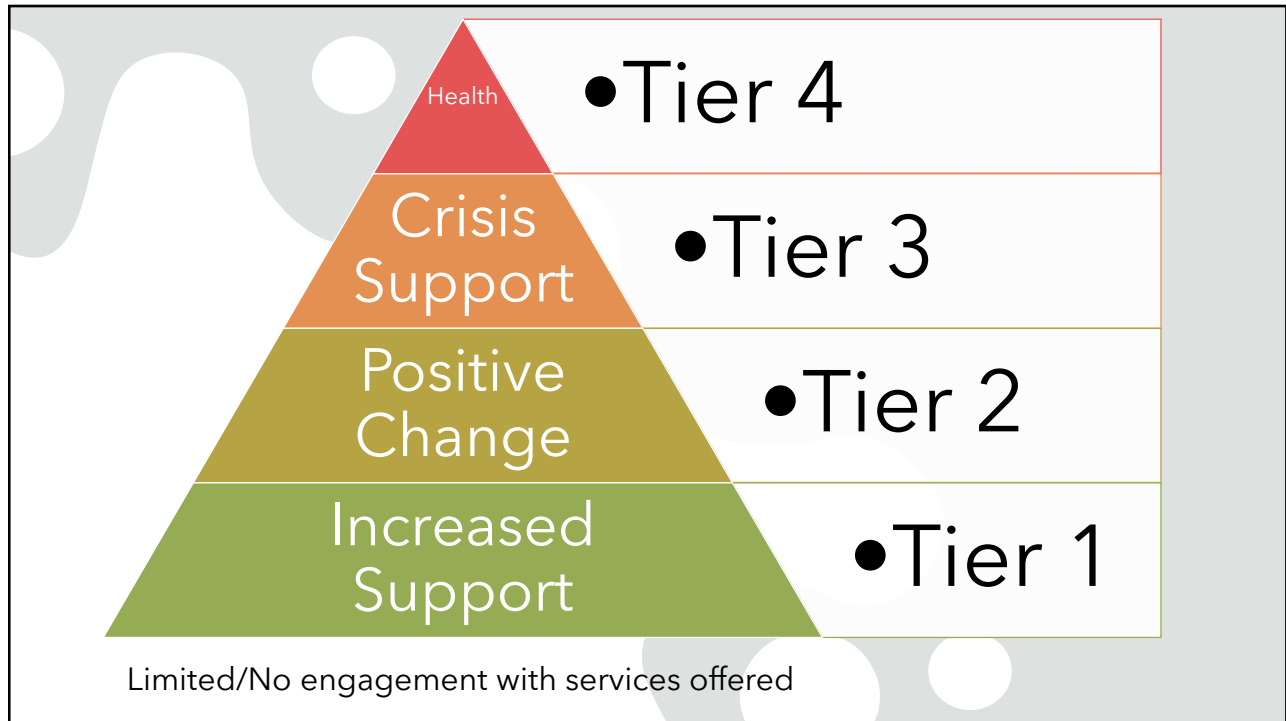


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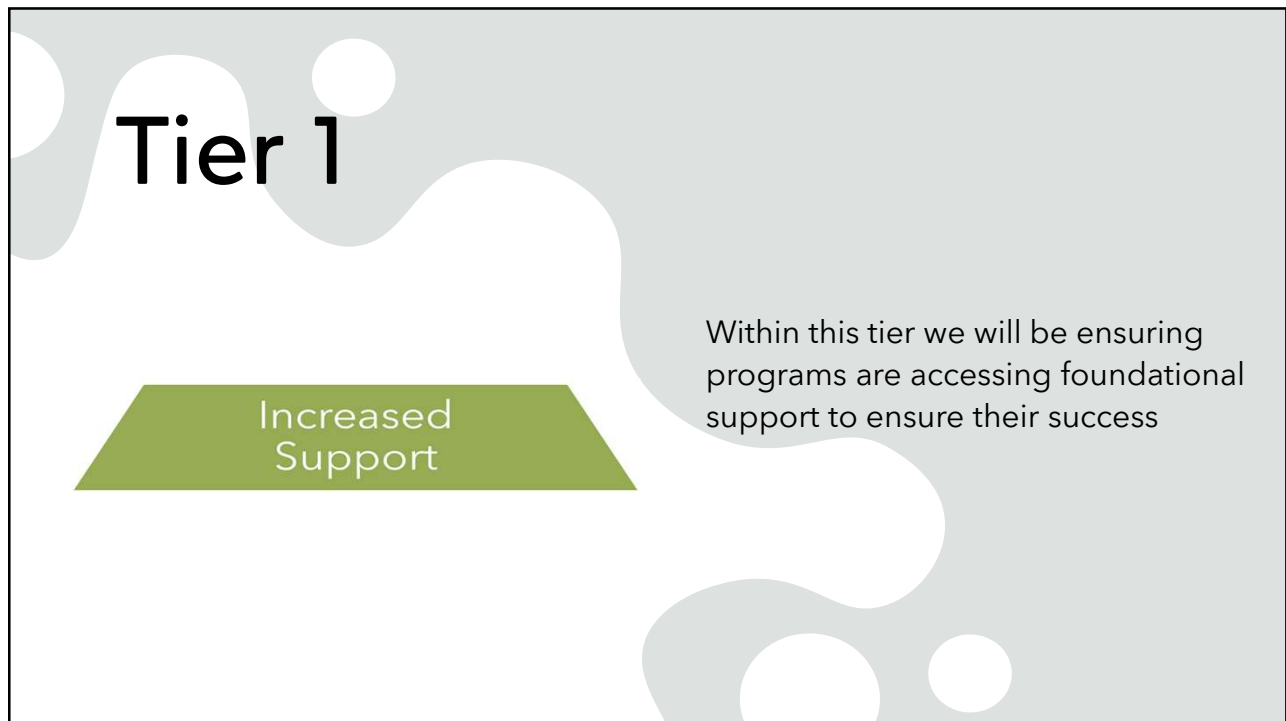
## Meeting

- Following submission of an application you will receive a confirmation email
- Within the application confirmation there will be a booking link to schedule your meeting. Please schedule a meeting as soon as possible.
- During this meeting it will be determined if the application meets the criteria for approval.
- Should the application meet the criteria for approval, a tier will be determined, along with a start date for funding based upon all information gathered.
- It will be up to the programs as to who attends the meetings

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## Eligibility for Tier 2-4

In order to qualify for Quality Inclusive Support Services beyond Tier 1- Increased Supports, the classroom must be operating at 80% capacity/enrollment or higher.

Needs in the Licensed Child Care & Accredited Camp/Recreation Programs must be specifically related to the following:

- ❑ **Safety:** the child requires supervision above and beyond that which is usually required for a child of a similar age (e.g., runs away, self-abusive, aggressive).
- ❑ **Mobility:** the child requires adult assistance to access the early learning environments.
- ❑ **Health:** the child has a serious health condition (e.g., uncontrolled seizures, g-tube)

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## Tier 2

Positive  
Change

Within this tier the focus will be creating positive change within the classroom

- Programs will set goal(s) to achieve while accessing funding
- Funding will be provided for up to a 4-month period
- Hours of Support Provided:
  - ❖ 5 Hours for Full Day Child Care Programs\*
  - ❖ 3 Hours of Support for Before & After School Programs\*
  - ❖ 5 Hours of Support for Full Day School Age Programs\*

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## Tier 3

### Crisis Support

Quality Inclusive Support Services defines crisis as a time of intense difficulty where child(ren) are at immediate risk of termination and/or educators are unable to implement any strategies due to ongoing extreme safety concerns.

Within this tier the focus will be on moving programs out of crisis situations

- Programs will set the goal of moving out of crisis
- Funding will be provided for up to a 2-month period
- Hours of Support Provided:
  - ❖ 5 Hours for Full Day Child Care Programs\*
  - ❖ 3 Hours of Support for Before & After School programs\*
  - ❖ 5 Hours of Support for Full Day School Age Programs\*

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## Tier 4

### Health

Within this tier the focus will be on support for children with significant medical needs deemed to meet the outlined health criteria

- Programs will be required to set goal(s) related to the health support being provided to the child
- Funding will be provided for up to a 6-month period at increased hours
- Hours of Support Provided:
  - ❖ 7 Hours for Full Child Care Programs\*
  - ❖ 4 Hours of Support for Before & After school Programs\*
  - ❖ 7 Hours of Support for Full Day School Age Programs\*

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# Health Criteria

Children must meet **3** or more of the following to be considered under the health criteria:

- Receiving nursing support through Home and Community Care Support Services
- Patient of complex needs/palliative teams through a hospital, such as Royal Victoria Regional Health Centre (RVH), Orillia Soldiers Memorial Hospital (OSMH), The Hospital for Sick Children (Sick Kids)
- Chronically poor health involving frequent medical and/or nursing care
- Eligible to receive at least two therapy services to help children with feeding and swallowing, such as occupational therapy(OT), physical therapy(PT), speech-language pathologists (SLPs)
- Significant reliance on caregivers (24/7 supervision, even during sleeping)
- Have one or more of the following; vision or hearing impairments, medical technology use (such as ventilator, oxygen or cough assist, G-Tube, etc.) or dependence on technological devices to assist activities for daily living and communication

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# Funding Approval Plan




**Funding Approval Plan**

Name of Licensed Childcare Program	
Location / Address of Licensed Childcare Program	
Purchase Order (PO#)	
Remittance Period	
Monthly Remittance Due	Electronic submission no later than the 5th of the following month.
Monthly Reimbursement	Via Electronic Funds Transfer (EFT) by the Friday following receipt of your monthly remittance, with consideration for late submissions and incomplete paperwork.

Classroom Approval	
Number of Children submitted on application	
Funding Approval Particulars	
Quality Inclusive Support Funding requires receipt of the following completed documents: (signed agreement and EFT document).	Inclusion Support Funding will reimburse the Licensed Child Care based on a monthly remittance of hours. Reimbursement will be provided up to and including:
Approved funds will be reimbursed based on a monthly remittance of hours for the duration of the contracted period. (monthly remittance, monthly work schedule)	# hours of Inclusion Support daily <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri Beginning _____ and ending _____ days Date Omitted: _____ \$16.55 hourly rate Total reimbursement allowance \$0,000.00 (hrs x days x rate x operator statutory cost percentage)


Monthly remittance and work schedule forms can be found on our website at the link below.  
 Complete required documents (signed service agreement and EFT). Email completed signed service agreement to:  
 Jocelyn Rodger, RECE  
 Quality Inclusion Support Services Coordinator  
[jocelyn.rodger@chmiiland.on.ca](mailto:jocelyn.rodger@chmiiland.on.ca)  
 (705) 816-1340  
[www.chmiiland.on.ca](http://www.chmiiland.on.ca)



**Funding Action Plan**

Program Name:	Classroom Name:
Goals:	
Action Plan:	
Reflection:	
Was the goal achieved? Why or Why Not? Click or tap here to enter text.	
What successes were experienced when working towards the goal? Click or tap here to enter text.	
What are the next steps for this classroom? Click or tap here to enter text.	

Quality Inclusive Support Service- Funding Approval Plan | 2  
 Created on: 07/19/2023  
 Revised on: MM/DD/YEAR



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## Action Plan Reflection

- An Action Plan Reflection will be submitted at the end of the funding contract
- The reflection allows us to gather data on the goals that have been identified during the initial meeting and provides insight into the use of Quality Inclusive Support Services funding.

Reflection:
Was the goal achieved? Why or Why Not? Click or tap here to enter text.
What successes were experienced when working towards the goal? Click or tap here to enter text.
What are the next steps for this classroom? Click or tap here to enter text.

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## Continued Funding Access

- If programs propose a need for continued funding following their current contract period, they will be required to submit the Quality Inclusive Support Services Action Plan along with a new Application 3 weeks prior to the end date of their current contract period in order to avoid a disruption to service.
- Any applications immediately following a contract period of tier 3-Crisis Support would be considered for tier 2- Positive Change support.

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# Reporting Used Funds

- Programs will report monthly on the amount of funds used. Forms are due the 5<sup>th</sup> of the following month
- Any unspent funds will be allocated to other ELCC programs to the best of our ability
- Programs will be issued a unique PO for each classroom

25,058	154,568	95,054	124,500
125,487	56,845	97,511	125,000
124,000	110,000	99,011	154,000
105,450	150,000	99,216	95,000
86,502	35,000	101,090	15,000
	83,000	101,684	
	45,000	101,962	
		102,747	

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# Monthly Forms

- There is a fillable PDF work schedule, along with an invoice
- An invoice will be required for each classroom
- These 2 documents will be uploaded to an online remittance form
- The remittance form will accept multiple classrooms if you have more than one class accessing in the same month

**Quality Inclusive Support Services**  
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**Monthly Work Schedule**

Month:

Site:  Classroom:

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Week 1:</b>					
Staff:					
Hours:					
<b>Week 2:</b>					
Staff:					
Hours:					
<b>Week 3:</b>					
Staff:					
Hours:					
<b>Week 4:</b>					
Staff:					
Hours:					
<b>Week 5:</b>					
Staff:					
Hours:					


Total Monthly Hours:

If your classroom hours are less than what was approved, please explain why

clh  
Created on: 07/13/2021  
Revised on: 05/02/2024

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## What happens next?

- Please review the manual prior to submitting an application
- Applications are available on our website
- Meetings will be scheduled with programs as applications come in
  
- **Operators should never assume that supports have been approved for indefinite periods of time. At the end of each contract period a new application must be submitted for review.**