

1 Child Care facility details

Facility Name: _____

Facility Address: _____

Contact Person: _____

Facility Capacity: _____ License Type: Full Day Part Day School Age

Telephone contact number(s): _____

Email address: _____

2 Information pertaining to the staff requirements at your centre:

Why are you requesting a Temporary Staffing Plan? _____

How many staff do you require to meet the staff-to-child ratio as per Regulation 34(1)? _____

How many staff do you require to meet the 2/3 staff training requirements as per Regulation 36(4)? _____

Do you currently have any other Temporary Staffing Plans in place? Yes No

What is the anticipated completion date for your requested Temporary Staffing Plan? _____

3 Information pertaining to the staff applying for a Temporary Staffing Plan:

To include multiple staff in your application, please provide as an attachment.

Name of staff person: _____

Current Position: _____

Current Qualification: _____

Anticipated level of classification upon completion: _____ Date of hire: _____

Date expected to complete training: _____

4 Signature of Applicant or authorized agent of applicant

I, (Please print) _____ certify that the information above is true and correct. I also agree to immediately notify your Licensing Officer if there is any change to the plan described on this form.

Signature: _____ Print Name: _____

Date: _____

5 Submit

Please send completed application directly to your Licensing Officer via email, or if required, by mail to:

Licensing Team Lead
Department of Education and Early Childhood Development
Early Learning and Child Care
2021 Brunswick Street
Halifax, NS B3J 2S9

For office use only

Date application received: _____ Approved Yes No

Print Name of Licensing Officer: _____ Signature of Licensing Officer: _____

Denial/Approval notification to Licensee (date): _____ TSP end date: _____



Early Learning and Child Care Attachment Temporary Staffing Plan

Please add as an attachment if you are applying for more than one staff to be included in your Temporary Staffing Plan.

Name of staff person: _____

Current Position: _____

Current Qualification: _____

Anticipated level of classification upon completion: _____ Date of hire: _____

Date expected to complete training: _____

Name of staff person: _____

Current Position: _____

Current Qualification: _____

Anticipated level of classification upon completion: _____ Date of hire: _____

Date expected to complete training: _____

Name of staff person: _____

Current Position: _____

Current Qualification: _____

Anticipated level of classification upon completion: _____ Date of hire: _____

Date expected to complete training: _____

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