

TRAINED STAFF EXEMPTION FORM

Early Learning & Child Care Program
 210 - 114 Garry Street, Winnipeg, MB Canada R3C 4V4
 T 204-945-0776 F 204-948-2625
 Toll Free: 1-888-213-4754
www.manitoba.ca/childcare

Email completed request form and all scanned supporting documents to your Child Care Coordinator.

Facility Information	
Facility Name:	Facility Number:
Director Name:	Child Care Coordinator Name:

A. Type of Exemption and Staff Training Plan	
<p>Employees in training must have completed a minimum of 1/3 of the required course work in order to be considered in the exemption request.</p> <p>Regulations: 7(1): Centre Director, Full Time, 7(2): Centre Director, Nursery School/School Age, 7(4): Proportion of Trained Staff, Full Time, 7(5): Proportion of Trained Staff, Nursery School/School Age, 7(6): Trained Staff Per Group, Nursery School (3 or fewer part days per week), 7(7): Trained Staff Per Group, Full Time or School Age Centre</p> <p>An exemption to 7(4), 7(5), 7(6) and 7(7) will be granted for the first employee on Maternity/Parental leave without a staff training plan. Subsequent employees on Maternity/Parental leave will require a staff with a training plan. Maternity/Parental leave exemption requests for 7(1) or 7(2) will require a staff with at least one year's experience working with children and a training plan.</p>	
Employee #1 Name:	
Regulation(s):	Has this employee previously been approved for this exemption? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Maternity/Parental Leave Anticipated date of return to work: <input type="checkbox"/> Employee enrolled at which Manitoba educational institution: <input type="checkbox"/> Type of Manitoba training program (e.g., Workplace, Online, PLA, etc.): <input type="checkbox"/> Number of courses remaining for the employee to complete the program: <input type="checkbox"/> Anticipated graduation date:	
Employee #2 Name:	
Regulation(s):	Has this employee previously been approved for this exemption? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Maternity/Parental Leave Anticipated date of return to work: <input type="checkbox"/> Employee enrolled at which Manitoba educational institution: <input type="checkbox"/> Type of Manitoba training program (e.g., Workplace, Online, PLA, etc.): <input type="checkbox"/> Number of courses remaining for the employee to complete the program: <input type="checkbox"/> Anticipated graduation date:	
Employee #3 Name:	
Regulation(s):	Has this employee previously been approved for this exemption? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Maternity/Parental Leave Anticipated date of return to work: <input type="checkbox"/> Employee enrolled at which Manitoba educational institution: <input type="checkbox"/> Type of Manitoba training program (e.g., Workplace, Online, PLA, etc.): <input type="checkbox"/> Number of courses remaining for the employee to complete the program: <input type="checkbox"/> Anticipated graduation date:	
<p>For additional employees, submit an additional application form.</p>	

B. Amended Proportion of Trained Staff – Calculations and Explanation

RCCE is up-to-date including all staff classifications, CPR/First Aid training and 40 hour course information.

Infant/Preschool

_____ / _____
Total **Trained** Core Staff Hours

/

_____ / _____
Total (All) Core Staff Hours

x 100 =

_____ %
Amended Proportion of Trained Staff

Nursery School
 School Age

_____ / _____
Total **Trained** Core Staff Hours

/

_____ / _____
Total (All) Core Staff Hours

x 100 =

_____ %
Amended Proportion of Trained Staff

Explain how staffing plan meets the specific regulation number for exemption requested. For example, indicate which staff are working in each age group if applying for 7(6) or 7(7).

C. Documentation Checklist

I have attached the following documents:

- Copy of transcript(s) or online grade report/history of courses completed.
- Proof of employee registration in new courses showing the student name and course name(s).
- Documentation showing staff in training are making progress towards completing a training program/graduating when the same staff are included in repeated exemption requests.

Incomplete requests without required information or documentation will be returned.

D. Facility Authorization

I certify that the information provided in this application is accurate and complete.

I certify that the Board of Directors is aware of this exemption request, if applicable.

Director Name:

Date:

E. For Office Use Only

CCC Reviewed

Date:

Qualifications Reviewed

Date:

Comments:

Comments:

Approved

Regulation:

Expiry date:

Provincial Director of
Early Learning and Child Care:

Date: