

# PROVIDER HANDBOOK

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*GETTING STARTED*

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**GETTING STARTED**

Metcalfe Home Day Care is a community based family support service offering home child care under the Rural Family Connections umbrella.

Check our web site [www.ruralfamilyconnections.ca](http://www.ruralfamilyconnections.ca). Call our agency office. Set up an initial visit.

Please read the Program Statement and the Provider Handbook

- ✓ Check our web site
- ✓ Ask for a hard copy from our office

COMPLETE: ● Application to provide supervised private home day care

- Police Records Check for the Vulnerable Sector
- Three references
- Proof of up to date Immunization
- Health Assessment

Submit these pages to the home child care office. The Home Visitor will then work with you to make sure you and your home are ready to care for children. The agency will attempt to set up a match visit with families that meet your schedule. A Home Visitor will attend this match visit whenever possible.

Note: There is no charge to register a child on the City of Ottawa waitlist or the agency waitlist.

**THE PROCESS FOR CHILD CARE PROVIDERS**

You may have copied this handbook from our website or picked up a hard copy from our office, please read it thoroughly. If you are still interested let us know that you would like to become a child care provider with our agency. We will then set up an initial visit with one of our Home Visitors. It would be a good idea to have the “Application to Provide Child Care” filled out before this visit. Through this process we will ask for an up to date **Police Records Check for the Vulnerable Sector**, three references, proof of up to date immunization and health assessment. The Home Visitor will then work with you to make sure you and your home are ready to care for children.

**THE PROCESS FOR PARENTS**

Parents looking for child care should register on the City of Ottawa Child Care Wait List and/or Registry indicating their interest in Metcalfe Home Child Care and one of the wards we service: 10,16,18,19, 20, 21, 22. They can also connect directly with our office at 613 821-2899.

Parents should check the website and read the Program Statement and Parent Handbook. A call should be made to our office to set up an intake visit. The registration pages and immunization records should be brought to the intake visit. Match visits with potential providers will be set up.

## DISCHARGE POLICY

If parents wish to withdraw their children from the program, notice is required. The home visitor or the day care supervisor should be notified when vacations are to be taken. All vacation time is paid vacation for the providers, unless she is unavailable. Parents and providers should advise each other one month before their holidays. Providers receive pay for the following statutory holidays on New Year's Day, Family Day, Good Friday, Easter Monday, Victoria Day, Canada Day, civic holidays, Labour Day, Thanksgiving Day, Christmas Day and Boxing Day. Care may be provided on these days for an additional fee.

## ARRIVAL AND PICKUP

Hours could be from 7:30 a.m. to 5:30 p.m., 52 weeks a year, depending on the needs of the individual children. The agency will attempt to find an alternate when the provider is unable to give care.

A written agreement will be signed between the provider and the parents as to the fixed hours to drop off and pick up children. This arrangement is for the child's own security and for the establishment of a regular routine, which is an important learning process for your children.

Unless otherwise arranged, children will not be released to any person other than those specified on the admission form. Please inform the provider of any emergency that will delay the pickup of the child. Please provide an alternate person to be responsible for the pickup if such an emergency occurs. Please phone the provider if your child is to be absent or to arrive later than the agreed time.

## ***THE INTERVIEW***

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### **Introduction**

Talk about you and your day care home! These points should be covered:

- How long you've been providing care.
- How many children you care (yours included).
- Previous experience and special training (courses, workshops, CPR, First Aid).
- Describe your daily routine (this will provide the parent with your style of childcare).
- Share your discipline techniques.
- List the types of food you serve for snacks and lunch.
- Describe any field trips you normally might take.
- How do you communicate with your parents (book, page, conference phone call).

### **The parents should share the following information:**

- Child's age and number of siblings.
- Previous group care experiences.
- Basic daily routine, including favourite foods and activities.
- Any health concerns, bedtime routine, toileting/diaper concerns.
- Hours and days care is needed.
- Starting date.
- Drop-off and pick-up person.

### **The perfect interview:**

- Look presentable!!! Well groomed with clothes suitable for working with the children.
- Kitchen clean and tidy. Floor clean!
- Bathroom clean.

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- Make sure there are toys available for this potential child in care.
- Offering a coffee, tea, juice helps put everyone at ease.
- Offer a tour of the house – especially the parts the children will use.

**Business Matters:**

These are usually discussed with the parents by the daycare home visitor or director. But here is a brief list:

- Rates, frequency of payment, payment procedure.
- Overtime, vacations, statutory holidays.
- Policies regarding sick children.
- Releases to sign medication, field trips.
- Emergency procedures.
- No smoking policy, transportation policy
- Termination/notice policy.

## ***INFORMATION FOR PROVIDERS***

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### **PROVISION OF EQUIPMENT**

1. A start-up kit may be given to a provider. This could include arts and crafts materials, first aid manual, or nutrition information. A start up kit that includes arts and crafts material, a selection of children's books and a sampling of toys may be given to new providers if requested or required.
2. Large equipment such as playpens, highchairs, will be supplied by the day care agency for the period of time needed. This agreement will be reviewed every three months as to the availability of equipment. The need will be reviewed on the monthly visits.
3. An equipment inventory will be kept in the day care offices. The staff will keep track of all equipment (large) by recording who has the equipment, and the date borrowed.
4. Any equipment that is lost or damaged through misuse or neglect is the provider's responsibility. This does not include normal wear and tear of equipment.
5. Toys may be borrowed from the day care agency.
6. Arts and craft supplies may be supplied on request.

### **FIRE EVACUATION PLAN**

The provider could practice regular fire drills with the children in her care. This emergency procedure should be easily understood by the children. There must be an alternate escape route by practicing evacuation from different rooms in the house.

Once the children are outside in a safe area, all persons must be accounted for. A neighbor or friend's home can be used as an appropriate temporary shelter where the fire department can be called; where parents can pick up children if the home is unsafe; where the home visitor can come to assist the provider if necessary.

Providers in apartments should check with the owner of the building to see if the safety plan is approved by the Fire Department. This plan should include whether to leave or stay in the building if the alarm sounds.

Providers must assist children in leaving the home immediately in event of a fire. **\*DO NOT DRESS THE CHILDREN IN OUTERWEAR\***. Smoke detectors should be installed on each level of the home. Fireplaces and wood stoves must follow Municipal guidelines for installation and safety.

### **STORAGE OF COMBUSTIBLE MATERIALS**

All flammable liquids and gasoline should be stored out of children's reach (in an area of the house not in use for day care purposes). It would be best in a locked storage area.

### **ELECTRICAL WIRING AND PLUGS**

1. Ensure that house wiring additions or replacements comply with Hydro Ottawa requirements.
2. There should be no cords or plugs with taped or broken wires.
3. There should be no multiple outlets.
4. All outlets should be covered to prevent children from putting anything inside.

5. Providers should have a flashlight in working order in case of a power blackout. Please do not use candles or open fire lamps.
6. Hallways leading to exits should be clear at all times.
7. Cigarettes, lighters, matches should be inaccessible to children.
8. When doing cooking activities with the children, it is preferred that children do not stand at the stove.

## **SANITARY PRACTICES**

### **Washing**

The provider will use either disposable toweling or individual labeled washcloths and towels. Liquid soap in replaceable, refillable dispensers is recommended. Children will wash their hands before and after they eat and after they use the toilet. It would be a good idea to practice a simple teeth cleaning routine with the children. All tooth brushes should be labelled.

### **Equipment and Indoor Cleanliness**

Floors, bathrooms and all areas used for child care purposes should be swept and cleaned daily. Toys and play equipment should be washed and disinfected as necessary. Dishes should be washed and rinsed in hot water and left to air dry. One tablespoon of Javex to one gallon of water is a good disinfectant. Sheets and blankets should be washed regularly.

### **Children's Personal Belongings**

All children should have a change of clothes. Diapering accessories and diapers should be kept in the child's bag or labelled in some way. Babies and children should have a designated playpen, cot or sleep mat for naps.

### **Diapering**

Adult washes their hands.

Changes baby on a safe surface that can be disinfected.

Washes child's diaper area with wipes or personal wash cloth. Puts diaper in a sealed container.

Washes hands and child's hands.

### **Food Prep**

Provider washes hands before preparing snacks or meal.

Snacks and lunches should be prepared on a clean surface.

All fruit and vegetables should be washed before prep.

Tables should be cleaned before and after snacks and meals.

You may want to consider using a disinfectant as part of that routine.

## **ILLNESSES**

A back-up provider could be used when the permanent provider is ill. Parents must be informed immediately if the child has been exposed to or is suffering from a communicable disease. The provider should keep the child as isolated as possible, preferably in a separate room. Exposed children should be observed during the incubation period for any signs of the disease.

Providers should be familiar with and aware of the following signs and symptoms of infectious illnesses, reactions or infections:

1. Red or discharging eyes or ears.

2. Undiagnosed skin rashes or infections.
3. Lice may return when lice and nits are gone.
4. Impetigo. Treatment is an appropriate ORAL antibiotic for at least 48 hours.
5. An elevated temperature, flushing, pallor or listlessness.
6. An acute cold, nasal discharge or coughing.
7. Vomiting or diarrhea.
8. Unusual irritability, fussiness and restlessness.

### **MEDICATION**

The provider is only permitted to administer prescription drugs and non-prescription medication if accompanied by a signed permission form from the parent.

Medication must be in the original container, clearly labeled with the child's name, name of drug, dosage and date of purchase. It should also include instructions for storage and administration of the drug.

### **DISCIPLINE**

Children are disciplined in a positive manner. Learning internal control should be a goal of discipline. Spanking and other forms of corporal punishment are prohibited. Parents and providers should communicate any behavioral problems to help the child foster a positive self-image. These behavioral problems should be worked out on a day-to-day basis. Parents should inform the provider of techniques that foster positive reinforcement of acceptable behavior in their own homes.

### **PARENTAL INVOLVEMENT**

Daily contact between parent and provider is encouraged to foster a positive learning environment for the child. Spend some time at the beginning or end of each day to discuss the child's progress. A communications book could be passed back and forth. Parents are responsible for providing a change of clothing, blankets, diapers. In the winter, children must be dressed warmly.

### **FIELD TRIPS**

The child may go with the provider on local errands, i.e. library, grocery store, bank. A consent form must be signed allowing these outings. If more extensive trips occur, a consent form will be signed for each outing, i.e. museum, movie, concert, etc.

### **ANIMALS**

Pets should be handled carefully. Appropriate hygiene, knowledge of animal care and common sense will protect both animals and children. All dogs and cats must have up to date required vaccinations.

### **GUIDELINES FOR PROVIDERS WITH PETS**

1. All pets should be purchased from a responsible dealer. Please isolate the animals from children for 2 weeks before children are permitted to handle them.

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2. Buy commercial pet foods, as they are processed enough to be free of disease.
3. Do not keep turtles as salmonella is common among them.
4. Dogs and cats must be immunized against rabies and have an annual check-up.
5. Children should wash their hands after handling pets.
6. Keep animal's homes clean.
7. If the animal dies, separate it from its cage and disinfect and clean surrounding area.
8. Fish tanks should have lids. Bird cages could have guard rails to keep dust from falling out and to discourage children from putting hands inside.
9. Discourage children from kissing pets.

## PROVIDERS RESPONSIBILITIES

1. Takes part in the match visit with parent and home visitor.
2. Maintains a warm, loving, safe, clean home for each child receiving care. (Follows advised sanitary practices)
3. Views the child(ren) as competent and capable, curious and rich in potential as set out in the goals and approaches in “How Does Learning Happen?”
4. Provides appropriate, quality nutrition breaks throughout the day. (Follows feeding instructions regarding infants or children with special dietary needs)
5. Offers activities through the day that are age and developmentally appropriate.
6. Offers a quiet time/sleep time appropriate to the child’s needs and age.
7. Facilitates 2 hrs of outdoor play every day (weather conditions are considered).
8. Records the children’s attendance, completes provider invoice, obtains the appropriate signatures, calls or emails the monthly invoice totals for each child, each month. Completes log book daily.
9. Provides at least 2 weeks written notice to the parents and the agency, if the care is being terminated.
10. Provides at least 2 weeks written notice to the parents and the agency, if she is taking vacation time.
11. Provides as much time as possible if she is sick and unable to provide care.
12. Reports care for privately placed children before care takes place. Makes sure the private child package is filled out and kept for the home visitor/advisors review.
13. Makes sure there is written permission before giving any medication. This medication must be in the original container clearly labelled with the child’s name.
14. Documents an accident report when required.
15. Reports a serious occurrence according to regulations.
16. Is aware of and does not engage in prohibited practices.
17. Maintains equipment in good repair. Returns borrowed equipment from the agency when not needed. Makes sure this equipment is cleaned and sanitized.
18. Attends training/information sessions when provided by the agency or city wide.
19. Discusses any concerns re the child, the parents, the hours and days of care with the home visitor as soon as they arise.
20. Always maintains supervision of the children or assigns an agency approved alternate provider.
21. Assures she is following the policies and regulations laid out in the Provider Package.
22. Makes sure all adults in the home are aware of these policies and regulations.

### ***PARENT'S RESPONSIBILITIES***

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1. Makes sure all the information regarding the child(ren) is up to date and given to the provider and home child care agency. This would include all contact numbers and address, health and immunization information, and the up to date days and hours of care that are needed.
2. Drops off and picks up the children at the agreed upon time. Connects with the provider as soon as possible if they will be late, if they will be keeping their child at home due to sickness or vacation.
3. Gives two weeks' written notice to the agency and their provider if they are withdrawing their child from care.
4. Gives two weeks written notice to the provider and a agency if vacation days are planned.
5. Signs the provider invoice at the end of the month.
6. Reports any concerns or changes in the child's health, development, behavior, dietary concerns or sleep habits to the provider.
7. Provides any allergy concerns and a written authorized plan in the event of an anaphylactic reaction.
8. If medication is required, provide a written authorization and the medication in the original container.
9. Works with the agency and health care professionals to ensure an up-to-date individualized support plan is in place for children with special needs.
9. Follow the pay procedure provided by the agency or City of Ottawa subsidy.

### ***HOME VISITOR'S RESPONSIBILITIES***

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1. Conducts an intake interview with the family needing care whenever possible.
2. Facilitates the match visit with the parents and potential providers.
3. Visits each home at least monthly and conducts the 3 month safety check.
4. Is available for discussion with the parents or provider by email, phone call or personal visit.
5. Insures all requirements stated in the Child Care and Early Years Act 2014 are being followed in the providers' home.
6. Uses the goals and approaches in How Does Learning Happen? to assist providers in offering a program where all children can participate fully and engage with peers in a meaningful way.

***HOME CHILD CARE ENHANCEMENT GRANT (HCCEG), GENERAL  
OPERATING FUNDING (GO FUNDING)***

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**Purpose**

The Ministry Education, through the administration of the Home Child Care Enhancement Grant (HCCEG), as well as General Operating Funding offers ongoing and supplementary direct funding to licensed child care programs in Ontario. The purpose of this funding is to enable licensed programs to enhance staff salaries and benefits and/or provider payments without raising fees to parents.

**Eligibility**

The following child care programs are eligible to receive HCCEG and GO – programs licensed by the Ministry of Education in accordance with the regulations and standards of the Child Care Early Years Act 2014; and which are legally incorporated as non-profit, commercially operated programs and/or spaces licensed as of December 7, 1987. After this date, only non-commercial new programs have been funded.

**General Conditions**

The HCCEG will be distributed to home child care providers registered with our agency who qualify. The following general conditions apply to all licensed child care programs in receipt of General Operating Funding – each program must determine the distribution of grant funds between staff salaries and benefits; all employed program staff must receive a portion of the grant. For licensed Private Home Day Care, all employed program staff and contracted providers could receive a portion of the grant.

**Funding Formula**

Providers will receive a separate cheque following each quarter.

**Monitoring and Reporting**

All licensed child care programs in receipt of General Operating Funding and HCCEG are subject to reviews, reports and/or audits as required by the Ministry. All funding (GO Funding and HCCEG) must be verified by the authorized signing authority of an agency, and an audited statement must be completed and returned to the City of Ottawa at the end of each year. It is the program's responsibility to ensure that planned significant changes (i.e. operating capacity, program duration) are reported to the area office.

## ***MULTIPLE SMOKE ALARMS***

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### **SMOKE-FREE ONTARIO ACT**

Home child care agencies and home child care providers are required to comply with the requirements under the Smoke-Free Ontario Act, 2017 that prohibit smoking tobacco and medical cannabis and the use of electronic cigarettes in a place where home child care is provided, whether or not the children are present.

Our agency will notify all employees, home child care providers and persons that are ordinarily residents or who are regularly at the premise that smoking and the use of electronic cigarettes is prohibited. Signage indicating that smoking is prohibited, “No Smoking“ signs, are posted. No ashtrays or similar equipment is in the home where home child care is provided whether the children are present or not.

Enforcement of the Smoke-Free Ontario Act, 2017 is the responsibility of local medical officer of health, they are responsible for carrying out inspections and responding to complaints to enforce the act.

#### **Smoke Alarms**

Every home in Ontario must have a working smoke alarm on every storey and outside all sleeping areas.

#### **Fire Procedures**

Providers are required to post a fire evacuation plan. Fire drills with the children are recommended.

### ***SUN EXPOSURE POLICY***

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It is the child care providers' responsibility to protect the children in care from harmful levels of sun exposure. It is a good idea to seek shade between the hours of 10:00am and 4:00pm.

Babies (0-6 months) should be kept out of the sun. Their skin is too sensitive for sunscreen.

Babies (6-12 months) and preschool children should have a sunscreen of SPF 30 or higher applied to all uncovered areas 30 minutes before going outside. A hat with a wide brim is recommended. Clothing with UPF offers extra security.

Parents should provide the sunscreen for their children.

***FEE SCHEDULE***

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As of Jan. 1, 2019, full fee rates are below.

<b><u>TYPE OF CARE</u></b>	<b><u>FULL FEE PER DIEM</u></b>	
<b>A</b>	<b>36.67</b>	
<b>B</b>	<b>25.69</b>	"This amount does not reflect
<b>C</b>	<b>16.10</b>	
<b>D</b>	<b>11.72</b>	the subsidy grant"
<b>E</b>	<b>7.35</b>	

- A. Full day (up to 10 hours) with lunch and snacks as required for infants, toddlers, preschoolers and 4 year old kindergarten children.
- B. Part day (up to 7 hours) or 2 episodes of care with lunch and snacks as required for kindergarten, preschoolers, and special circumstances.
- C. Up to 5 hours of care with snacks as required for school age children.
- D. Part day (up to 4 hours) with snacks as required for school age children (before and afterschool).
- E. Part day (up to 2 hours) for school age children, with snacks as required (before or afterschool).

***POLICE RECORD CHECK PROCEDURES***

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**Rural Family Connections**-(Metcalf Home Child Care, Metcalfe Co-operative Nursery School & Live and Learn EarlyON Child and Family Centre)

**Police Records Check for the Vulnerable Sector**

A Police Records Check for the Vulnerable Sector is required for:

- \*teaching staff
- \*home visitors
- \*management staff
- \*home child care providers (and any person 18yrs or older regularly present in the home)
- \*resource centre facilitators
- \*nursery school parents
- \*volunteers and students (over 18)
- \*alternate providers

Please visit this Ottawa Police Office at 2670 Queensview Drive,  
or go on line at [www.ottawapolice.ca](http://www.ottawapolice.ca)

You will require 2 pieces of identification and payment or your volunteer payment exemption letter if a Nursery School parent.

When you receive the clearance letter please give it to the teaching staff, home visitor or administration staff. This letter will be copied and certified a true copy then kept in a secure file. If you continue in any capacity with RFC during the next year you will be asked to sign a declaration that states, you have not been convicted of any offences that prohibit you from participating in child care or the related programs under the Rural Family Connections umbrella. This must be signed within 15 days of each year anniversary. A new VSC must be obtained after 5 years. New staff and new providers will be required to submit a VSC that is less than 6 months old.

**Specific Conditions**

Adults regularly present in a providers' home that are waiting for the results of their VSC must not be present in the home when care is taking place.

Management staff will review the results of the Police Records Check for the Vulnerable Sector if there is an indication of a convicted offence. It will then be decided if there is a risk to the children in care. This decision could be taken to the RFC Board of Directors if more discernment is needed.

RFC directors/officers of the corporation are required to obtain a Police Records Check. RFC directors/officers do not interact with the children and a signed confirmation is required. The annual declaration procedure above will also apply. The above will be submitted to CCLS.

Revised Nov. 2019

***PAY PROCEDURE:***

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Invoices are due by 1:00 PM on the days listed below. If you cannot drop off your invoice, you may phone in your dates to the office. Please leave a message if no one answers. **NO PAY CHEQUE WILL BE ISSUED UNTIL YOUR INFORMATION IS RECEIVED.** Please project the number of days children will be in your care to the end of the month. Make any alterations on the next month's form.

INVOICE

CALL OFFICE BY

CHEQUE DATED

December 23/19

January 27/20

February 24/20

March 23/20

April 27/20

May 25/20

June 22/20

July 27/20

August 24/20

September 21/20

October 26/20

November 23/20

December 21/20

January 15 /20

February 14/20

March 13/20

April 15/20

May 15/20

June 15/20

July 15/20

August 14/20

September 15/20

October 15/20

November 15/20

December 15/20

January 15/21

**APPLICATION TO PROVIDE SUPERVISED PRIVATE HOME DAY CARE**

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Name \_\_\_\_\_

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Address \_\_\_\_\_ Telephone \_\_\_\_\_

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Village/City/Area postal code \_\_\_\_\_ Is Applicant over 18 years \_\_\_\_\_ Social Ins. Number \_\_\_\_\_

Email: \_\_\_\_\_

	Yes	No		
Others in Household - Name	Age if under 18 years		Relationship	At home during hours care will be Provided
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____

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Nearest Elementary School \_\_\_\_\_ Distance from home \_\_\_\_\_ Languages other than English that service can be provided in \_\_\_\_\_ Days of care available  
 \_\_\_ Mon. \_\_\_ Tues.  
 \_\_\_ Wed. \_\_\_ Thurs.  
 \_\_\_ Fri.  
 \_\_\_ Sat. \_\_\_ Sun.  
 Hours \_\_\_\_\_

Nearest Playground/Park and Library \_\_\_\_\_ Part time \_\_\_\_\_ Full time \_\_\_\_\_

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Reason for wanting to provide Private Home Day Care \_\_\_\_\_ Private home Day Care provided in your home previously?  
 No \_\_\_\_\_ Yes \_\_\_\_\_  
 Privately \_\_\_\_\_  
 Under supervision of \_\_\_\_\_  
 (Agency, Municipality, etc.)

**Children in care privately**  
 (List all names and ages)

	School and Grade	Hours of care
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Related Work Experience History	References (Please give 3)
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

Substitute in case of Emergency or Illness	Address	Telephone

Do you have a car available during the day?      yes \_\_\_\_\_      No \_\_\_\_\_

I agree to provide Medical Information as required by Regulation 760/83, and criminal investigation check for the vulnerable sector. A Medical Report form can be provided for this purpose. Each person 18 years of age or older must have a Criminal Reference Check for the Vulnerable Sector (15 days before or after the year anniversary of this check a declaration can be signed). Each person 18 years of age or older must provide dates of required immunization.

Applicant's signature	Date

Initial Visit by: \_\_\_\_\_ Date \_\_\_\_\_

Are you aware of our other programs? Live and Learn Resource Centre, and Metcalfe Cooperative Nursery School also serve the Ottawa South Rural Communities. We are all part of:



### CONTRACT

In accordance with the terms of my agreement with **Metcalfe Home Day Care**, hereafter known as the daycare agency,

I hereby acknowledge that:

1. I am independently (self) employed and willing to provide services to the daycare agency as a Home Child Care Provider.
2. I am not termed an employee or agent of any party.
3. I will receive support from the daycare agency and can expect monthly visits from a representative of the daycare agency. I am aware that a representative from the Ministry of Education may also visit my home. These visits may be unannounced.
4. The daycare agency will endeavor to refer children to my home, but that it may not always be possible to do so.
5. The daycare agency will be informed before a new child is enrolled privately.
6. I have been advised that an insurance policy which includes adequate comprehensive general liability coverage and personal injury coverage, during operating hours, would be good business practice.
7. The daycare agency is absolved of any and all liability due to any accident or injury which may occur to me during the course of providing care in my home.
8. I have reviewed Metcalfe's Program Statement and will work with the Home Visitor to make sure my day reflects the ideas discussed in How Does Learning Happen Pedagogy for the Early Years.
9. There will be a written agreement between a parent and myself for a child who walks to school during the hours of care.
10. Children are to be released only to those persons authorized on the enrollment form, unless there is written notification from a parent.
11. I will make sure my Standard First Aid and my Criminal Reference Check for the Vulnerable Sector and declarations are up to date.
12. Equipment and toys may be borrowed from the daycare agency.
13. In the event of an emergency, the children will be removed from the home in accordance with my written fire evacuation plan.
14. I am aware that the daycare agency will offer activities, workshops, and information sessions to help further my professional development.
15. I will call the agency with my invoice according to the schedule. Reimbursement for care provided will be made on the 15<sup>th</sup> of the month.
16. I will ensure that anyone living in the home who is 18 years of age and older is aware of the Provider Handbook, and reviews the policies, procedures and any updates.

**The above agreement** is personal and will commence \_\_\_\_\_

This agreement can be terminated with one month's notice by the Provider or the daycare agency. The daycare agency may terminate this agreement without notice in the event of concern over the safety and welfare of the children in my care.

**MY HOME CAPACITY IS** 6 **UNLESS OTHERWISE DETERMINED AS PER ONGOING DISCUSSIONS WITH THE HOME VISITOR.** This could take into account the ages of the children and the providers children, the space in the home, the needs of the children and the hours of care.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Provider \_\_\_\_\_ Date \_\_\_\_\_

Signature of Home Visitor \_\_\_\_\_ Date \_\_\_\_\_

I have reviewed the Provider Handbook which includes the relevant regulations and policies stated in Child Care and Early Years Act 2014 and all the agency policies and regulations.

- \_\_\_\_\_ date

## OUTDOOR PLAY PLAN AND SUPERVISION POLICY

Provider \_\_\_\_\_

Child(ren) \_\_\_\_\_  
(first name & initial of last name)

This policy recognizes the importance of outdoor play while setting parameters for health and safety. The "How Does Learning Happen?" goals of **engagement** and **well being** recognize that every child is an active, engaged learner exploring the world with body, mind and senses.

Outdoor play time must be scheduled into the daily program (rec. 2hrs)(weather permitting). All children must be supervised at all times during outdoor play. Providers must be familiar with precautions for sun exposure, extreme heat and extreme cold. Children are prohibited from using or having access to any standing bodies of water ( eg. ponds), recreational in ground or above ground swimming pools or portable/"kiddie"/inflatable wading pools. The Metcalfe Home Child Care encourages the use of splash pads, sprinklers, hoses or water tables.

### Play Plan

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**\*The parent will provide sunscreen for the provider to apply as needed.**

### Home Child Care

Provider \_\_\_\_\_ date \_\_\_\_\_

Parent \_\_\_\_\_ print \_\_\_\_\_ sign \_\_\_\_\_ date \_\_\_\_\_

### Child Care

Advisor \_\_\_\_\_ date \_\_\_\_\_

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**MEDICAL REPORT FOR DAY CARE PROVIDER**  
**(CONFIDENTIAL)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Has applied to our agency to become a Home Child Care Provider, caring for children from 6 weeks to 12 years of age in her own home on a daily basis. Do you have any concerns about the patient working in this capacity?

\_\_\_\_\_

\_\_\_\_\_

How long have you known this patient? \_\_\_\_\_

\_\_\_\_\_

To the best of your knowledge, is this patient in good health?

A. Physical: \_\_\_\_\_

\_\_\_\_\_

C. Emotional: \_\_\_\_\_

\_\_\_\_\_

Date of examination: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Immunization: MMR: \_\_\_\_\_

TDB: \_\_\_\_\_

TB: \_\_\_\_\_

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## HEALTH ASSESSMENT, IMMUNIZATION, AND POLICE RECORDS CHECK

Our Home Child Care agency must ensure that each person in charge of a location where private home child care is provided has 1) health assessment and, 2) up to date immunization (as recommended by the local medical officer of health) and 3) a police records check.

Each person ordinarily resident in the location over the age of 18 years, and each person regularly on the premises over the age of 18 years, has proof of: 1) up to date immunization (as recommended by the local medical officer of health) and; 3) a police records check.

All children (private or through the agency) not attending school need to provide up to date immunization records.

Attached is a health assessment/immunization form which can be signed by your family physician.

If for some reason you, a family member or a regular visitor to your home or private child under school age decided not to be immunized, a valid signed exemption is required which must be obtained from Ottawa Public Health by calling 613 580-6744 X 24108 or visit [www.ottawa.ca/health](http://www.ottawa.ca/health). Please address this with your home visitor.

It is important that you assemble these documents and have them available for your Home Visitor and the Program Advisor from the Ministry of Education (should they visit your home).

I have read and understand this form:

---

Provider signature

---

Date

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**HEALTH ASSESSMENT FOR PROVIDING HOME CHILD CARE (CONFIDENTIAL)**

Please list the names of each person ordinarily resident in the home or regularly on the premises.

Name	Immunization		Health Assessment	
	Y/N	date	Y/N	date

**Notes:**

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.....  
 Provider signature

.....  
 Home Visitor signature

**INITIAL VISIT**

Name \_\_\_\_\_

Date \_\_\_\_\_

1. **TYPE OF DWELLING**

Detached \_\_\_\_\_

Semi-Detached \_\_\_\_\_

Townhouse \_\_\_\_\_

Apartment \_\_\_\_\_

2. **INDOOR PLAY AREA**

Family Room \_\_\_\_\_

Living Room \_\_\_\_\_

Basement \_\_\_\_\_

Other \_\_\_\_\_

3. **TOYS**

Infant / Toddler \_\_\_\_\_

Preschool \_\_\_\_\_

School Age \_\_\_\_\_

4. **SLEEP FACILITIES AND EQUIPMENT**

Infant/Toddler  
- area \_\_\_\_\_

- equipment \_\_\_\_\_

5. **OUTDOOR PLAY AREA**

Location \_\_\_\_\_

Fence \_\_\_\_\_

6. **STORAGE OF CLEANING SUPPLIES**

ROOM	LOCATION	<u>SAFE</u>	<u>HAZARDOUS</u>
kitchen	_____	_____	_____
bathroom	_____	_____	_____
laundry room	_____	_____	_____
other	_____	_____	_____

7. **STORAGE OF MEDICATION, VITAMINS, FIRST AID**

ROOM	LOCATION	<u>SAFE</u>	<u>HAZARDOUS</u>
kitchen	_____	_____	_____
bathroom	_____	_____	_____
other	_____	_____	_____

8. **EQUIPMENT**

indoors	outdoors
<u>SAFE</u> <u>HAZARDOUS</u>	<u>SAFE</u> <u>HAZARDOUS</u>

high chair	_____	_____	bikes	_____	_____
booster	_____	_____	tricycle	_____	_____
potty	_____	_____	wagon	_____	_____
potty seat	_____	_____	ride-on	_____	_____
step	_____	_____	swing set	_____	_____
gates	_____	_____	climber	_____	_____
exersaucer	_____	_____	sand box	_____	_____
other	_____	_____	stroller	_____	_____
			other	_____	_____

9. **SAFETY EQUIPMENT**

	yes	no	comments
Smoke detectors	_____	_____	_____
Fire extinguisher	_____	_____	_____

10. **SWIMMING POOL**

	yes	<b><u>SAFE</u></b>	<b><u>HAZARDOUS</u></b>
Wading pool	_____	_____	_____
Above ground	_____	_____	_____
In ground	_____	_____	_____
Pool rules	_____		

11. **FEATURES**

	<b><u>SAFE</u></b>	<b><u>HAZARDOUS</u></b>
Windows, screens	_____	_____
Door	_____	_____
Porch	_____	_____
Patio	_____	_____
Stairs	_____	_____
Carpets	_____	_____
Other	_____	_____

12.	<b><u>PET (S) : ANNUAL INOCULATIONS</u></b>			<b><u>COMMENTS</u></b>
	Dog	Yes ___	No ___	_____
	Cat	Yes ___	No ___	_____
	Other	Yes ___	No ___	_____

13.	<b><u>STORAGE OF TOOLS/PAINTS/GARDENING SUPPLIES</u></b>			
			<b><u>SAFE</u></b>	<b><u>HAZARDOUS</u></b>
	Basement	Yes ___	No ___	_____
	Garage	Yes ___	No ___	_____
	Other	Yes ___	No ___	_____

14.	<b><u>FIREARMS</u></b>			
	Locked up	Yes ___	No ___	_____
	Inaccessible area	Yes ___	No ___	_____
	Shells stored separately	Yes ___	No ___	_____

**APPLICANT HAS BEEN ADVISED OF:**

1. Medical requirements
2. Criminal Reference Check
3. Health assessment, immunization, & police records check for individuals regularly on the premises.
4. References
5. Pay schedule and procedure
6. Attendance sheets
7. Income tax and procedure
8. Insurance
9. Equipment and toy leading
10. Craft supplies
11. Newsletter
12. General Operating grant, Home Child Care Enhancement Grant

- 13. Home Visitor visits
- 14. Program Advisor visits
- 15. Child Care Early Years Act 2014.
- 16. Number of children - age restrictions
- 17. No smoking policy. Is there a smoker in the home? Name: \_\_\_\_\_
- 18. Sleep Policy
- 19. Outdoor Play Supervision Policy
- 20. Anaphylactic Policy
- 21. Nutrition Policy

**GENERAL ASSESSMENT OF APPLICANT**

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Date \_\_\_\_\_

Signature of Home Visitor \_\_\_\_\_

**PROVIDER AGREEMENT**

METCALFE HOME DAY CARE and \_\_\_\_\_  
agree to the following fee schedule.

\_\_\_\_\_  
(name of child)

\_\_\_\_\_  
(name of child)

\_\_\_\_\_  
This amount will be paid to the provider according to the pay schedule each month. No extra fees will be charged by the provider. This cheque will be delivered or mailed. Payment will be made for Stat. holidays as long as the provider has given care for at least half of the days in the month. Statutory holidays include: New Years Day, Family Day, Good Friday, Easter Monday, Victoria Day, Canada Day, Civic Holiday, Labour Day, Thanksgiving, 2 days at Christmas. Payment is made on an enrollment basis (whether the child is in attendance or not) except if the provider cannot give care. Statutory holidays for **part time** children (enrolled less than 5 days per week) may be claimed **only** if the holiday falls on the day of the week the child should have attended. Notice of cancellation of services will be given one (1) month in advance if possible. \*\* Notice of fee changes will be given two (2) months in advance. Notice of holidays will be given one (1) month in advance whenever possible. Parents must pay for any vacation time used, unless the provider is unavailable to provide care.

Time of arrival : \_\_\_\_\_

Time of pick-up : \_\_\_\_\_

Child may only be released to : \_\_\_\_\_

unless otherwise arranged : \_\_\_\_\_

**\*\*Parents must give two (2) weeks notice when withdrawing a child from the program.  
\*\*Providers must give (2) weeks notice of cancellation of services.**

Additional information : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(signature of provider)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature of home visitor)

\_\_\_\_\_  
(date)

***SERIOUS OCCURRENCE REPORTING AND PROCEDURES POLICY***

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This Serious Occurrence Policy will provide information;

- \*how to identify a serious occurrence
- \*how to respond to a serious occurrence
- \*how to report a serious occurrence (including posting and analyzing)

**Identify**

A serious occurrence means,

1. The death of a child who is receiving child care at the home of a provider supported by a licenced home child care agency or a licenced child care centre.
2. Abuse or neglect of a child while receiving child care at a home child care premise or child care centre.
3. A life-threatening injury to or a life-threatening illness of a child who receives child care at a home child care premise or child care centre.
4. An incident where a child who is receiving child care at a home child care premises or child care centre goes missing or is temporarily unsupervised
5. An unplanned disruption of the normal operations of a child care premises or child care centre that poses a risk to the health, safety or well-being of children receiving care at the home child care premises or child care centre.

**Respond**

After identifying the serious occurrence;

1. Staff and/or providers must provide the client with immediate medical attention. This may include calling emergency services (911). The staff must address any continuing risks to the health and safety of the client or others present.
2. Call parent or guardian
3. Call or notify program staff. This might be the Metcalfe Home Child Care Home Visitor or director, the Metcalfe Co-operative Nursery School staff and/or the Rural Family Connections office manager.
4. These designated staff will assist in determining if this incident is a serious occurrence, if the Children's Aid Society needs to be contacted or any other connections that need to be made. Staff will also make sure the rest of the group of children and/or adults are safe and cared for.

**Report and Post**

The service provider (Metcalfe Home Child Care or Metcalfe CO-operative Nursery School) staff will report the serious occurrence by logging into the CCLS system within 24 hours of becoming aware of the serious occurrence. If the CCLS system is not available they will contact the program advisor -Julie Brazeau 613 787-5274 x 5274

The serious occurrence notification form will be completed and posted in a place that is visible to parents for at least 10 days including any allegation of abuse or neglect. This form which is available through the main office must not include any identifying information. The form must be updated as new information is obtained.

**Analysis**

Nursery School Staff, Home Visitors and Office Manager will analyze the frequency and types of serious occurrences as a method of identifying issues, trends and actions taken. This will be done at least once a year and the correct document will be filled out and retained.

## ANAPHYLACTIC POLICY

The Metcalfe Home Daycare Agency will enroll children with allergies and to the best of our ability offer an environment that minimizes the risk of exposure to allergies. This policy recognizes that the risk of accidental exposure can be reduced but not eliminated.

Each child's needs will be assessed individually to determine if the Home Daycare Agency can manage the allergy safely. Parents wishing to enroll their child(ren) in our program must discuss the child's allergies with the Home Child Care Advisor and potential Provider to determine if the allergy can be safely managed. Metcalfe Home Daycare Agency reserves the right to discharge or refuse acceptance of a child with allergies if we are unable to provide a safe environment.

To determine manageability, Metcalfe Home Daycare Agency will assess the following risk factors:

- Type of allergy
- Number of allergies
- Level of security
- Can exposure to allergies be managed safely and reasonably within the home

Once it is determined that the allergy is manageable, the following procedures must be in place **prior** to the child being admitted into care:

- The Parent will provide an Allergy Information Sheet signed by the child's physician who will include the type of medication as well as dosage and administration instructions.
- The Parent will complete and sign the **Authorization for Administration of Adrenaline Auto-Injector** (epipen) form that has been prepared by the Program. (*Appendix A*)
- The Parent will meet with and discuss this information with the Provider.
- The Parent will consent for the Provider to advise other parents in the home daycare of their child's allergy and to allow the Provider to post the child's Allergy Alert (provided by the parent and will include a current photo of the child) in a prominent location within the home.
- The Parent will provide all necessary medications and epipens as well as instructions for proper storage.
- The Parent will ensure that the medication and epipens are replaced before the expiry date.
- Children will **not** be allowed into care without their medication and epipen(s) or with expired medication and epipens.
- Where appropriate, a Medical Identification Bracelet is recommended.
- The Parent will prepare a plan that outlines what foods the child **cannot** have **and** who will provide the food for the child (the Parent, the Provider or a combination of the two).
- The Parent and Provider will review the plan and the child's needs on a regular basis.
- The Parent and Provider will review the **Emergency Procedure – Anaphylaxis** provided by the Agency. (*Appendix "B"*)
- It is the responsibility of the Parent to notify the Provider **and** the Daycare Agency of any changes to the child's allergies and/or medication. Any change must be supported by a signed note from the child's physician.

### **EMERGENCY PROCEDURE – ANAPHYLAXIS**

*(Appendix "B" to Anaphylactic Policy)*

#### **1. Administer the auto-injector**

Don't hesitate.

The child should rest quietly.

To inject:

- Remove auto-injector from case.
- Pull off grey safety cap.

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- Jab into OUTER MID-THIGH of child's leg with the black tip end of the needle. (This may be done through the child's clothing, if necessary.)
  - Wait for fluid to enter body (10 seconds – an accurate way to count: one-one thousand, two-one thousand, etc.)
  - The child should be rushed to the hospital after administration of an auto-injector; any additional auto-injector should accompany the child in case a second injection (a maximum of three to be administered) is required if symptoms persist or recur.
  - The time of the first injection should be noted so that the second auto-injector can be administered in 10/15 minutes, if symptoms persist or recur.
2. **Have someone call 9-1-1.**  
Tell them that a child has had an anaphylactic reaction.
  3. **Help the child to remain calm.**
  4. **Call the parent/guardians/emergency contact.**
  5. **Observe and monitor the child until the ambulance arrives.**
  6. **Administer a second auto-injector – only if needed and available.**  
Administer 10/15 minutes after the first (a maximum of 3 doses to be administered).
  7. **Send any additional auto-injector with child in the ambulance (maximum of 3 doses).**

## ***WITHDRAWAL AND DISCHARGE POLICY***

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### **Withdrawal Procedure:**

Notice of withdrawal **must** be submitted to the agency office, and the provider at least two (2) weeks in advance of the intended last day.

If insufficient notice is given, the full fee will be charged for the two week period. A permanent space cannot be guaranteed if you wish to temporarily withdraw your child. Please refer to the Program Statement for more information.

### **Discharge Procedure:**

Rural Family Connections operating as Metcalfe Home Day Care will give parents a minimum of two (2) weeks notice that the child will be discharged. Some (but not limited to) possible reasons for ineligibility to remain in the program could be:

- The child is beyond the licensed age limits.
- The parent or guardian does not abide by the Policies and Procedures of Metcalfe Home Day Care.
- The parent or guardian has demonstrated abusive, harassing and/or inappropriate behaviours towards any provider, staff members, or other parents.
- The parent or guardian has not paid the fees. For example: 3<sup>rd</sup> late payment; 2<sup>nd</sup> missed payment; 2<sup>nd</sup> NSF cheque; Maximum account overdue balance \$1,000.00 per family.
- In the opinion of the Executive Director, the program does not or can not meet the needs of the child.

In the case of a discharge of a child, the final decision will be made by the Executive Director. The decision will be presented to the parent or guardian in writing and may be delivered by regular mail or in person as is suitable to the situation. The letter will contain the reason(s) for the decision. The decision of the Executive Director is not subject to appeal. Metcalfe Home Day Care will not knowingly contravene any Human rights Legislation and/or Case Law.

If the parent chooses to withdraw the child prior to the date specified on the Notice of Discharge, the parent is still liable for the fees for the 2 week period.

In the event that a provider fails to meet the requirements as stated in the Provider Contract, Metcalfe Home Day Care will give the provider 2 weeks' notice. Some (but not limited to) possible reasons for ineligibility to continue to provide care could be:

- Provider does not abide by the policies and procedures
- Provider demonstrated abusive, harassing and/or inappropriate behaviours towards the child(ren) or parents/guardian.
- In the opinion of the Executive Director, the program does not or cannot meet the needs of the provider.

### ***ILLNESS POLICY***

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There may be times when a child is too ill to go to the care giver's home. He or she may be too ill to participate in activities; may be contagious to the other children; or may need more care and attention than the care giver can provide without compromising the care of the other children. This can be a difficult issue, and it's an important one to discuss before the child goes into care. It's best to keep children home when they are sick, not only to aid in their recovery but for the sake of the other children in the group. Symptoms of ill health are to be recorded in the log book.

Children should be kept home if they have any of the following conditions:

- A temperature of 101 degrees Fahrenheit or 38.5 degrees Celsius or over;
- Vomiting or excessive diarrhea;
- Conjunctivitis (pink eye) with yellow or white discharge;
- Impetigo, ringworm, or scabies;
- Head lice, or pinworms;
- Chicken pox, hepatitis A, measles, German measles, mumps, strep throat, tuberculosis, whooping cough;
- An undiagnosed rash, especially when combined with other symptoms of illness;
- An acute cold, nasal discharge or coughing;
- Unusual irritability, fussiness and restlessness.
- Children must be symptom free for 24 hours before returning to care.

In the event that a provider contacts a parent to request an early pick up due to any of the ailments listed above, parents must arrange for this as quickly as possible. If children are not picked up in a reasonable amount of time, then the emergency contact person will be contacted

## **CHILD CARE FACILITY IMMUNIZATION & TUBERCULOSIS ASSESSMENT**

A record of immunization is required before your child can be entered into childcare. The **Child Care Facility Immunization & Tuberculosis Assessment** form can be accessed at [www.ottawa.ca/health](http://www.ottawa.ca/health). You will need to print and complete this form, and hand it in to the Metcalfe Home Day Care office along with a copy of your child's record of immunizations.

For a copy of **Immunization Schedules in Ontario, and Ottawa Public Health Requirements for Children Attending Licensed Child Care Facilities and Home Child Care Agencies**, visit [www.ottawa.ca/health](http://www.ottawa.ca/health).

### SLEEP AND SUPERVISION POLICY

- ❖ Children younger than 12 months who receive care at a Metcalfe Home Day Care provider's home will be placed for sleep on their back (unless a doctor recommends a different position in writing) and placed in an approved crib or portable playpen.
- ❖ Children over 12 months old that regularly sleep at a Metcalfe Home Day Care provider's home will sleep in a playpen up until they reach 18 months of age and on a cot or floor mat after that age. There may be exceptions to this regulation (child too large for the playpen, child too small to sleep on a mat, etc.).

(These exceptions need to be approved by the Home Visitor and the Program Advisor from the Ministry of Education)

The following regulations also apply:

- ❖ The home child care provider performs visual checks of each sleeping child, looking for indicators of distress or unusual behaviours. The frequency of these checks will be determined on a case by case basis. We consider the provider to be capable and competent in deciding this frequency, however there must be at least one formal sleep check that is performed, then recorded in the daily log. The home child care provider will make sure there is sufficient light in the sleeping area to conduct those physical checks.
- ❖ Each child will have a designated playpen, cot or floor mat and individual sheets or blankets.
- ❖ These sleeping arrangements will be discussed with the parent and reviewed by the Home Visitor.
- ❖ Any changes to these arrangements, or difficulties in the sleeping patterns of the child will also be discussed with the parent and the home visitor.
- ❖ These arrangements, or difficulties or changes could be recorded in the daily log.

The "Joint Statement on Safe Sleep" was referenced when writing this policy.

## MEDICATION AUTHORIZATION AND RECORD OF MEDICATION GIVEN

I authorize the administration of:

\_\_\_\_\_

(medication)

to \_\_\_\_\_

(child's name)

by \_\_\_\_\_

(provider)

Start date \_\_\_\_\_

End date \_\_\_\_\_

Use the following instructions :

Dosage \_\_\_\_\_

Time (s) of administration \_\_\_\_\_

\_\_\_\_\_

Storage \_\_\_\_\_

Side effects \_\_\_\_\_

Stop medication if the following reaction is observed \_\_\_\_\_

\_\_\_\_\_

Name of prescribing physician \_\_\_\_\_

Phone number \_\_\_\_\_

Date \_\_\_\_\_

Parent's signature \_\_\_\_\_

## MEDICATION POLICY

### **METCALFE HOME CHILD CARE**

A provider may administer prescription drugs and non-prescription medication (this includes topical ointments and sun screen (for babies), puffers, cough medication, Tylenol etc.) with a signed permission form from the parent.

The medication must be in the original container, clearly labeled with the child's name (if prescription), name of drug and dosage. It should include the instructions for administering and instructions for storage. The provider must record on the chart provided, when she administers the drug and how much was given. This could also be noted in the log book.

These permission forms and charts should be kept with the children's information.

### **METCALFE CO-OPERATIVE NURSERY SCHOOL**

The Nursery School staff do not administer drugs (prescription or non-prescription drugs) except when a child is anaphylactic and carries an epi-pen/auto-injector or has an asthmatic condition. The staff will also administer Benadryl (or any other treatment for anaphylaxis symptoms prescribed by the doctor) to a child that has an allergy or sensitivity. The staff will also administer an asthma puffer with chamber. For all of the above medications a written permission form needs to be provided by the parents. The administering of drugs will be recorded in the log book and in the child's file. These medications need to be in the original container, with the child's name, the dosage and instructions for administering and storing. Nursery School staff are not allowed to apply medicated creams to children in the school. An individualized plan will be developed for any child with a chronic or acute medical condition or a child requiring additional supports. This plan will be developed in consultation with the parent and any regulated professional involved in the child's care who the parent believes should be consulted.

**ANAPHYLACTIC POLICY**

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- Level of severity
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- The Parent will complete and sign the **Authorization for Administration of Adrenaline Auto-Injector** (epipen) form that has been prepared by the Program. (*Appendix A*)
- The Parent will meet with and discuss this information with the Provider.
- The Parent will consent for the Provider to advise other parents in the home daycare of their child's allergy and to allow the Provider to post the child's Allergy Alert (provided by the parent and will include a current photo of the child) in a prominent location within the home.
- The Parent will provide all necessary medications and epipens as well as instructions for proper storage.
- The Parent will ensure that the medication and epipens are replaced before the expiry date.
- Children will **not** be allowed into care without their medication and epipen(s) or with expired medication and epipens.
- Where appropriate, a Medical Identification Bracelet is recommended.
- The Parent will prepare a plan that outlines what foods the child **cannot** have **and** who will provide the food for the child (the Parent, the Provider or a combination of the two).
- The Parent and Provider will review the plan and the child's needs on a regular basis.
- The Parent and Provider will review the **Emergency Procedure – Anaphylaxis** provided by the Agency. (*Appendix "B"*)
- It is the responsibility of the Parent to notify the Provider **and** the Daycare Agency of any changes to the child's allergies and/or medication. Any change must be supported by a signed note from the child's physician.

**I have read and agree to comply with the Agency's Anaphylactic Policy for children with allergies.**

**Parent Name (please print)** \_\_\_\_\_

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Metcalfe Home Daycare Agency**  
**Authorization for Administration of Adrenaline Auto-Injector**

\_\_\_\_\_  
**Date**

*(Appendix "A" to Anaphylactic Policy)*

**PERSONAL INFORMATION: (please print)**

**Photograph**

Child's Name: \_\_\_\_\_  
Last Name First Name

D.O.B. (d/m/y): \_\_\_\_\_

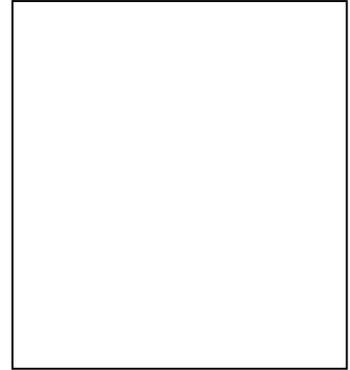
Address: \_\_\_\_\_

1. Parent/Guardian Name: \_\_\_\_\_

Emergency #: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

2. Parent/Guardian Name: \_\_\_\_\_

Emergency #: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_



**MEDICAL INFORMATION:**

NAME OF MEDICATION(S) (AS INDICATED ON LABEL): \_\_\_\_\_  
\_\_\_\_\_

DESCRIBE CIRCUMSTANCES UNDER WHICH MEDICATION IS TO BE GIVEN:  
\_\_\_\_\_  
\_\_\_\_\_

AMOUNT & TIMES OF DOSAGE(S):  
\_\_\_\_\_  
\_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATION:**

**I HAVE READ THE AGENCY'S ANAPHYLACTIC POLICY AND UNDERSTAND THAT:**

1. FAILURE TO COMPLY WITH THE PROCEDURES OUTLINED IN THIS POLICY WILL RESULT IN THE CHILD BEING REFUSED ADMITTANCE TO THE PROVIDER'S HOME.
2. CHILD MUST HAVE ACCESS TO MEDICATION AT ALL TIMES. MEDICATION SHALL BE CARRIED IN A "FANNY PACK" EITHER ON SCHOOL AGED CHILDREN WHEN DEVELOPMENTALLY APPROPRIATE OR ON THE PROVIDER RESPONSIBLE FOR ADMINISTERING THE MEDICATION. PARENTS/GUARDIANS WILL PROVIDE THE FANNY PACK.
3. PARENTS/GUARDIANS ARE RESPONSIBLE FOR ENSURING THAT THEIR CHILD IS TRAINED IN THE USE OF AUTO-INJECTORS (DEVELOPMENTALLY APPROPRIATE)
4. PARENTS/GUARDIANS AGREE TO ASSUME ALL COSTS ASSOCIATED WITH MEDICAL TREATMENT AND TRANSPORTATION TO HOSPITAL.

**I HEREBY AUTHORIZE THE ADMINISTRATION OF MEDICATION AS OUTLINED ABOVE AND PRESCRIBED BY:**

**DR.** \_\_\_\_\_ **TEL #** \_\_\_\_\_

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE** **DATE**

**EMERGENCY PROCEDURE – ANAPHYLAXIS**  
*(Appendix “B” to Anaphylactic Policy)*

**8. Administer the auto-injector**

Don't hesitate.

The child should rest quietly.

To inject:

- Remove auto-injector from case.
- Pull off grey safety cap.
- Jab into OUTER MID-THIGH of child's leg with the black tip end of the needle. (This may be done through the child's clothing, if necessary.)
- Wait for fluid to enter body (10 seconds – an accurate way to count: one-one thousand, two-one thousand, etc.)
- The child should be rushed to the hospital after administration of an auto-injector; any additional auto-injector should accompany the child in case a second injection (a maximum of three to be administered) is required if symptoms persist or recur.
- The time of the first injection should be noted so that the second auto-injector can be administered in 10/15 minutes, if symptoms persist or recur.

**9. Have someone call 9-1-1.**

Tell them that a child has had an anaphylactic reaction.

**10. Help the child to remain calm.**

**11. Call the parent/guardians/emergency contact.**

**12. Observe and monitor the child until the ambulance arrives.**

**13. Administer a second auto-injector – only if needed and available.**

Administer 10/15 minutes after the first (a maximum of 3 doses to be administered).

**14. Send any additional auto-injector with child in the ambulance (maximum of 3 doses).**

## NUTRITION POLICY

- Each child under the age of one year is fed in accordance with written instructions from the parent(s).
- Any food or drink supplied by the parent is labelled with the child's name.
- Attention is paid to how the food is prepared, stored and saved. The aim is to retain maximum nutritive value and food safety.
- Each child one year or older receiving care for 6 hours or over will receive 2 nutritious snacks and a lunch that meets the recommendations set out in Canada's Food Guide-Eating Well with Canada's Food Guide.
- Drinking water must be available at all times.
- A positive eating environment incorporating family and culture preferences, appropriate portion sizes, variety, appropriately sized dishes, utensils, tables and chairs.
- Menus should be planned using resources such as Canada's Food Guide, the children's parents, discussions with the home visitor and ideas provided by the agency.
- This would represent a sample of the weekly meals and snacks provided. A sample menu is posted and the daily snacks and meals are recorded in the log book.
- Nutrition and meal planning in the provider's home will be part of the monthly discussions held during the Home Visitors visit.
- In the case of special dietary feeding arrangements, the caregiver will abide by the instructions provided by the parent. These meals and snacks may be supplemented by the parent.



## FIELD TRIP CONSENT FORM

These are the regular weekly and monthly outings I will be taking with your child.

<u>EXCURSION</u>	<u>FREQUENCY</u>	<u>TRANSPORTATION</u>	<u>TIME OF DAY</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I give permission for \_\_\_\_\_ to participate in these regular outings.

Parent \_\_\_\_\_ Date \_\_\_\_\_

=====

I am planning a special excursion with the children.

Date: \_\_\_\_\_

Destination: \_\_\_\_\_

Departure Time: \_\_\_\_\_

Transportation: \_\_\_\_\_

Special instruction ( things to bring, special clothes, money needed, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Could you please read and sign the permission form below and return it as soon as possible.

=====

I give permission for \_\_\_\_\_ (child's name) to participate in the trip to  
the \_\_\_\_\_ on \_\_\_\_\_ (date).

**I have read and signed the transportation policy.**

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

## WALKERS PERMISSION FORM

Date: \_\_\_\_\_

\_\_\_\_\_ has my permission to walk from \_\_\_\_\_

to \_\_\_\_\_

Time of day \_\_\_\_\_

Parent (s) \_\_\_\_\_ Provider \_\_\_\_\_

Home Visitor \_\_\_\_\_

=====

## WALKERS PERMISSION FORM

Date: \_\_\_\_\_

\_\_\_\_\_ has my permission to walk from \_\_\_\_\_

to \_\_\_\_\_

Time of day : \_\_\_\_\_

Parent (s) \_\_\_\_\_ Provider \_\_\_\_\_

Home Visitor \_\_\_\_\_

\_\_\_\_\_

## TRANSPORTATION POLICY

The Ontario Government is now making it mandatory for anyone transporting children to make sure children are properly secured in either an infant seat, child seat, or booster seat. Children under 13 years of age are safest in the back seat away from all active air bags.

A field trip consent form will be signed before each excursion.

I \_\_\_\_\_ give permission for \_\_\_\_\_ to transport \_\_\_\_\_  
Parent caregiver child(ren)  
in her vehicle. I am responsible for supplying the appropriate car seat/booster in accordance with the legislation.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caregiver signature

\_\_\_\_\_  
Date

For more information about child car seat safety contact: Ministry of Transportation:  
[www.mto.gov.on.ca/safety](http://www.mto.gov.on.ca/safety). MTOINFO 1-800-268-4686.

OR

Transport Canada: [www.tc.gc.ca](http://www.tc.gc.ca). 1-800-333-0371

## **SUPERVISION OF VOLUNTEERS AND STUDENTS POLICY**

### **Metcalfe Co-operative Nursery School**

The **Co-operative Nursery School** invites parents to participate in the daily scheduled activities, the financial affairs and fundraising, the maintenance and the marketing of the school and its' programs. There is a roster of parents responsible for the daily maintenance but they are not counted in the ratio of child to teacher/adult. These parents may take part in the morning program but are not left alone with the children. They are under the supervision of the teaching staff at all times. The teaching staff may request certain duties are carried out depending on the activities and events taking place that morning.

Placement students from the high school or college or volunteers may take part in the morning programs and are not counted in the ratio. Students and /or volunteers will present their assignments or expectations to the supervising staff. The staff will make sure these tasks/assignment details are completed. The students and/or volunteers are also responsible for completing their assignments or related expectations.

The supervising staff will ensure the parents/guardians, students and volunteers review the Program Statement before beginning their visit or placement. They will also be made aware of those children with anaphylactic allergies, special needs and the emergency plan.

\*Guardians may include, grandparents, childcare providers, nannies, or other adults responsible for the care of the child.

### **Metcalfe Home Child Care**

The **Home Child Care Agency** will ensure that every volunteer or student that is present in a home where child care is taking place must be supervised by the provider at all times. The volunteer or student is not permitted to be alone with the children. Volunteers and students on placement or assignment must present their police records check with the vulnerable sector (not more than 1 yr old) before being on site or interacting with the children. All duties will be dictated by the provider, this will depend on the program for the day, the time and the needs of the children. The student or volunteer is also responsible for completing any tasks or assignments that they have been given. This list of expectations will be given to the provider before the placement or visit starts. Volunteers and students on placement are not a regular occurrence in our Home Child Care Agency.

This policy will be reviewed and signed off by staff (home visitors and teaching staff) annually. It will be included in the Nursery School Parent Handbook, the Home Child Care Parent Handbook and the Home Child Care Provider Handbook. The Home Visitors will review this policy with the Providers during the quarterly Safety Check.

signature \_\_\_\_\_ date \_\_\_\_\_

## SAMPLE MENU PLAN

	Canada Food Guide Recommendation	Example	Monday	Tuesday	Wednesday	Thursday	Friday
Snack	At least 2 food groups	Yogurt  Sliced Strawberries	Cold cereal with milk  sliced banana	Cheese melon	Yogurt Orange	Cereal bar  berries	Yogurt  Apple slices
Lunch	1 serving Protein  1 serving Grain  1 vegetable/fruit  1 milk	Chili with grated cheese  Brown rice  Tangerine pieces  Milk	Raw veggies  chicken & rice  melon  milk	Beef stew	Tomato soup  Grilled cheese sandwich  Banana  milk	Pasta with tomato sauce  Peaches  milk	Lentil and vegetable soup  Berries  milk
Snack	At least 2 food groups	Homemade banana bread  Apple slices	Cheese, crackers  orange	Yogurt  berries	Carrot sticks, dip  Sliced grapes	Granola bar  oranges	yogurt