

Record Keeping



As a Home Child Care Caregiver, you are an independent contractor. Before we can refer children to your home, we have to be assured that your home meets the requirements set out by the Ministry of Education. Throughout this manual the regulations, policies and procedures have been stressed. In this section, you will find a summary of the regulations and policies (Schedule A), and a listing of the forms and information required to do this job. Developing your own method of keeping and filing this information will make your job easier.

As well as the information that the Ministry requires you to have, you will want to establish a method of organizing your records and expenses related to child care. To help at income tax time, the Income Tax Department has published a booklet entitled “Using Your Home for Day Care”, which is available through Revenue Canada.

Many caregivers have established excellent systems of record keeping. This is essential! Some use three-ring binders, others use file folders, some have a special box... whatever system works well for you is all that is necessary. The important thing is that you have the necessary information readily available for reference.

To assist you in setting up a system of record keeping, we have made two lists;

- Information to keep for your own records.
- Information required for the Ministry Spot Check.

Record Keeping



Information To Keep For Your Own Records

Health Information

- dates of caregiver's TB test or X-Ray
- dates of family immunizations
- date of TB test or X-Ray for other adults in the household

Record of Workshops/Professional Development

- dates of First Aid certificate and CPR training
- list dates of sessions that you have attended

Notes on Children In Your Care

- i.e. behaviour, health, diet etc.

Current "Confirmation of Fee Assistance"

- for each subsidized client

Newsletters

Ideas for Menus, Crafts, Activities, Recipes

Receipts, Bills Related to Child Care

- to be kept for income tax purposes

Supply of Blank Copies

- consent forms
- medication forms
- accident forms
- child's feeding forms
- attendance forms
- medical information forms for private children
- outdoor play and supervision forms

Record Keeping

Information Required for the Ministry Spot Check

Your current signed Agreement with Schedule A attached

Emergency Phone Number List **(posted)**

Fire Evacuation Plan **(posted)**

2 Consent Forms for each family in your care

- one with your records, the other in the purse OR bag you take on outings

Outdoor Supervision Agreement for each child in your care

Immunization information (for private children in your care)

Current Attendance Forms and green copies

Child's Feeding Schedule (if required)

Medication Form (if being used)

Rabies certificate for dogs and cats in your household

Home Child Care Fire Evacuation Plan (posted at each exit)

In Case of Fire:

1. Stay calm
2. All meet at pre-determined area near exit
3. Close any doors on the way
4. Count children - be sure everyone's there
5. Leave and go to neighbour's or prearranged spot
6. Call the Fire Department (**911**), giving the name and address, then wait to answer any questions

Practice a fire drill once a month

Emergency Numbers

Fire _____

Police _____

911

Ambulance _____

Police (non emergency)

519-653-7700

Hospitals Grand River (K-W) Hospital

519-742-3611

St. Mary's Hospital

519-744-3311

Cambridge Memorial Hospital

519-621-2300

Poison Control Center

1-800-268-9017

Home Child Care Offices

K-W Office 519-883-2220

Cambridge Office 519-740-5760

Social Services Emergency # (after hours emergency only)

519-883-2230

Supervision and Care of the Children

1. All home child care services shall take place at the Caregiver's residence. The Caregiver may only remove a child from the Caregiver's residence if:
 - (a) there is an emergency;
 - (b) the child is attending a function or place within the Region of Waterloo that is reasonable, safe and appropriate for a child; or
 - (c) the child is attending a function outside of the Region of Waterloo that is pre-approved in writing by the parent and the Region.
2. Caregivers are solely responsible for each child in their care. The only time that it is permissible to leave a child in the care of another adult is in an emergency.
3. Caregivers are responsible for planning and carrying out a varied program of activities and are encouraged to participate in community and/or Region sponsored playgroups and outings for children.
4. The home environment must be conducive to the healthy development of each child. The use of drugs or the consumption of alcohol is not permitted by the Caregiver or any other person during child care times or within six (6) hours beforehand.
5. The areas of a Caregiver's premises where the child attends with the Caregiver shall be smoke free at all times.
6. Every child must spend some part of his or her day outdoors. An "Outdoor Play and Pool Supervision Agreement" must be completed as between the Caregiver, Parent and the Region for all children and updated annually.
7. Every child under the age of 5 years shall be directly supervised by the caregiver at all times, both indoors and outdoors. Directly supervised means that the caregiver can see the child and is close enough to protect the child from harm. Every child over the age of 5 years must be supervised in a manner appropriate to their developmental age and their ability to follow general rules for safety. The program does not permit caregivers to enroll in programs for themselves (such as bowling, fitness classes) and to place the children with another person.
8. "A daily rest/sleep time must be arranged that:
 - (a) Children aged eighteen months to five years who are in attendance for six or more hours in a day have to have a rest period not exceeding two hours in length following the mid-day meal.

Schedule "A" Policies and Procedures

- (b) Children under thirty months of age in attendance for six or more hours in a day are outdoors for sleep or play or both for a period of up to two hours each day (weather permitting) unless a physician or parent of the child advises otherwise in writing.
- (c) Children under 44 months of age as of August 31 who are unable to sleep during the rest period are not to be kept in bed for longer than one hour and are permitted to engage in quiet activities.
- (d) Children aged 44 months to 67 months as of August 31 who are unable to sleep during the rest period are permitted to engage in quiet activities."

Behaviour Management

- 9. Caregivers must practice behaviour management techniques that assist the child to develop as a healthy individual. Caregivers must ensure that the following forms of discipline are not used by any person on a child:
 - (a) corporal punishment which includes, but is not limited to, spanking, slapping, hitting, pushing, shaking, kicking and tapping;
 - (b) deliberate, harsh or degrading measures that would humiliate a child or undermine a child's self respect;
 - (c) deprivation of a child's basic needs, including food, shelter, clothing or bedding;
 - (d) confinement by locking exit doors or permitting a child to be locked in or out of a house without the caregiver present; or
 - (e) use of a locked or lockable room to confine a child who has been withdrawn from others.

Health, First aid and Sanitary Practices

- 10. Drugs or medication must only be administered to a child by the Caregiver with the parent's written consent on the Medication Authorization form.
- 11. Accepted health and sanitary practices to control the spread of infections and disease must be followed by the Caregiver. These include proper food handling procedures, proper diapering procedure and the use of individual bedding, combs, washcloths and toothbrushes. Caregivers with wells must have the water tested monthly or as directed by the Medical Officer of Health and the Caregiver shall provide satisfactory proof thereof to the Region.

Schedule "A" Policies and Procedures

12. The Caregiver's physical and emotional health must be such that it does not interfere with the quality care of each child. In the case of a serious accident or illness involving the Caregiver, the Region must be notified and the Caregiver's home child care service must be suspended for an appropriate period of time to allow the Caregiver to recover. The Caregiver's home child care service will only resume when the Region is in receipt of a doctor's certificate confirming that the Caregiver is able to safely care for children.
13. The Caregiver must ensure that all persons residing in the Caregiver's residence or who visit the Caregiver's residence on a frequent basis are free of communicable diseases as defined in the Health Protection and Promotion Act, R.S.O. 1990, c. H.7, as amended.
14. Upon the Region's demand, the Caregiver must provide satisfactory proof that all persons residing in the Caregiver's residence are free from communicable diseases, as defined in the Health Protection and Promotion Act, R.S.O. 1990, c. H.7, as amended, and have their immunizations up to date. Further, upon the Region's demand, the Caregiver must provide satisfactory proof that all adults residing in the Caregiver's residence have a negative tuberculosis result.
15. Caregivers must observe each child daily for any symptoms of ill health before the child associates with others. Contagious diseases must be reported to the Region.
16. The Caregiver must ensure that the temperature in the Caregiver's residence is at least 20°C (68°F) during all child care times.
17. The Caregiver must have a complete first aid kit and manual in the Caregiver's residence that is readily accessible to all persons.
18. All dogs and cats living at the Caregiver's residence must have an annual rabies immunization and the Caregiver must provide proof thereof upon demand from the Region. Good sanitary and health practices must be followed in the care of all household pets living in the Caregiver's residence. All animal bites must be reported to the Region.

Caregiver Education

19. Caregivers are encouraged to participate in community and/or Region sponsored professional development opportunities.
20. Caregivers must keep their first aid training current and must provide proof thereof to the Region upon demand.

Home Capacity

21. (a) The Caregiver shall not permit the number of children in the Caregiver's residence to exceed:

- more than 5 children under the age of 13 years in addition to the Caregiver's own children; (private children over 10 years are not included in this count).
- more than 5 children under the age of 6 years, including the Caregiver's own children;
- more than 2 children under the age of 2 years; or
- more than 3 children under the age of 3 years;

(b) for the purposes of subsection (a) of this section, children, age 24 to 60 months, who are developmentally handicapped will be considered as "under 2 years".

Nutrition and Menu Planning

22. Meals and snacks provided to each child by the Caregiver must follow Canada's Food Guide. Parents and Caregivers must work together to ensure that each child's nutritional requirements are being met.
23. Caregivers must follow written feeding instructions from the parent of each child under one year of age. Infant food, formula and extra milk for a bottle fed child must be labelled and supplied by the parent.
24. Any child requiring a special diet shall be fed in accordance with the parent's written instructions. Special foods will be provided by the parent and labelled with child's name.

Provision of Equipment

25. It is the Caregiver's responsibility to provide play materials and equipment appropriate to the age and needs of each child. This includes:
- (a) a cradle, crib or a playpen meeting government safety standards for each child under 18 months;
- (b) appropriate sleeping arrangements for children over 18 months; and
- (c) indoor/outdoor play equipment and toys.

Schedule "A" Policies and Procedures

26. The Caregiver must ensure that all equipment and toys are maintained in a safe and clean state, in accordance with federal and provincial standards and legislation.

Safety

27. Caregivers must ensure that:
- (a) their automobile liability insurance coverage is \$1,000,000.00 if the Caregiver transports a child by automobile;
 - (b) each child being transported in an automobile is restrained in the correct method for their age in accordance with federal and provincial standards and legislation;
 - (c) the telephone in the Caregiver's residence is in service at all child care times. The Region must be notified if service is interrupted;
 - (d) a consent form for each child is kept up to date, including emergency contact numbers;
 - (e) all aspects of the "Quarterly Home Safety Inspection" are maintained on a daily basis; and
 - (f) all aspects of the "Fire Safety Requirements" are maintained on a daily basis.

Special Problems

28. All necessary emergency measures must be taken if an injury or accident occurs during child care times and the Caregiver must immediately notify the parent of any affected child and the Region.
29. Any suspicion that a child is in need of protection and/or that a child has been abused must be reported immediately to the local Family and Children Services and the Region. (See Caregiver Manual)

Criminal Reference Check/Family and Children's Services Checks

30. (1) The Caregiver shall advise the Region in writing of any police contact, charge or conviction, for which a pardon has not been granted, under the Criminal Code of Canada or any other federal legislation involving the Caregiver or any resident of the Caregiver's residence, within seven (7) days of such.

Schedule "A" Policies and Procedures

- (2) Upon demand, the Caregiver or any resident in the Caregiver's residence shall provide the Region with an up-to-date record of all police contacts, charges or convictions, for which a pardon has not been granted, under the Criminal Code of Canada or any other federal legislation.
 - (3) The Caregiver shall advise the Region in writing of any contact between the Caregiver or any resident of the Caregiver's residence and Family and Children's Services within seven (7) days of such, furthermore the Caregiver agrees that Family and Children's Services and the Region of Waterloo may exchange information regarding any and all contacts.
 - (4) Upon demand, the Caregiver or any resident in the Caregiver's residence shall provide the Region with an up-to-date Family and Children's Services file check.
31. The Caregiver shall ensure that no person having a conviction for a criminal offence under the Criminal Code of Canada or any other federal legislation, for which a pardon has not been granted, shall reside in the Caregiver's residence or will visit the Caregiver's residence during child care times unless the Caregiver has written consent from the Region.
 32. The Caregiver shall ensure that no person who is known by the Caregiver to have a history of alcohol or drug abuse or to have physically or sexually abused another person shall reside in the Caregiver's residence or will visit the Caregiver's residence during child care times.
 33. The Caregiver shall notify the Region fifteen (15) calendar days beforehand of any person 18 years of age and older who intends to reside in the Caregiver's residence and upon such, section 30 of this Schedule shall apply.

Restrictions: **None** **Other:** _____

I have read and understand the policies and procedures as outlined in this Schedule A.

Caregiver Signature: _____ **Date:** _____



Administration of Prescribed and Non Prescribed Medication



Child's Name: _____ Date of Birth: _____ Sex: M F

Home Child Care Caregiver: _____

Dispensing Pharmacist (If Applicable): _____ Phone: _____

Doctors Name (If Applicable): _____ Phone: _____

I authorize the administration of the following prescription/non-prescription medication(s) by the home child care caregiver, and am providing the above medication **in its original container and labelled with my child's name and the correct dosage.**

Name of Medication: _____

Start Date: _____ **Stop Date:** _____

Dosage: _____ **Schedule:** _____

Dosage and schedule of administration must match the label

I understand and accept that if questions arise about giving/applying the medication, the caregiver may contact the dispensing pharmacy to clarify the issue.

I understand and accept that if problems arise with the giving/applying of the medication the caregiver will stop giving/applying the medication and will notify me and the Home Child Care consultant. I understand that a caregiver may choose not to administer any medications.

Comments / Directions: (If medication is to be administered "as needed", please note symptoms which need to be present before administration of medication.)

Parent's Signature

Date



Immunization Information Form for children attending home child care



Please Print Clearly

| | | | |
|--|--------------|---|--------------|
| Child's Last Name: | | Child's First Name: | |
| Date of Birth: ____ / ____ / ____ dd mm yr | | Boy <input type="checkbox"/> Girl <input type="checkbox"/> | |
| Mother's Name: | | Father's Name: | |
| Home Address: | | Home Address: | |
| City: | Postal Code: | City: | Postal Code: |
| Home Phone: () - - - - | | Home Phone: () - - - - | |
| Significant Medical History | | | |
| <p>Allergies - Drug, Bee Sting, Food, Environment, Animals Medications - Phenobarbital, Ritalin, etc. Diseases - Asthma, epilepsy, Diabetes, Communicable Diseases Problems - Vision, Hearing, Speech, other</p> | | | |
| Please print name of country where immunization records are from: | | | |

Immunization History:

- As **required** by the Day Nurseries Act, please **attach a photocopy** of your child's immunization record, with **all** immunization dates since birth (yellow card) to this **form and/or**, if your child is not Canadian born, a photocopy of their medical immunization history from their country of origin.
The chart below shows the **required and recommended routine immunization** schedule for children in Ontario (this schedule may change if your child misses any of these immunizations). Carefully check the chart to make sure your child is up to date according to the schedule.
- For assistance regarding immunization information contact, Region of Waterloo Public Health at 519-883-2007, Option 6, TTY 519-575-4608.



Immunization Information Form for children attending Home Child Care



Publicly Funded Routine Immunization Schedule for Children Beginning Immunization in Infancy

| Age at Vaccination: Completed months and years | Diphtheria, Pertussis, Tetanus, Polio, Haemophilus Influenzae | Diphtheria, Pertussis, Tetanus, Polio | Pneumococcal Conjugate | Rotavirus | Meningococcal Conjugate | Measles Mumps Rubella (MMR) | Chickenpox (Varicella) | Measles, Mumps, Rubella, Chickenpox (MMRV) | Meningococcal Conjugate ACYW | Hepatitis B | HPV | Diphtheria, Tetanus, Pertussis | Seasonal Influenza |
|--|---|---------------------------------------|------------------------|-----------|-------------------------|-----------------------------|------------------------|--|------------------------------|-------------|-----|--------------------------------|--------------------|
| 2 months | X | | X | X | | | | | | | | | |
| 4 months | X | | X | X | | | | | | | | | |
| 6 months | X | | | | | | | | | | | | |
| 12 months | | | X | | X | X* | | | | | | | |
| 15 months | | | | | | | X | | | | | | |
| 18 months | X | | | | | | | | | | | | |
| 4-6 years | | X | | | | | | X | | | | | |
| every year (in autumn) | | | | | | | | | | | | | X |

*MMR = measles, mumps and rubella vaccine which must be given after the first birthday

**These vaccines are given in school.

All adults 19 to 64 years of age who did not receive the Tdap (Tetanus, Diphtheria, Pertusis) vaccine in adolescence are now eligible to receive **one lifetime** (publicly funded) dose of the vaccine.

This lifetime dose replaces one of the Td booster doses given every 10 years.

Adapted from Ontario Ministry of Health and Long-Term Care (2009). www.health.gov.on.ca/english/public/pub/immun/immunization.html

Parent/Guardian Signature: _____ Date: _____

*** Return form to Home Child Care Consultant.**

Notice of Purpose – Health Information Privacy

By completing this form you are consenting to the collection and use of your personal health information by Region of Waterloo Home Child Care. For further information please contact Public Health, Director of Central Resources at 519-883-2000, TTY 519-575-4608.



Must be Completed in Full

Outdoor Play and Pool Supervision Agreement



Copy: Pink - Parent

Yellow – Consultant

White - Caregiver

Parent (or Guardian): _____

Caregiver: _____ Address: _____

The Private Home Child Care legislation states, that supervision of outdoor play be agreed upon by the parent, caregiver and the Home Child Care Consultant.

Children Under 5 Years: Caregiver must be with children at all times

Children 5 Years and Over: Caregiver to be responsible for children during hours of care. Outdoor supervision agreement will vary with the maturity of the individual child and the location of the caregiver's home.

The outdoor supervision and limitations for the following children while under the care of the above caregiver at the address stated are as follows:

| | | |
|--|--------------------|--|
| Child's Name: | Birth Date: | Under 5 Years <input type="checkbox"/> |
| 5 Years and Older <input type="checkbox"/> | | |
| Neighbourhood Boundaries (Parks): | | |
| Supervised Use of: Community Pool <input type="checkbox"/> Lifejacket <input type="checkbox"/> | | |
| Use of Caregiver's Property: | | |
| After School & Community Activities: | | |
| Other: | | |
| Child's Name: | Birth Date: | Under 5 Years <input type="checkbox"/> |
| 5 Years and Older <input type="checkbox"/> | | |
| Neighbourhood Boundaries (Parks): | | |
| Supervised Use of: Community Pool <input type="checkbox"/> Lifejacket <input type="checkbox"/> | | |
| Use of Caregiver's Property: | | |
| After School & Community Activities: | | |
| Other: | | |
| Agreed Upon By: | | |
| Parent: | Date: | |
| Caregiver: | Date: | |
| Consultant: | Date: | |

Review frequently and update as needed.

PA13D #162512 (Revised Nov 2014)

This information is collected under the legal authority of the Day Nurseries Act, R.S.O. 1980. C.111, for the purpose of ensuring quality delivery of child care services operated under the Ontario Government's Day Nurseries Program. Questions concerning the collection of this information should be directed to the Manager of Home Child Care, 99 Regina Street S., P.O. Box 1612, Waterloo, Ontario N2J 4G6.
Phone Number: (519) 883-2220, TTY Number: (519) 575-4608

| Children's Information (Children in Home Child Care) | |
|--|------------------------------------|
| Child's Name (Last, First) | Date of Birth (dd/mm/yr) |
| | |
| | |
| | |
| | |
| Parent or Guardian Information | |
| Parent(s) or Custodial Guardian | (1) |
| | (2) |
| Home Address: (number, street, city, postal code) | |
| | |
| Telephone Number: | Home: |
| | Cell: |
| Email Address: | |

Please turn over ⇨

Application and Consent

| Name of Work/School | Address (number, street, city) | Hours | Telephone # |
|--|--------------------------------|------------|-------------|
| (1) | | | |
| (2) | | | |
| Other children under 18 years in the family: | | | |
| Medical Information | | | |
| Family Physician: | | Telephone: | |
| Address: (number, street, city) | | | |
| Allergy or Medical Information: | | | |

Being the parent/guardian of the named child(ren) who is/are enrolled in the Region of Waterloo Home Child Care Program, I give my consent to the following:

1. **Excursions From The Caregiver's Home**

The above named children may accompany the Home Child Caregiver on excursions and outings within the Regional Municipality of Waterloo, as scheduled as part of the day's program. Transportation for these outings will be by any manner of public or private transportation that the caregiver chooses. Children transported in private automobiles will be restrained in the correct method for their age and weight in accordance with federal and provincial standards and legislation. Any exceptional activities will be agreed upon separately by the parent and caregiver, in writing.

2. **Outdoor Play and Pool Supervision**

Specific conditions regarding my child's (children's) outdoor supervision will be stated in a separate agreement.

3. **Emergency Medical Treatment**

In the event of an accident or illness involving my child(ren) while in the care of the above mentioned Home Child Caregiver, I hereby authorize if I am not immediately available, the administration of any medical procedures deemed necessary by the child's physician, or by any other physician selected by the Home Child Caregiver. I also give my permission for my child to be transported to the physician's office or the Emergency Department of the hospital with no liability on the driver's part.

4. **Developmental Screening**

I am aware that my child's (children's) developmental progress will be observed and recorded by the use of various screening tools. I understand that this information is available to be shared with me.

5. **Escort**

In the event that I am unable to escort my child(ren) from the caregiver's home, my child(ren) may be released to any one of the following people. If I wish to have my child released to anyone else, I will give separate permission to the caregiver.

| | | | |
|-------|-----------------------|------------------------------------|--|
| Name: | Relationship to Child | Address: (number, street, city) | Phone: (Hm) (Cell) (Wk) |
| Name: | Relationship to Child | Address: (number, street, city) | Phone: (Hm) (Cell) (Wk) |
| Name: | Relationship to Child | Address: (number, street, city) | Phone: (Hm) (Cell) (Wk) |

6. Liability

I agree that the Regional Municipality of Waterloo, its employees or agents shall not be liable for any injury to my child(ren), while enrolled in the Home Child Care Program, unless such injury, loss or damage is caused by the gross negligence of The Regional Municipality of Waterloo or its employees, servants or agents while acting within the scope of their duties.

7. Publicity

The above named child(ren) may appear in any photographs or audio visual presentations that are arranged by the Children's Services Division for the purpose of educating the public. Agree Disagree Parent Initials: _____

8. Permission

I give my permission for my child to take part in the Region of Waterloo's Home Child Care Program.

Signed and Witnessed the _____ Day of _____ 20_____

Witness

Parent



Quarterly Inspection Form



Caregiver Name: _____

Caregiver Address: _____

Type of Dwelling: Single Townhouse Semi-detached Apartment

| Y – Yes / N – No / NA – Not Applicable | Reference | 1 st Quarter (Y / N / NA) | 2 nd Quarter (Y / N / NA) | 3 rd Quarter (Y / N / NA) | 4 th Quarter (Y / N / NA) |
|--|-------------|---|---|---|---|
| General | | | | | |
| Water source: <input type="checkbox"/> Municipal <input type="checkbox"/> Well If well, quarterly testing is required. List dates of testing. | | | | | |
| Rooms Used For Child Care: <input type="checkbox"/> Main floor <input type="checkbox"/> Basement <input type="checkbox"/> Upstairs <input type="checkbox"/> Other _____ | | | | | |
| Rooms where children nap/sleep: <input type="checkbox"/> Main playroom <input type="checkbox"/> Child's bedroom <input type="checkbox"/> Master bedroom <input type="checkbox"/> Other _____ | | | | | |
| Rooms considered out of bounds at all times during child care: _____ | | | | | |
| Provides overnight care? | | | | | |
| Transports children in vehicle? Outdoor Supervision Form current & includes detail? | | | | | |
| Has a pool, pond or hot tub? | | | | | |
| Has pets? List: _____ | | | | | |
| Has a woodstove or fireplace? | | | | | |
| Any other business in the Home? List: _____ | | | | | |
| Home Safety Requirements | | | | | |
| House number easily visible from the street | Fire Safety | | | | |
| All rooms used for home child care in a single family residence are no more than one storey from a ground exit | Fire Safety | | | | |
| Basements used for sleeping or napping have a direct exit to outside | Fire Safety | | | | |

| Y – Yes / N – No / NA – Not Applicable | Reference | 1 st Quarter (Y / N / NA) | 2 nd Quarter (Y / N / NA) | 3 rd Quarter (Y / N / NA) | 4 th Quarter (Y / N / NA) |
|---|--------------------|---|---|---|---|
| Screens on windows and doors in all areas used for child care are securely fastened | ON Building Code | | | | |
| Exits are accessible and free of clutter | DNA s.16 | | | | |
| Safe placement of furniture | DNA s.16 | | | | |
| Bedrooms not used for child care are inaccessible (knob cover or hook) | DNA s.16 | | | | |
| Emergency numbers posted | DNA s.28 | | | | |
| No Smoking signs posted at all entrances | Smoke Free Ontario | | | | |
| Readily available first aid kit and first aid manual - list location <input type="checkbox"/> kitchen <input type="checkbox"/> bathroom <input type="checkbox"/> other | DNA s.36 | | | | |
| Window treatment/blind cords inaccessible to children (e.g. shortened, split or secured to the wall above a child's reach) | DNA s.16 | | | | |
| Reported that indoor temperature is at least 20 degrees C/68 degrees F | DNA s.12 | | | | |
| C.S.A. approved smoke alarms on every floor of dwelling and reported to be installed according to manufacturer's instructions | Fire Safety | | | | |
| Reported that smoke alarms are visually checked weekly and tested monthly, and batteries changed every 6 months. Record month changed. Tested quarterly in consultant's presence. Recommended that in homes with an electrical smoke alarm system that a battery operated smoke alarm be installed on the sleeping level | Fire Safety | | | | |
| CO detectors are installed on the sleeping level of every home that has a fuel burning appliance (gas, wood, oil) | Fire Safety | | | | |
| Reported that fire extinguisher checked visually on a monthly basis. Inspected and tagged annually by a qualified person | Fire Safety | | | | |

| Y – Yes / N – No / NA – Not Applicable | Reference | 1 st Quarter (Y / N / NA) | 2 nd Quarter (Y / N / NA) | 3 rd Quarter (Y / N / NA) | 4 th Quarter (Y / N / NA) |
|---|-------------|---|---|---|---|
| Approved fire extinguisher (minimum 2A-10BC) shall be in an accessible location to the kitchen – must be between the appliance and exit or can be placed in a cupboard, must be accessible at all times and with a visible fire extinguisher sign | Fire Safety | | | | |
| Fire evacuation plan posted at all exits | Fire Safety | | | | |
| Fire drills are practised once a month with the children in care. A written record of the drills is maintained and posted. To be effective fire drills should be practised at different times of the day and when children are in different parts of the home | Fire Safety | | | | |
| Matches, lighters are inaccessible | Smoke Free | | | | |
| No visible ashtrays or cigarette butts | Smoke Free | | | | |
| Fireplaces or woodstoves not in use during child care hours or are properly screened | Fire Safety | | | | |
| Reported that wood burning fireplaces, woodstoves, flues & chimneys are cleaned & inspected by a qualified person annually | Fire Safety | | | | |
| Electrical circuits are reported to be properly fused and wired | Fire Safety | | | | |
| No extension cords in permanent use – power bars only | Fire Safety | | | | |
| Safety plugs in all electrical sockets or electrical outlets covered | Fire Safety | | | | |
| Combustible materials are not allowed to accumulate in any part of the house (e.g. excessive boxes, newspapers, magazines, clothing, wood) | Fire Safety | | | | |
| Candles and other open flame burners are not used during child care hours | Fire Safety | | | | |
| Use of portable heaters is not allowed during child care hours | Fire safety | | | | |
| Deep frying shall not occur during child care hours | Fire Safety | | | | |

| Y – Yes / N – No / NA – Not Applicable | Reference | 1 st Quarter (Y / N / NA) | 2 nd Quarter (Y / N / NA) | 3 rd Quarter (Y / N / NA) | 4 th Quarter (Y / N / NA) |
|---|------------------------|---|---|---|---|
| Purses/handbags are inaccessible | DNA s.19 | | | | |
| No child is allowed to play on a balcony unless an adult is present on the balcony | DNA s.23 | | | | |
| Balcony door is locked or gated | DNA s.23 | | | | |
| Firearms and ammunition are locked and stored separately and the key is inaccessible | DNA s.19 | | | | |
| All poisonous and hazardous substances are inaccessible to children (e.g. cleaning materials, dish soap, laundry products, perfumes, toxic plants, alcoholic beverages) | DNA s.19 | | | | |
| Daily housecleaning; carpets clean, floors swept and washed | DNA s.16 | | | | |
| House is organized and clutter free | DNA s.16 | | | | |
| Garbage cans & waste baskets are inaccessible or have a lid | DNA s.16 | | | | |
| Stairways protected with gates – no pressure gates used at top of stairways | Health Can DNA s.16 | | | | |
| Stairways are safe and free from clutter and obstructions, hand rail is secure, flooring is secure | DNA s.16 | | | | |
| If toy boxes have lids they must have a safety mechanism to prevent closure | Health Canada | | | | |
| Pet food and litter boxes are inaccessible | DNA s.38 | | | | |
| Pets have up to date vaccination records | DNA s.38 | | | | |
| Kitchen | | | | | |
| Cleaning materials are inaccessible | DNA s.19 | | | | |
| Knives, scissors and sharp objects are inaccessible | DNA s.19 | | | | |
| Medication and vitamins are inaccessible | DNA s.37 (b) (iii) | | | | |
| Refrigerated medication in a separate container | DNA s.37 (b) (iii) | | | | |
| Parent supplied food or drink is labelled with the child's name | DNA s.39 (b) | | | | |

| Y – Yes / N – No / NA – Not Applicable | Reference | 1 st Quarter (Y / N / NA) | 2 nd Quarter (Y / N / NA) | 3 rd Quarter (Y / N / NA) | 4 th Quarter (Y / N / NA) |
|---|-----------------|---|---|---|---|
| All food or drink is stored, prepared and served to maintain maximum nutritive value and prevent contamination | DNA s.39 (c) | | | | |
| Menu plans are discussed with child's parents and consultant | DNA s.41 (3) | | | | |
| Nutritious meals and snacks served according to Canada's Food Guide | DNA s.40 (1)(a) | | | | |
| Snacks are nutritious, promote good dental health and don't interfere with child's appetite for meal time | DNA s.40 (1)(b) | | | | |
| Snacks and meals posted | DNA s. 41 | | | | |
| Food preparation and eating areas are cleaned and disinfected according to 'Sanitary Practices' – see Resource Manual | DNA s.32 | | | | |
| Bathroom | | | | | |
| Cleaning products are inaccessible | DNA s.19 | | | | |
| Medication and vitamins are inaccessible | DNA s.37 (b) | | | | |
| Personal care items including razors, hairdryers and small appliances are inaccessible | DNA s.19 | | | | |
| Perfumes, sprays, toiletries are inaccessible | DNA s.19 | | | | |
| <input type="checkbox"/> Disposable paper towels for use or <input type="checkbox"/> Individual wash cloths and towels | DNA s.32 | | | | |
| Bedrooms | | | | | |
| Personal care items, toiletries and small appliances are inaccessible | DNA s.19 | | | | |
| For children under 18 months of age, playpens may be used for napping only, not for overnight sleeping | DNA s. 18 | | | | |
| Cribs/playpens are reported to meet current standards for children under 18 months | DNA s.18 (b) | | | | |
| Individual sleeping arrangements for children over 18 months of age meet requirements | DNA s.18 (c) | | | | |

| Y – Yes / N – No / NA – Not Applicable | Reference | 1 st Quarter (Y / N / NA) | 2 nd Quarter (Y / N / NA) | 3 rd Quarter (Y / N / NA) | 4 th Quarter (Y / N / NA) |
|--|---------------------------|---|---|---|---|
| Individual bedding is provided for each child | DNA s.18 (d) | | | | |
| Standard bed mattresses on the floor can be used | HCC Manual s. 2 | | | | |
| Children over 6 years of age may not share a bedroom with a non-related child of the opposite gender. Siblings, with parental consent, may share a double or larger bed. | HCC Manual s. 2 | | | | |
| No child may share a bed or the sleeping room with any adult couple or adult of the opposite gender. This does not apply in the case of an infant | HCC Manual s. 2 | | | | |
| Upper bunk bed not used for children under 6 years of age | Health Canada | | | | |
| No portable bed rails in use for children under the age of 2 years | Health Canada | | | | |
| No small toys, mobiles in cribs, playpens and near bed | Health Canada | | | | |
| Basement | | | | | |
| Tools inaccessible | DNA s.19 | | | | |
| Laundry and cleaning materials are inaccessible | DNA s.19 | | | | |
| Furnace areas and water heaters shall be kept clear of combustible materials. The clear area shall be at least 3 feet on all exposed sides or according to manufacturer's instructions | Fire Safety | | | | |
| Thermostat on hot water heater reported to be set at 49 degrees Celsius/20 degrees Fahrenheit or less | Public Health | | | | |
| Furnace and hot water heater area inaccessible or used under direct supervision | Fire Safety | | | | |
| Sanitary Practices | | | | | |
| Diapering procedure followed | DNA s.32 Public Health | | | | |

| Y – Yes / N – No / NA – Not Applicable | Reference | 1 st Quarter (Y / N / NA) | 2 nd Quarter (Y / N / NA) | 3 rd Quarter (Y / N / NA) | 4 th Quarter (Y / N / NA) |
|--|---------------------------|---|---|---|---|
| Sanitary hand washing practised | DNA s.32 Public Health | | | | |
| Sufficient toys and equipment to meet the needs of the children in care | DNA s.18 (a) | | | | |
| Indoor toys and equipment cleaned and disinfected according to instructions in Resource Manual | DNA s.32 | | | | |
| Toys and equipment maintained in a safe and clean condition and in good repair | DNA s.16 | | | | |
| Outside Area | | | | | |
| Yard area is free of hazardous items and debris (e.g. animal feces, branches, garbage, glass, pesticides etc.) | DNA s.13 (1) | | | | |
| Equipment, outdoor toys, fences, decks, stairs and railings are maintained in a safe and clean condition and in good repair | DNA s.16 | | | | |
| Outdoor play materials and equipment are in sufficient numbers and suitable to meet the needs of the children in care | DNA s.18 (a) | | | | |
| Reported that children are directly supervised while BBQ in use | DNA s.19 | | | | |
| Propane shall be stored outside and at least 3 feet from a door or window | Fire Safety | | | | |
| Gas shall be stored in an approved container in a locked garage or storage shed. No more than 2 gallons or 10 litres shall be in storage | Fire Safety | | | | |
| Hazardous materials and yard equipment/ tools stored in locked shed/garage | DNA s.19 | | | | |
| Sandboxes kept covered. Reported that they are inspected before use and sand is changed annually | Public Health | | | | |
| Trampolines have safety netting in place, springs are covered. Reported that children are directly supervised when using the trampoline. | Health Canada | | | | |

| Y – Yes / N – No / NA – Not Applicable | Reference | 1 st Quarter (Y / N / NA) | 2 nd Quarter (Y / N / NA) | 3 rd Quarter (Y / N / NA) | 4 th Quarter (Y / N / NA) |
|---|------------------------|---|---|---|---|
| Swimming pools are fenced and/or emptied; access from house or yard is locked; ornamental ponds shall be treated as a pool | DNA | | | | |
| Prohibit the use of and access to all standing bodies of water and recreational in- ground/above ground swimming, portable/"kiddie"/inflatable wading-type and hydro-massage pools, hot tubs and spas located on the premise of any single or multi- dwelling private residence, including a caregiver's own house, townhouse complex or apartment building where the caregiver resides | DNA | | | | |
| Review with Caregiver Quarterly | | | | | |
| Attendance is recorded daily for each child | DNA s.48 (2) | | | | |
| Caregivers records of children, spare forms, policies and procedures are accessible | DNA s.29 | | | | |
| Children observed for symptoms of ill health and consultant notified if child leaves care due to illness | DNA s.34 | | | | |
| Anaphylaxis Emergency Plan posted and up to date | DNA s.36 | | | | |
| Immunization records up-to-date for all household residents and private children. List First Name and D.O.B. for all private children | DNA s.33 | | | | |
| Outdoor Supervision Forms accessible and current | DNA s.24 | | | | |
| Monthly Fire Drills current, recorded, posted | Fire Safety | | | | |
| Fire Evacuation Plan posted | Fire Safety | | | | |
| Car Seat Policy reviewed | Highway Traffic Act | | | | |
| Types of indoor play materials: construction, sensory, fine motor, creative items, books, dramatic play, large motor, infant, blocks, outdoor | DNA s.18 | | | | |

| Y – Yes / N – No / NA – Not Applicable | Reference | 1 st Quarter (Y / N / NA) | 2 nd Quarter (Y / N / NA) | 3 rd Quarter (Y / N / NA) | 4 th Quarter (Y / N / NA) |
|---|----------------------|---|---|---|---|
| Types of outdoor play materials & equipment: climber, sandbox, sandbox toys, swing, teeter totter, balls, hula hoops, slide, bikes, riding toys, push toys, skipping ropes, sprinkler | DNA s.18 | | | | |
| First Aid is current | Public Health | | | | |
| Home Insurance is current | DNA s.26 | | | | |
| Pets Rabies certificate current | DNA s.38 | | | | |
| Paperwork for termed families is collected | FIPPA | | | | |
| Medication Policy, forms, storage reviewed | DNA s.37 | | | | |
| Best Practices To Discuss | | | | | |
| Are children directly supervised when tablecloths are in use? | | | | | |
| Are plastic bags stored in an inaccessible area? | | | | | |
| Is exercise equipment inaccessible? | | | | | |
| Is a flashlight readily available and in working condition? Is there an accessible emergency kit? | | | | | |
| Is playroom bright and well lit? | | | | | |
| How are you recording the children's daily activities? | | | | | |
| Is paperwork organized and accessible? | | | | | |
| Is confidential paperwork disposed of properly? | | | | | |
| Review with Caregiver Annually | | | | | |
| Annual Policy Review (Behaviour Management, Standing Bodies of Water and Supervision of Students and Volunteers) | DNA s.47 | | | | |
| Serious Occurrence Policy and Procedures | DNA s.35 | | | | |
| Professional development (caregiver profile) | DNA s.63 | | | | |
| Vehicle transportation – discuss license, insurance, car seat safety | Highway Traffic Act. | | | | |
| Field trip planning | DNA s.53 | | | | |

| Y – Yes / N – No / NA – Not Applicable | Reference | 1 st Quarter (Y / N / NA) | 2 nd Quarter (Y / N / NA) | 3 rd Quarter (Y / N / NA) | 4 th Quarter (Y / N / NA) |
|---|------------|---|---|---|---|
| Severe weather emergencies | | | | | |
| Smoking | Smoke Free | | | | |
| Supervision | DNA s.57 | | | | |
| Criminal Reference Check for residents and/or frequent visitors 18 years of age and older | DNA s.2 | | | | |
| Date | | | | | |
| Caregiver's Initials | | | | | |
| Consultant's Initials | | | | | |

Rabies Vaccine: Pet _____ Expiry Date _____ Pet _____ Expiry Date _____
 Pet _____ Expiry Date _____ Pet _____ Expiry Date _____

First Aid: Course taken _____ Expiry Date _____

Insurance: Company _____ Expiry Date _____
 Restrictions _____

Fire Extinguisher Expiry Date: _____

| | | |
|--|-----------------------------|-------------|
| I understand that it is my responsibility to maintain the conditions on this checklist at all times and that the Home Child Care consultant will review it every three months. | | |
| | | |
| Caregiver Signature | Consultant Signature | Date |

| | | |
|---|--|-------------------------|
| Injured Child's Name: | | Age: |
| Parent or Guardian: | | |
| Parent Address: | | Phone: |
| Caregiver's Name: | | |
| Caregiver's Address: | | Phone: |
| Description of injury: | | |
| When did accident happen? | | Hour: |
| Where did accident happen? | | |
| Give details of how accident happened: | | |
| Describe in detail the action you took? | | |
| Was the parent contacted? When? | | What did the parent do? |
| Was the child seen by a physician? | | Where? |
| What action was taken? | | |

Accident Report

| | |
|---|--|
| Name of physician who attended the child? | |
| Name of persons who witnessed the accident? | |
| Present condition of child? | |
| <p>Instructions:</p> <ol style="list-style-type: none"> 1. In case of an accident take immediate action to assist the child. 2. Notify the parent by phone. 3. Notify the Home Child Care of accident within 24 hours. 4. Fill out the above accident report and return to Home Child Care office. | <p>Signed: _____ home child care caregiver</p> <p>Date: _____</p> <p>Signed: _____ parent</p> <p>Date: _____</p> |
| Consultant: | Supervisor: |
| <p>★ Copy to:</p> <p> <input checked="" type="checkbox"/> Caregiver Original Copy <input checked="" type="checkbox"/> Child's File <input checked="" type="checkbox"/> Caregiver's File </p> | |



Child's Feeding Schedule



Family Name: _____

Child's Name: _____

Birth Date & Age: _____

Name of Caregiver: _____

The Day Nurseries Act requires that all children under 12 months of age have a written feeding schedule. Parents please give the schedule to your caregiver and update regularly as you and your doctor decide to add new foods. All bottles and food provided by the parent must be labeled with the child's name.

Any child requiring a special diet shall be fed in accordance with the parent's written instructions. Special foods will be provided by the parent and labeled with child's name.

| Time | Formula | Juice | Cereal | Vegetable | Fruit | Meat | Other |
|------|---------|-------|--------|-----------|-------|------|-------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Parent Signature: _____ Date: _____

Over →



Child's Feeding Schedule

Comments / Special Feeding Instructions:

Note to Caregiver: This form is to be kept in your "Caregiver's Record Section" and to be available for consultation with your Home Child Care consultant. When no longer needed, please return to your Home Child Care consultant.

Home Child Care
150 Main St.,
Cambridge, ON
N1R 6P9

Home Child Care
99 Regina St.,
Waterloo, ON
N2J 4G6

Parent Signature: _____ Date: _____

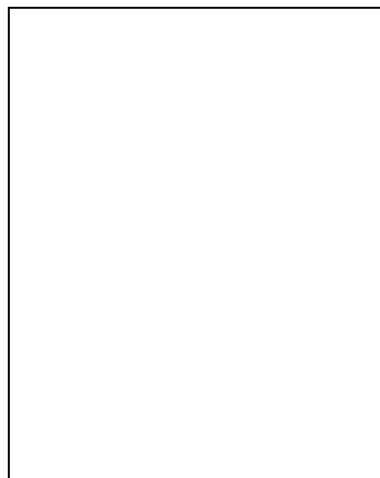
Sample Menu and Activities

Week of: _____

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|----------------------------------|---|---|--|---|---|
| Morning Indoor Play | | <ul style="list-style-type: none"> • Rainy Day | | | |
| Activity | | <ul style="list-style-type: none"> • Movie "Bambi" | <ul style="list-style-type: none"> • Baking Cookies | | <ul style="list-style-type: none"> • Making Mini Pizza |
| Craft | <ul style="list-style-type: none"> • Painting | <ul style="list-style-type: none"> • Playdough | | | |
| Outdoor Time and Activity | 10:00 to 11:00 Backyard | 10:30 to 11:30 Indoor Exercise | 9:30 to 10:30 Backyard | 9:00 to 11:00 Walk to store | |
| Snack | <ul style="list-style-type: none"> • Muffins • Orange juice | | | | |
| Lunch | <ul style="list-style-type: none"> • Spaghetti • Salad • Milk • Fruit and jello | <ul style="list-style-type: none"> • Soup • Meat sandwich • cheese • veggies • milk, fruit | | | |
| Quiet Time | 12:30 to 2:30 | 12:30 to 2:30 | 12:00 to 1:30 | | |
| Outdoor Time and Activity | 3:00 to 4:30 Walk to the park | 2:00 to 3:30 Toys in backyard | 2:00 to 4:00 Riding toys around backyard | 2:00 to 4:00 Blowing bubbles in backyard | 2:00 to 4:00 Went to the park |
| Indoor Play and Activity | <ul style="list-style-type: none"> • Made rice krispy squares | <ul style="list-style-type: none"> • Water colours | <ul style="list-style-type: none"> • Cutting and gluing magazine pictures | <ul style="list-style-type: none"> • Toys, stringing beads | <ul style="list-style-type: none"> • Toys, crayons and paper |
| Snack | <ul style="list-style-type: none"> • Rice krispy squares • Apples | | | | |

Anaphylaxis Emergency Plan: _____ (name)

This person has a potentially life threatening allergy (anaphylaxis to :



Photo

(Check the appropriate boxes.)

- Peanut Other: _____
- Tree nuts Insect stings
 Egg Latex
 Milk Medication: _____

Food: The key to preventing an anaphylactic emergency is absolute avoidance of the allergen. People with food allergies should not share food or eat unmarked / bulk foods or products with a “**may contain**” warning.

Epinephrine Auto-Injector: Expiry Date _____ / _____

- Dosage:** EpiPen® Jr 0.15 mg EpiPen® 0.30 mg
 Twinject™ 0.15 mg Twinject™ 0.30 mg

Location of Auto-Injector(s):

- Asthmatic:** Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector **before** asthma medication.

symptoms:

- **Skin:** hives, swelling, itching, warmth, redness, rash
- **Respiratory (breathing):** wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing
- **Gastrointestinal (stomach):** nausea, pain/cramps, vomiting, diarrhea
- **Cardiovascular (heart):** pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
- **Other:** anxiety, feeling of “impending doom”, headache

Early recognition of symptoms and immediate treatment could save a person’s life.

Act quickly. The first signs of a reaction can be mild, but symptoms can get worse very quickly.

- 1. Give epinephrine auto-injector** (e.g. EpiPen[®] or Twinject[™]) at the first sign of a reaction occurring in conjunction with a known or suspected contact with allergen. Give a second dose in 10 to 15 minutes **or sooner**. If the reaction continues or worsens. (See instructions below.)
- 2. Call 911.** Tell them someone is having a life-threatening allergic reaction. Ask them to send an ambulance immediately.
- 3. Child is to be transported by ambulance to the nearest hospital**, even if symptoms are mild or have stopped. Stay in the hospital for an appropriate period of observation, generally 4 hours, but at the discretion of the ER physician. The reaction could come back.
- 4. Call contact parent/guardian or person** on emergency contact form to inform them of the situation and where the child is being transported to.
- 5. Contact Home Child Care immediately**, if after 4:30 pm contact Social Services Emergency # 519-883-2230.

Parent/Guardian

Date

Consultant

Date

Caregiver

Date

I have read and understand the protocol for response to severe allergies and anaphylactic shock.

Reviewed with any adult (18 + over) normally a resident in the home.

Other over 18

Date

Other over 18

Date

Procedure For Occurrence of Seizures

Child's Name: _____

Date of Birth: _____
dd/mm/yy

Frequency of Seizures: (number per day, time of day etc.)

Medications Used:

Symptoms of Onset Seizures:

Description of Seizure:

What to do When a Seizure Occurs:

Special Considerations:

I am aware of and agree to the procedure specified by Home Child Care in response to a seizure if one should occur with my child while he/she is in child care.

Parent: _____ Date: _____
dd/mm/yy

Home Child Caregiver: _____ Date: _____
dd/mm/yy

Consultant: _____ Date: _____
dd/mm/yy