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PROVIDER HANDBOOK

SECTION I INTRODUCTION AND RESPONSIBILITIES

The Children's Village of Ottawa-Carleton (previously known as the Protestant Children's Village) was incorporated in 1864 and since that time has been providing a variety of services in the community that benefit children and families. It is a charitable organization whose operations are governed by a Board of Directors.

Currently the Children's Village offers child care programs as the core service plus programs and services which compliment child care and support children and families in the community. The full complement of services includes:

- Licensed Home Child Care Program (6 weeks to 12 years);
- Children's Village at Stoneway – a Kindergarten/School Age child care program in Adrienne Clarkson School;
- Children's Village at Navan – a Preschool/ Kindergarten/School Age child care program in Heritage School;
- Children's Village at Klondike – a Kindergarten/School Age child care program in South March Elementary School;
- Children's Village at Bridlewood – a Kindergarten/School Age child care program in Bridlewood Elementary Community School;
- Lady MacDonald Child Care Centre – a Toddler/Preschool child care program in Roch Carrier Elementary School;
- "Transitions" – a summer day camp program for school age children (5-12 years);
- Facilitated morning play group offered at the Churchill Avenue facility;
- Informal seminars for parents seeking child care, entitled *Parents Exploring Day Care Options* (PEDCO).

Mission

Our programs reflect an ongoing commitment to the well-being of children and families and are characterized by:

- Sensitivity to their individual needs
- High standards of professionalism and ethics
- Flexibility in the delivery of service

Description

Licensed Home Child Care is a community based and family centered program where children from 6 weeks to 12 years are cared for in a safe, caring home environment while their parents are at work or in school. Care must take place in the home of the provider. Agencies are licensed and provider homes are monitored and supported by Agency staff.

Background

In 1969 home-based child care was introduced in Ontario. The small number of programs throughout the province who began offering the service followed health and safety guidelines. Expansion occurred in the 1980's and in 1984 the Ministry of Child and Youth Services (MCYS) enacted standards of practice outlined in the Day Nurseries Act (DNA).

CVOC began operating the service in 1972 and currently up to 200 providers offer service to over 450 children every month. The program may be accessed by families eligible for subsidy and by those who pay the full cost of care. In Ontario parents who choose home child care that is licensed must register with a licensed agency.

CVOC has a service agreement with the City of Ottawa to operate a Licensed Home Child Care program in specific communities in Ottawa. The City also provides funding for the program.

Licensing

In Ontario, the Ministry of Education, (MEDU), licenses Home Child Care agencies. Regulations for care, which reflect minimum standards of practice, are outlined in the *Child Care & Early Years Act (CCEYA)*. Areas of regulation that apply to the care offered by providers include: health, safety, sleep, nutrition, indoor and outdoor play, prohibited practices, supervision of children, ratios, equipment, program for children, and administrative obligations.

The CCEYA also denotes applicable health and safety related legislation from other government jurisdictions that must be followed in the provision of home child care.

How the Service Works

Intake: The agency Child Care Advisor (CCA) meets with parents who set priorities for the care of their child/children. The CCA in turn screens and approves providers applying to contract with the agency. The agency recognizes the provider as a professional.

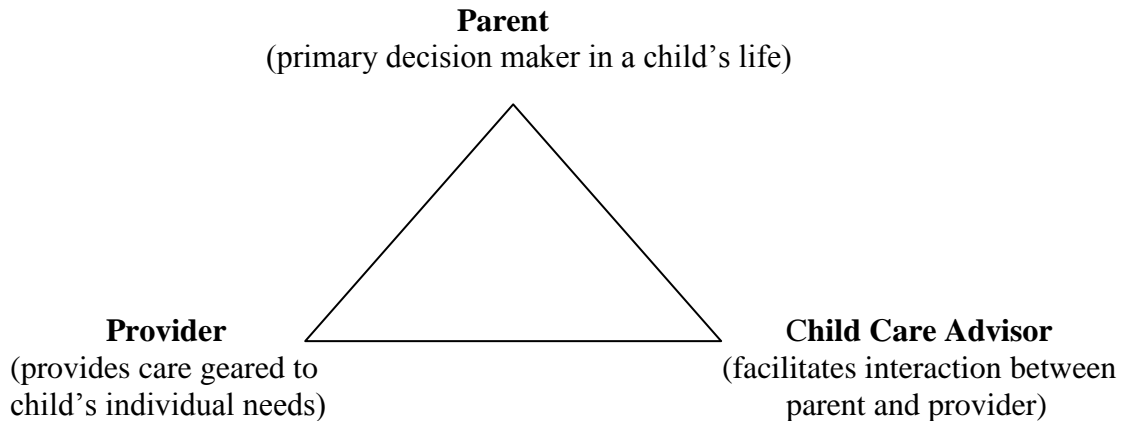
Introductory Visit: Through an introductory visit, the CCA matches the family with available approved provider/s. Such visits afford all parties the opportunity to discuss the aspects of a prospective child care arrangement and provide the basis for determining a match for service. Following the introductory visit, the parent and provider advise the CCA of their decision and confirm necessary details prior to the commencement of care.

Ongoing Visits: Once care starts, the CCA follows up on the initial settling period, and then visits the provider's home on a regular basis to provide support, guidance and resources.

Visits may be scheduled or unscheduled. Quarterly unscheduled visits to undertake a safety inspection of the home are completed, as required by the CCEYA.

Licensing: A Program Advisor from the MEDU licenses the agency annually. During this process, the Program Advisor, accompanied by the CCA, makes unannounced visits (spot checks) to a random selection of approved homes.

Partnerships: At the Children's Village, child care is viewed as a 3 way partnership where parents, providers and the agency work together to offer the best possible child care arrangement for the child i.e., quality care in a nurturing environment.



Communication: The key to stable child care arrangement is ongoing communication between the parent and provider. The CCA is available via phone or email for support, advice, to collaborate with the provider in relation to the child/ren's development, to discuss concerns about the children or aspects of the child care arrangement, to observe the children and to set up alternate care, (if available).

Other Resources: In addition to the home visits and telephone support, the Agency also offers:

- Formal and informal educational opportunities;
- First-Aid/CPR primary and refresher courses;
- A bi-monthly newsletter containing information on agency requirements, child care issues, news and events;
- Access to equipment lending;
- Facilitated morning play groups as follows:

Children's Village
333 Churchill Ave. North
Monday to Friday 9:00 to 11:15 am

Providers are also encouraged to use the playgroups in their own communities

Agency Home Visits Policies

Regular Home Visits: It is the policy of the Children's Village that visits are conducted every month. These visits may be contracted in advance or unscheduled.

Safety Checks: The Child Care Advisor completes unscheduled quarterly safety inspections the provider's home, including their outdoor play space. Providers must ensure that their premises are safe for children. The "Safety Check" is comprised of safety items identified in the CCEYA plus local by-law regulations.

Review of Policies, Procedures and Individual Plans

All staff, providers, volunteers, and persons who are ordinarily and regularly on the premises must review all policies, procedures and individual plans related to the Home Child Care Program before they begin interacting with children and annually thereafter.

SECTION 2 GROUP SIZE AND SUPERVISION

Maximum Capacity Allowed

Home Child Care Ratios: A home child care provider working with a licensed agency, such as the Children's Village, may provide care to no more than a maximum of 6 children under the age of 13. Providers may have no more than two children under two years of age. Providers must count their own children under the age of 6.

If a provider's own 4 or 5 year old child is attending publicly-funded full day kindergarten or grade one, they only need to count them during the summer vacation. The provider's own child does not need to be included in their count during the school year (including March break and PA days), as long as:

- Care is only being provided between 6 a.m. and 7 p.m.
- The provider cares for a maximum of one child younger than 2 years old
- The provider has not been convicted of an offence under the DNA or CCEYA.

The rules for ratios apply at any time during the day. The maximum number of children applies regardless of the number of adults in the home. No provider will be contracted to provide home care services if they have been convicted of an offence under the DNA or CCEYA.

Determining the Maximum Capacity for a Home: The agency will determine the maximum allowable number of children to be cared for in a provider's home. This number will be outlined in the provider agency contract and will be determined before care can commence.

The agency will base its determination on the following:

- Suitable square footage for six children
- Physical environment
- Ages of children

- Any special needs of children in the group
- Provider's ability to supervise children
- An environment that promotes and enhances the development of children
- Provider skills, experience and qualifications
- The ability of each child to evacuate independently in an emergency

Sixth Child Ratio Policy: Under the Child Care and Early Years Act, home child care providers working with a licensed agency will be allowed to care for up to a maximum of six children.

In keeping with CCYEA, the Children's Village will determine if a sixth child is a manageable and a positive addition to a providers group of children. Only under certain conditions will a sixth child be approved.

When approving a sixth child, CVOC will consider the following:

- Suitable square footage for six children
- Ages of other children
- Any special needs of children in the group
- Group composition that compliments a sixth child
- An environment that promotes and enhances the development of children
- Provider's skills and experience to manage a sixth child
- The ability of each child to evacuate independently in an emergency
- Priority will be given to school age children
- Advisor Approval
- Manager approval

A maximum capacity of a premise must be established and documented on the Provider Agreement before care commences.

Private Children Policy

Effective September 1st, 2017, all Licensed Home Child Care Programs are required to ensure the following policies and procedures are implemented for all privately placed children receiving child care at a premise providing Licensed Home Child care:

- Sleep Supervision Policy
- Medication Administration Policy
- Individual Support Plans
- Outdoor Play Policy
- Child Illness and Accident Policy
- Daily Written Record of Ill Health
- Daily Attendance policy
- Written Dietary Instructions for Children under One Years old

- Food and Drink Labelling Policy
- Menu consultation Policy
- Special Dietary Instructions
- Children's Records Policy
- Anaphylactic Policy
- Serious Occurrence Policy
- Accident Policy
- Appropriate Bedding and Play Materials

Child Records Requirements

It is a requirement of CCEYA, 2014, that up to date records are available for inspection by The Ministry of Education at all times and are kept of the following matters in respect for each child receiving child care at Home Child Care premise.

- Up to date records for each child receiving care includes:
- An application for enrolment signed by a parent or legal guardian
- The child's name, date of birth and home address
- The names, home address and telephone numbers of the parents or legal guardians of the child
- Work or daytime address and telephone number where the parents or guardians can be reached
- Address and telephone number of a person(s) who is deemed an emergency contact and can be reached during the hours that child care is offered
- Names of the person(s) whom the child can be released to
- Any symptoms of ill health
- Individual support plan if applicable
- Anaphylactic plan if applicable
- Medical plans requiring special instructions
- Written instructions regarding medical treatment, drug administration, dietary requirements, outdoor play requirements and sleep/rest requirements

Providers Responsibility

Providers are responsible for the following:

- Ensuring all policies and procedures are implemented according the requirements outlined in the CCEYA, 2014
- Communicating with privately contracted parents the requirements under the CCEYA, 2014
- Collecting and maintaining the required information and agreements from privately contracted parents
- Providing the Children's Village access to and copies of private children's information

- Ensuring there is a written agreement to provide child care at the premises between the Provider and privately contracted parents
- Enter into a written agreement with the Children's Village ensuring the requirements for privately contracted children will be met

Providers must advise the agency of changes to private children in their care.

Supervision of Children

Age of Provider and Time: An adult, defined as someone over the age of 18 years, must supervise every child in care at all times whether the child is on or off the premises.

Community and Family Volunteers: Any person other than an approved Children's Village home child care provider who has regular supervised or unsupervised contact with a registered child and who resides in the provider's home must:

- Provide a *Vulnerable Sector Check* in accordance with the policies of the Children's Village or an *Annual Offence Declaration*.
- Submit the appropriate health and immunization information.
- Review all policies and procedures related to the Home Child Care Program that are outlined in the Provider Handbook before they begin interacting with children and annually thereafter.
- Complete an annual training and review of anaphylactic procedures as indicated in the policies of the Children's Village.
- Complete any other agreements required by the Children's Village or the Ministry of Education as needed.

Any person other than an approved Children's Village home child care provider who has regular supervised contact with registered children and who resides outside of the provider's home must:

- Provide a *Vulnerable Sector Check* in accordance with the policies of the Children's Village or an *Annual Offence Declaration*.
- Review all policies and procedures related to the Home Child Care Program that are outlined in the Provider Handbook before they begin interacting with children and annually thereafter.
- Complete an annual training and review of anaphylactic procedures as indicated in the policies of the Children's Village.
- Complete any other agreements required by the Children's Village or the Ministry of Education as needed.

Students, resource workers and volunteers must be supervised by the provider at all times and are not permitted to be alone with any child who is receiving care.

Replacement Provider Policy

Effective September 1st, 2017 under the Child Care and Early Years Act, if the Children's Village chooses to use a replacement provider for children in care the Children's Village must enter into an agreement with this replacement provider before the commencement of care.

Once the replacement provider begins to provide care to the children they are acting as a home child care provider and are required to meet all applicable regulatory requirements as set out in the Child Care and Early Years Act.

Requirements would include but are not limited to: vulnerable sector checks, standard first-aid certification, review and implementation of policies, procedures and individualized plans and immunization.

Outdoor Play Supervision

Outdoor play must be supervised by the provider in accordance with plans agreed upon by the provider, parent and child care advisor. The parent *Special Permission Form* and *Outdoor Play Form* must be completed and indicate the requirements for special limits and play restrictions.

Parent Entrance and Access to Child

Parent Entrance to Premises: In accordance with the Child Care and Early Years Act, no person providing child care at a home child care location shall prevent a parent from entering the location while child care is provided unless:

- The person believes on reasonable grounds that the parent does not have legal right to the child.
- The person believes on reasonable grounds that the parent could be dangerous to the children on the premises.
- If the parent is behaving in a disruptive manner.

Parent Access to a Child: In accordance with the Child Care and Early Years Act, no person providing child care at a location which child care is provided, shall prevent a parent from having access to his or her child except:

- If the person believes on reasonable grounds that the parent does not have legal right of access to the child.

SECTION 3 BUILDING, EQUIPMENT AND PLAYGROUND

City of Ottawa By – Laws (O. reg.137/15, s25) 13 (1) (a), (b), (c) and (d):

The Child Care and Early Years Act require that each premise where child care is provided complies with the local City of Ottawa By-laws.

Fire Protection and Prevention Act

The Ontario Fire Code requires that working smoke alarms are installed near all sleeping areas in the home and on every story of the dwelling that does not have a sleeping area.

Carbon Monoxide Detectors

Effective October 15, 2014 the Province of Ontario passed a law that requires working **Carbon Monoxide Detectors** be installed in all homes that contain a garage or fuel burning appliances.

Property Standards by-law no 2005-2007 [23. (2) (3(a, b, c) (5)]

In accordance with The City of Ottawa, there must be a secondary means of egress (escape) on each floor above or below the main floor. This egress (window or door) must be easily opened from the inside, open to a width that will accommodate passage of a person and not pass through an attached or built in garage or an enclosed part of the dwelling.

Temperature of Premises

Temperature of the premises must be maintained at no less than 20 degrees Celsius.

Bodies of Water Policy

In an effort to protect the safety of children in our Home Child Care Program, the Children's Village will not open homes that have a pool on the provider premises.

Providers will ensure that all children in their care will not have access to nor be permitted to play in any standing bodies of water, hot tubs, spas, hydro massage pools, above-ground pools or in ground pools located on the providers premises, town house complex or apartment building.

Children in the Home Child Care Program may not participate in water activities offered at any private or unguarded pool, wading pool or beach.

It is recommended that providers attend only local City of Ottawa splash pads or beaches where lifeguards are on duty and Public Health Standards are maintained.

Parents must sign the *Special Permission Form* if their children are engaging in water activities. Providers must follow the Children's Village's *Best Practices – Water Activities* when engaging in appropriate water activities.

Best Practices – Water Activities

The following are "best practices" the Children's Village of Ottawa-Carleton have outlined for providers when participating in any water activities with the children in their care. Providers should check with their insurance carrier to make sure they have coverage for water activities with children.

When engaging in any water activities with children in their care providers must ensure that interactive supervision with the children is maintained at all times.

Recommended Water Activities

Children must be interactively supervised at all times by the provider while in the water, on the beach, in the washroom, and in the change room facilities.

Beaches

Providers:

- Must know the swimming level of each child in their care.
- Should only visit beaches that are maintained by the City of Ottawa.
- Must ensure that the beach area is open and appropriately staffed with lifeguards.
- Must ensure the beach area is safe, clean, and free of hazardous products before entering the area.
- Should review all posted rules and regulations with children as outlined for the area.
- Must ensure all children have a signed permission form from the parent giving permission for the child(ren) to participate in water activities.
- Must keep children within arms reach at all times.
- Must be able to swim.
- Must ensure there is access to a telephone at all times.
- Must ensure Life Jackets /Personal Floatation Devices are used for all children in their care.
- Must follow parent's written guidelines for the application of sunscreen.

City of Ottawa Splash Pads

Providers:

- Must be aware of the swimming level of each child.
- Should only visit splash pads that are located at City of Ottawa Facilities.
- Must be aware if there is a child/adult ratio.
- Must ensure the area is clean and safe before entering.
- Must ensure the splash pad area is open and supervisory/maintenance staff is present.
- Must ensure all children have a signed permission form from the parent giving permission for their child(ren) to participate in water activities.
- Must review any posted rules and regulations with the children.
- Must keep children within arms reach at all times.
- Must ensure there is access to a phone at all times.
- Must follow parents written guidelines for the application of sunscreen.

Hazardous Items

All poisonous and hazardous substances must be inaccessible to children and all firearms and ammunition must be locked and the key inaccessible to children.

Balconies

High-rise apartment balconies are not designed for play; thus are off-limits to children.

Equipment

Safety: Providers are responsible for ensuring that the indoor and outdoor equipment they supply is maintained in a safe and clean condition and kept in good repair.

Cribs and playpens must comply with the Hazardous Product Act and meet the standards outlined in *The Canada Consumer Product Safety Act*.

Information pertaining to equipment and toy safety is circulated in the agency newsletter. Also, such websites as www.safekidscanada.ca or www.mot.gov.on.ca publish information on equipment safety and recalls.

Expense: As self-employed workers, providers are able to claim the expense of the equipment and supplies they purchase to undertake the care.

Agency Equipment: The agency has some equipment available to supplement the equipment furnished or purchased by the provider. Inventory is limited to basic equipment and may be borrowed for children contracted through the agency.

Borrowing Equipment: Providers will advise their Child Care Advisor when they need to borrow equipment from the agency. Such may be picked up during regular office hours or arrangements can be made to have items delivered.

Usage: Providers who borrow equipment must agree (in writing) to take care of the items and return them in clean condition and in good working order. Normal wear and tear is expected but providers will be asked to replace equipment that has been neglected.

Circulation: The range of equipment available for lending is limited and generally includes playpens, (pack n' plays); sleep mats, high chairs, and strollers. The intention is to circulate items amongst providers.

Inventory: The agency will complete an annual inventory of items lent.

Safety Checks: During the home visit, the Child Care Advisor will check the equipment in the home to ensure it is safe, to note borrowed items and to review if such items continue to be needed for care giving.

SECTION 4 HEALTH AND MEDICAL SUPERVISION

Reports from Other Authorities

A record of all completed inspections, including any recommendations from the local Medical Officer of Health, Fire Department or MEDU Program Officer must be kept.

Sanitary Procedures

The procedures described below are suggested as “*best practices*” to protect you and others from the transmission of communicable disease and illness.

Hand Washing: Providers and children must wash their hands with soap prior to preparing food or to eating. Most illnesses are transmitted by hands. Proper hand washing will reduce the transmission of illness.

Frequency of Hand Washing:

- Before and after handling food
- Before and after diapering/toileting
- Before and after administering medication
- After caring for sick children
- After handling animals
- After cleaning and sanitizing
- After using gloves
- After coughing or sneezing
- After they have been contaminated in any other way

Hand Washing Procedures:

- Wet hand with warm water
- Use liquid soap
- Lather hands with the liquid soap for 15 seconds
- Rinse hands under running water
- Dry hands with paper towel/towel

Hand washing on outings: In circumstances where water is not accessible, hand sanitizer consisting of at least 60% alcohol should be used.

Diaper Changing Procedures:

- It is recommended that the child be wiped with disposable wipes or washed with a separate new warm cloth for each diaper change.
- It is important that the person changing the diapers wash their hands before and after each diaper change and to wash the cloth thoroughly after use.
- As a precautionary measure, the person changing the diaper may use disposable gloves.
- The area used for diaper changing must be sanitized after each diaper change.
- Each child should have his/her diaper-changing pad supplied by the parent.
- The cloth used for the diaper change must be washed thoroughly after each use.

Disposal Requirements:

- A separate garbage can or pail with a lid is required.
- Disinfection solution must be used.
- Contents must be stored in plastic garbage bags.
- A separate sanitary process is required if cloth diapers are used. Please check with the Child Care Advisor should this circumstance arise.

Toileting procedure:

- As a precautionary measure, the person assisting the toileting may use latex gloves.
- Provider and child wash their hands with soap and water before and after toileting.
- After toileting disinfect any areas i.e. toilet/potty etc...

Sanitizing/Disinfecting:

The main purpose of sanitizing/disinfecting is to reduce the number of germs present on surfaces, toys or objects.

Preparation:

- Dilute household bleach in 50 parts water (10ml bleach in 500ml water 1:50).
- Label container with name, date and strength.
- Keep solution in a closed container and store in a safe place that is inaccessible to children.

Procedure to Sanitize Surfaces/Objects/Toys:

- When sanitizing these items with the solution leave the solution in contact with the surface/ object/toy for at least 30 seconds for it to be effective.
- Use a lined garbage bag to discard clean up materials (i.e. paper towel).

First Aid

Providers are required to have a complete first aid kit on the premises.

Providers are advised to have a compact first aid kit available for daily outings. All first aid kits must meet the minimum supply requirements as outlined by the Workplace Safety and Insurance Board.

Kit Items:

- 6 Triangular bandages
- 4 pressure dressings
- 12- 4"x4" gauze dressings
- 2-2' roller bandages

- Strips or assortment of adhesive dressings
- Cleaning wipes
- 1 roll – ½ inch adhesive tape
- 1 pair bandage scissors
- 6 large safety pins
- Multi-purpose plastic bags (different sizes)
- Note pad and pencil
- First aid manual
- Blunt end tweezers
- Flashlight
- Disposable gloves
- Pocket mask or barrier device
- Jar of hugs and kisses

As a precautionary measure, providers are advised to keep ice available

Immunization

Authority: The local Medical Officer of Health sets the requirements for immunization and health.

Requirements: The following immunizations are required by the Medical Officer of Health for Ottawa for all children, including private children, regularly in care at the provider's home and are required for all adults regularly in the home.

Children Under 5 Years of Age:

- A primary series of DPT Polio (Quad Vaccine) and boosters as appropriate;
- MMR (Measles, Mumps, Rubella) Vaccine given after the age of 12 months.

Children Over 5 Years of Age and Adults:

- A primary series comprising of Diphtheria, Tetanus and Polio with a booster (not longer than 10 years since the primary series or most recent booster);
- MMR

Exemptions: Children can be exempt when parents choose not to immunize their children on religious, medical or philosophical grounds but must submit the appropriate documentation approved by the Ministry of Education.

In addition, individuals who have lived or traveled for a period of 3 months or longer to a Country or First Nation Community where TB is common must be screened with a *Mantoux skin test* before they have contact with children. Questions regarding this may be directed to the Public Health Nurse at (613) 580-6744, ext. (24105) or (2447).

Sick Children

In order to detect symptoms of ill health, the provider is required to observe each child at the time he/she arrives at the provider's home, before the child associates with others in the household.

Symptoms of Ill Health: Observations of ill health observed during the day must be documented. Documentation of daily observations of ill health must be recorded in the daily log book, noting the child involved, the time symptoms were observed, the time parents were contacted and if/when the child was picked up, and if the Child Care Advisor was contacted.

- A child who appears to be ill should be separated from the other children until the parent can pick them up.
- Symptoms and significant signs of illness must be reported immediately to the parent and child care advisor.
- Children who have a minor illness may be cared for in the provider's home at the discretion of the provider.
- The provider is NOT required to care for children who are ill (e.g. fever, vomiting, diarrhea or who have an infection or communicable disease) and require special care.

Illness of a Child: The provider is required to report to the Agency any absence due to illness that *exceeds 3 consecutive days.*

Communicable Disease: The Local Medical Officer of Health requires that the agency report any incidence of communicable disease (e.g., salmonella, hepatitis etc.) Providers must report such diseases to their child care advisor.

Daily Log

Providers are required to keep a daily written record that will include a summary of any incident affecting the health, safety or well-being of any child receiving child care at the provider's home, and any person providing child care at the provider's home. Providers are required to notify a child's parents of any incident affecting the health, safety or well-being occurs.

Accident Report

- Providers must ensure that when a child is injured the parent of the child is notified.
- Providers must ensure that when a child is injured an accident report is completed, the parents sign the report and a copy is given to the parent.

- Providers must ensure a daily written record is maintained that includes a summary of any incident affecting the health and safety or wellbeing of a child or a provider, the time of the injury and who was notified.
- Daily written records of accidents must be documented in the daily log book.

Serious Occurrences

In accordance with the Child Care and Early Years Act, 2014 (CCEYA) and its regulations it is a requirement to report any incident considered to be of a serious nature to the Ministry of Education within 24hrs of the incident's occurrence or when the Agency becomes aware of such an incident.

Identifying a Serious Occurrence: A serious occurrence is defined under the CCEYA as:

- The **death of a child** who receives child care at a licensed home child care premises or child care centre;
- **Abuse, neglect or an allegation of abuse or neglect** of a child while receiving child care at a home child care premises or child care centre;
- A **life threatening injury to or a life threatening illness** of a child who receives care at a home child care premises or child care centre;
- 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**, or an **unplanned disruption of the normal operations** of a home child care premises or child care centre that poses a risk to the health, safety or well-being of children receiving care at a home child care premises or child care centre.

It is important for providers to review the serious occurrence policy annually and to familiarize themselves with the definitions of serious occurrences. Any situation that is considered "grave" will be an indicator of the need to file a SO report.

Providers must inform their Child Care Advisor, Managers and/or the Executive Director about incidents that maybe considered a serious occurrence. The staff at the Children's Village will assist with assessment and identifying incidents as a " *Serious Occurrence*".

Providers must also familiarize themselves with *section 72, under the Child and Family Service Act*, and understand the responsibilities to recognize child abuse and neglect and the duty to make a report to the Children's Aid Society when a child is considered in need of protection.

Providers must annually review the document "*Reporting Child Abuse and Neglect: It's Your Duty*".

Circumstances where children arrive in the provider's home with unexplained bruises, injuries, where a provider suspects abuse or where abuse is disclosed to a provider must be reported to the Children's Aid Society by either the provider or by the provider with the agency Child Care Advisor or Program Manager.

If the provider has reported the alleged abuse to the Children's Aid Society, he/she must advise the agency of such. All incidents of suspected neglect or abuse must be reported including allegations made against providers.

Response to Serious Occurrence: *Serious occurrences are to be handled as follows:*

Death of a Child:

- In the event of a death of a child, the providers must call 911 immediately. The dispatcher will call the ambulance and police.
- The provider must next contact the parent or the parent's emergency person as stated on the child's *Emergency Medical Release Form*.
- Following the call to the parent, the provider will report the incident to the agency at the earliest *convenient time*.

Abuse/neglect of a Child:

- Observations, indicators or concerns about the physical, mental and emotional wellbeing of a child should be brought to the immediate attention of the Child Care Advisor, Manager, or Executive Director.
- Indicators of abuse are outlined in the document "***Reporting Child Abuse and Neglect: It's Your Duty***".

Injury:

In the event of an injury, the provider is advised to:

- Administer the appropriate first aid and then make the child as comfortable as possible.

If further medical treatment is required for the child, the provider should:

- Use his/her judgement by either proceeding directly to the hospital, calling 911 for an ambulance; or time permitting, having the parent take the child for the treatment.
- While waiting for an ambulance, and if there are other children in home, the provider will call and alternate to stay with the other children.
- If taking the child for treatment, providers should take the *Emergency Medical Release Form* or the *Record for Emergency Information Card*.

As soon as time permit, the provider will call the Children's Village office to report the incident, (as well as the child's name, nature of the injury and action taken). If the incident occurs during non-office hours (i.e. before 8:30 am or after 5:00 pm), the provider shall:

- Notify the as soon as possible, the next day.
- The provider should also leave a message on the agency voicemail indicating there has been a serious occurrence.

The provider will document the incident using the *Accident Form* and if necessary, the agency staff will assist in completing the form.

Missing Child:

As soon as a provider realizes a child is missing the following steps should be followed:

- Secure the other children; where possible secure children with another responsible adult.
- Begin a search of the immediate area.
- After two minutes expand the search area.
- If in a public building, have the child paged if possible.
- Get as many people involved as possible in the search.
- After ten minutes: call 911 and inform them of the missing child. Provide the child's name, age, weight, height, clothing and footwear.
- Follow the instructions of the 911 dispatcher.
- When feasible call the parents to inform of what has happened and what is being done.
- Make arrangements to stay in contact with the parents.
- Contact the Children's Village as soon as feasible.
- As a follow-up: with the assistance of the child care advisor, assess the problem and make changes, if necessary, to avoid the risk of a similar incident.
- Educate the children about the importance of staying with the group.

Unplanned Disruption to Care:

In the event of an unplanned disruption to care related to an emergency or disaster, the provider shall focus on bringing the children to safety or a secure setting. Procedures outlined in the fire evacuation plan or disaster management plan, emergency lockdown plan or other directions provided by the Children's Village should be followed.

All SO Incidents should be documented on the appropriate form and in the daily log book.

Reporting a Serious Occurrence

It is a requirement to report any serious occurrence to the Ministry of Education within 24 hours of becoming aware of the incident.

All serious occurrences must be reported to a Manager or the Executive Director who will notify the Ministry Program Advisor by completing a report through the CCLS. In the event it is not possible to access to the CCLS, the Ministry Program Advisor will be notified via telephone or email.

In the event of a serious occurrence in a home, regardless of whether or not the affected child was enrolled by the agency, ***HCC Providers must report the occurrence to the agency*** and the agency is required to report the serious occurrence to the Ministry of Education.

A notice of the SO must be posted in a conspicuous place in the home for 10 business days. Significant serious occurrences will be reported to the CVOC Board of Directors by the Executive Director.

All programs are required to conduct an annual analysis of all serious occurrences as a method of identifying issues and/or trends. Actions taken in response to the analysis must be documented and a record of this analysis maintained. Providers will be informed of program changes that result from the annual review.

All Serious Occurrence documentation must be kept on the premises of the child care program or in the case of home child care, at the main office of the Children's Village.

Anaphylactic Policy

In accordance with CCEYA, all child care programs must have a policy dealing with anaphylactic shock. The following outlines the procedures for providers:

- The *Anaphylaxis Alert and Permission Form* signed by the child's parent or guardian will be given to the provider. It indicates the nature of the allergy, symptoms, the emergency procedure to be followed and gives permission to the provider (or the provider's designate) to undertake the emergency procedure for a child who is known to possess a life threatening allergic reaction;
- Providers and home child care advisors must also review and sign the *Anaphylaxis Alert and Permission Form*;
- Children may be permitted to carry their own emergency allergy medication or asthma medication. Where applicable, this will be noted on the *Anaphylaxis Alert and Permission Form*. In such circumstances, prior permission from the child's physician will be obtained;
- A provider caring for a child who is known to have life threatening allergies must follow noted procedures that reduce the risk of exposure to the child's allergy, be aware of symptoms and knowledgeable of the procedure for administering an auto injector (EpiPen);
- The Child Care Advisor will review the treatment procedure with the provider at the time it becomes known that a child possesses a life threatening allergic reaction and on an annual basis thereafter;
- If an EpiPen is administered, the provider must call 911 immediately, followed by a call to the parent;
- The EpiPen that was used for the child should be sent in the ambulance;
- The provider must sign the *Medication Record* as soon as time permits.

Drugs and Medication

Drugs or medication (prescription or non-prescription) may only be given to a child with the WRITTEN consent of the child's parent or guardian. This includes vitamins and common over the counter medications (e.g. Tempra, Orajel).

Only the provider or his/her stated designate may administer drugs or medications.

Storage: Drugs and medications must be stored in the original container with the child's name and in accordance with the written instructions on the label. Drugs must be inaccessible to children and surplus amounts must be returned to the parent.

Administration of Drugs: The *Medication Record/Medical Authorization form* must be filled in each time a drug or medication (including an EpiPen) is administered to a child. The completed forms must be returned to the agency. (This may be sent in with the provider invoice). Forms must be obtained from the agency (613) 725-2040.

Written instructions for drug administration should be specific and clear. Instructions, such as **“when needed”** are not acceptable.

Children with Medical Conditions

An individualized plan must be developed for a child with medical needs. This plan must be developed in consultation with parents, providers, child care advisors and any regulated health care professional who is involved with the child.

The plan shall include:

- Steps to be followed to reduce the risk of the child being exposed to causative agents or situations that may exacerbate a medical condition or cause an allergic reaction or other medical emergency.
- A description of any medical devices used by the child and any instructions related to its use.
- A description of the procedures to be followed in the event of an allergic reaction or other medical emergency.
- A description of supports that will be made available.
- Any additional procedures to be followed when a child with a medical condition is part of an evacuation or participating in an offsite activity.
- This plan must be kept in the child’s file on the premises and at the Churchill Office.
- Individualized medical plans must be reviewed annually by providers, child care advisors and any person who is ordinarily or regularly on the premises.

Children who have an *anaphylactic allergy plan* do not require an individualized medical plan.

Animals

Dogs and cats in the provider’s home must be inoculated against rabies.

Parents must be consulted before care commences and provide their consent to animals being on the premise. Parents must be made aware of the benefits and risks of children engaging with pets.

Rest

- Children in care for a full day should rest during the day for an appropriate length of time, depending on their age and routines, e.g. Children 18 months- 4 years of age should have a rest period up to 2 hours per day.
- Appropriate rest periods will be set up in consultation with the parent, provider and Child Care Advisor and will be part of the child’s recommended daily program of activities.
- Children who cannot sleep must not be kept in bed longer than 1 hour.

- Bedding is required for each child in care in the provider's home. The provider and parent should agree on who supplies the bedding.

Sleep Policy

Sleep Position for Children 12 months or younger: Every child who is under twelve months of age and receives care at a home child care premises must be placed for sleep in a manner consistent with the recommendations set out in the document entitled *Joint Statement on Safe-Sleep Preventing Sudden Infant Deaths In Canada* (Public Health Agency of Canada) unless the child's physician recommends otherwise in writing.

Parents must be advised of the Children's Village obligations under the CCEYA and this policy.

Sleeping requirements for Children in Care: Parents must be advised of the following policy, with regards to children who regularly sleep on the premises:

- Parents must be consulted on their child's sleeping arrangements at the time of intake and at any other appropriate time such as between homes or upon a parent's request.
- The sleep environment and the proximity of the sleeping room to the provider must be approved by the Home Child Care Advisor and the parents.
- Children must be assigned to individual cribs or cots. All cots or cribs must meet Canadian Safety Standards.
- Sleeping children must receive periodic visual checks by the provider.
- Frequency of visual checks will be determined by the parent, provider and child care advisor. All parties must be in agreement to the schedule of visual checks.
- Visual checks require the provider to be physically present beside the child while the child is sleeping.
- During visual checks the provider must look for indicators of distress or unusual behaviours.
- There must be sufficient light to conduct the visual check.
- Baby monitors or other electronic monitoring devices may be used but will not replace the requirement for physical visual checks.
- Electronic monitoring devices, if used, must be checked daily to ensure they are in working order and able to detect sounds. Daily checks of monitors must be documented.
- Baby monitors or electronic monitoring devices will not be supplied by CVOC.
- Observances of any significant changes in a child's sleeping patterns or behaviours during sleep must be communicated to the parent and the home child care advisor.
- Noted changes will/may result in adjustments to the manner in which the child is supervised during sleep.
- All visual checks must be documented. The documentation should include the times of checks, the manner in which the checks are done and the results of the checks.

SECTION 5 NUTRITION

Infant Feeding Policy

Written instructions from the parent are required for infants until they are eating regular table food with the family (usually around 1 year). When this occurs, the provider will supply the food unless there are dietary restrictions.

- Food brought by the parent must be labelled and stored in the refrigerator (exceptions are sealed baby food jars, cereal).
- Bottles should always be held, not propped, especially with infants who are unable to hold their own bottles.

Meal Policy

Providers are required to supply lunch plus 2 snacks for children in care all day. Where children are in care for irregular part-time or short hours, providers must clarify with their Child Care Advisor which meals/snacks must be provided.

- Providers are required to serve all children a balanced diet. A variety of foods is recommended by the *Canada Food Guide*. Foods from other cultures are often highly nutritious and providers are encouraged to serve such meals.
- Menu plans will be discussed with the parents and Child Care Advisor and should be appealing, economical and promote good nutritional and dental health.
- Sweet snacks such as candy, cookies or drinks with sugar should not be encouraged as they offer little food value and promote tooth decay.
- Providers should be aware of choking hazards while children are eating, particularly young children eating nuts, raw fruit and vegetables.
- Drinking water must be available at all times.

Special Diets

Written instruction from the parent are required for children who require special feeding arrangements, have food allergies and/or dietary restrictions.

The instruction must be provided and agreed upon among the parent/provider/child care advisor. This may require that the parent supplies some or all of the food for the child.

Food Preparation Policy

- Foods that can be hazardous if left without refrigeration (e.g. chicken) must be maintained at 7 degrees Celsius.
- Food preparation equipment and utensils must be cleaned and sanitized.
- Food preparation area (counter tops, tables etc.) must be kept clean and sanitized.
- Food stored in the refrigerator must be covered.
- Proper garbage disposal is required, i.e. the garbage should be kept in a bag and the container covered.

SECTION 6: PROGRAM FOR CHILDREN

Parent Handbook Policy

All parents, including potential parents, will receive a copy of the parent handbook

Program Statement

It is a requirement of the CCEYA, that every licensed child care agency, such as the Children's Village, have a *Program Statement* consistent with the Ministry's Policy Statement on programming and pedagogy.

The Program Statement shall reflect a view of children as being competent, curious, and rich in potential and other important components of *How Does Learning Happen*. The Program Statement will describe goals of the program and the approaches to meet these goals. The Program Statement will be reviewed each year as part of the Children's Village on-going efforts to enhance and improve the home child care program.

Every provider, student, volunteer and any other person who is regularly or ordinarily in the home will review The *Program Statement* prior to interacting with children and annually thereafter.

How to implement the Program Statement

It is important that providers read and review the written information provided on the Program Statement.

Providers should discuss the goals of the Program Statement with their child care advisor. Having a clear understanding of the goals will help to put the approaches into practice and reach the desired goals.

Providers should also take the *Child Development Training* offered on line through the Children's Village. Understanding the developmental stages of children will make the program statement goals easier to understand.

Providers must ensure the approaches set out in the program statement are carried out in their home child care program. Providers are encouraged to document their observations of HDLH in their daily logs.

Providers are encouraged to participate in workshops offered by the Children's Village and the community on *How Does Learning Happen*.

Providers will be asked to provide their feedback and suggestions regarding improvements and enhancements to the home child care program. These will be reflected in the annual review of the program statement.

The Home Child Care Program Statement can be found at the end of the Provider Handbook.

Activities

There must be sufficient and available indoor and outdoor play equipment, toys and supplies in the home for the children. Providers are expected to establish good routines that include a variety of developmentally appropriate activities for the children in care.

Types of Activities The scope of activities should include active and quiet activities, group and individual activities and those that promote creativity.

Suggestions are:

- Presenting play materials that provide appropriate challenges to the children;
- Providing activities that reflect the ethnic composition of the children and community;
- Having toys available which offer a variety of sensory experiences or which respond to a child's actions;
- Providing changes to the environment during the day;
- Offering children the freedom to choose from a variety of activities;

- For infants- continually talking with the child about his/her immediate environment, frequent close physical contact and moving of the infant;
- For school age children – planning outdoor activities, encouraging children to plan activities that include the younger children and rotating equipment;
- Activities which promote children's development.

In consultation with the child care advisor, activities which promote the children's physical, emotional, cognitive and social development should be established and followed. The experiences should be varied and should allow the children to learn through doing. The provider should encourage the child to observe and experiment, communicate and problem solve.

All providers must ensure that there is adequate play material and equipment available for all children.

Suggested activities are:

- Imaginative play (drama, pretend games, dress-up);
- Creative and sensory activities (play dough, finger paint, water play, arts and crafts);
- Music, singing, dancing;
- Reading to the children, keeping books available for the children's use;
- Science and nature experiences (planting seeds and watching them grow, learning about pets and their care);
- Those that promote small and large muscle co-ordination.

Guidelines for television watching and computer use: Providers should make sure that programs are appropriate for the child/children; limit the amount of daily viewing or access time.

Outdoor Play

The program will provide a minimum of two hours outdoor play per day, weather permitting. Inclement weather includes: temperature below -25 Celsius, weather that produces a frost bite warning, weather that produces a heat advisory, rain, hail, thunder and lightning, risk of tornados or high wind warnings or any severe weather warning from Environment Canada.

Running, jumping and climbing are important for young children's growth and development and it is most appropriate that such occurs outdoors.

Children are encouraged to play outside daily, weather permitting.

- Young children under 30 months can either sleep or play outside for up to 2 hours every day, weather permitting.
- If a child is not able to play outside a letter is required from the child's parent or physician and the parent has to complete the *Parent Special Permission Form*.

Outings: As part of the program of activities for children, providers are encouraged to take the children on outings to the park, library, a play group, museum, fire station, etc.

Policies re: outings: Providers must ensure that there is adequate, adult supervision appropriate for the number of children on the outing and to take the *Medical Emergency Form* for each child with them on all outings. Written permission from parents is required for all outings. At the time care commences, the Child Care Advisor will supply the authorization for the day to day outings.

Providers must obtain written permission from parents for any outings beyond the city limits at the time they occur.

Written Permission: Parents must give permission for their child(ren) to engage in outdoor activities by completing the *Special Permission Form/Outdoor Play*. Both the Child Care Advisor and the provider must be informed of any changes that may occur to these instructions.

Prohibited Practices

The Children's Village must ensure that there are written policies and procedures with respect to discipline, punishment and any isolation measures which are not permitted by the agency and not used by staff, providers and any other person who has contact with children while they are receiving care.

Prohibited Practices must be reviewed by all staff, providers and persons who interact with children before they begin interacting with children and annually thereafter.

Prohibited practices are intended to protect the emotional and physical wellbeing of children and are NEVER permitted in the home child care program.

Prohibited Practices are:

- Corporal punishment of the child.

- Physical restraint of the child, such as confining the child to a high chair, car seat, stroller or other device for the purpose of discipline or in lieu of supervision, unless the physical restraint is for the purpose of preventing a child from hurting himself, herself or someone else, and is used only as a last resort and only until the risk of injury is no longer imminent.
- Locking the exits of the child care centre or home child care premises for the purpose of confining the child or confining the child in an area or room without adult supervision, unless such confinement occurs during an emergency and is required as part of the licensee's emergency management policies and procedures.
- Use of harsh or degrading measure or threats or use of derogatory language directed at or used in the presence of a child that would humiliate, shame or frighten the child or undermine his or her self-respect, dignity or self-worth.
- Depriving the child of basic needs including food, drink, shelter, sleep, toilet use, clothing or bedding.
- Inflicting any bodily harm on children including making children eat or drink against their will.

The Children's Village has a zero tolerance for contraventions of Prohibited Practices.

Children benefit from a positive affirming approach that encourages positive interactions with other children and adults, rather than a negative or punitive approach to managing unwanted behaviour.

Providers must review the program statement, evaluate the affirmative practices being implemented and develop if needed, new strategies that facilitate affirmative approaches.

Compliances or contraventions of ***Prohibited Practices*** will be indicated on the quarterly safety inspection checklist.

Contraventions of ***Prohibited Practices*** will be monitored by the manager of the Home Child Care Program.

Contravention of Prohibited Practices could result in:

- Termination of the agreement with the agency
- If warranted, legal or any other relevant action
- Where applicable, reporting to the College of ECE

Individual Support Plans and Inclusive Programming

Every child with special needs is required to have an up to date individualized support plan. The plan must be developed in consultation with parents, guardians, providers, child care advisors and if appropriate, school staff and or community/health professionals.

This plan will include the following:

- A description of how the program will support the child to function and participate in a meaningful and purposeful manner while in the home child care program.

- A description of supports, aids, adaptations, or modifications to the physical, social, and learning environment that is necessary to support positive participation. Instruction as to the use/implementation of supports, aids, adaptations or modifications.
- A list of all persons, including the parents, who have participated in the development of the individualized support plan.
- All documentation of meetings related to individualized support planning.
- The Home Child Care Program will endeavor to accommodate the individual support plan for each special needs child and strive to meet the child's developmental needs.
- The Home Child Care Program will be inclusive of all children.

SECTION 7 PROVIDER QUALIFICATIONS

Medical

Providers and any persons over the age of 16 years, regularly in the provider's home will supply the following medical information:

- Medical note/certificate ensuring good health
- Proof of up to date immunization or approved exemption
- Proof of TB Screening Test

Immunization Record

The Medical Officer of Health requires that all children under the age of 5 years of age who are regularly in the provider's home be immunized, unless the parent obtains written permission from his/her doctor or have Ministry approved exemption.

This includes the provider's own or private children. The agency supplies a form for the provider to document this information should the MEDU Program Advisor request it during a spot check for licensing. Providers are also advised to obtain this immunization information from the parents of the children they care for privately.

Medical Notes, Certificates, Immunization Records and TB Screening

Medical Notes of good health, immunization records and TB screening results are required for all persons over 16 years of age who are ordinarily and regularly on the premises.

Training and Development

It is a mandatory requirement of the Children's Village that all home child care providers are trained in "E.L.E.C.T." before they begin providing contracted child care services. In the event that a home child care provider is unable to complete this training, a request for an extension may be approved by the Home Child Care Manager.

The Children's Village will endeavor to provide professional development opportunities for providers to:

- Learn new skills required for child care
- To remain current on child care practices

- Upgrade or renew child care skills
- To improve professional standards

The Children's Village will organize evening and weekend workshops for providers throughout the year.

These workshops will be offered at no cost to HCC providers. CVOC will also work with the local Home Child Care Network to offer city wide workshops for providers.

Providers are encouraged to continue to develop their child care skills. The agency has a variety of resources and formal educational tools used during home visits or for sessions offered at the agency. The agency also offers Standard First Aid and renewal courses. Such are geared to the provider's role in caring for young children.

Home visits by child care advisors that focus on the children, their development or the caregiving arrangement provide opportunities for growth and education.

In addition to educational opportunities offered by the agency, there are courses and workshops offered throughout the community.

Standard First Aid Certification

Although medical attention for serious wounds or accidents should be sought immediately, providers may need to deal with emergency situations. It is, therefore, important to have up-to-date first aid and CPR training. Every home must have a basic first aid kit for the treatment of minor cuts etc. which should be kept in a readily accessible, safe location.

In accordance with CCEYA, home child care providers will be required to provide proof of training in Standard First Aid including infant and child CPR. Training must be provided by an agency recognized by the Workplace Safety and Insurance Board. All providers must be certified in Standard First Aid before commencing the provision of services.

SECTION 8 VULNERABLE SECTOR CHECK

The Ministry of Education requires that a *Police Vulnerable Sector Records Check* be completed on the provider and any adult over the age of 19 who is regularly in the provider's home. CVOC undertakes this check upon opening a home and every 5 years thereafter.

To obtain this check, the Ottawa Police Department requires:

- *A Consent to Disclose Personal Information Form.*
- Copies of 2 pieces of identification in order to confirm the person's name, date of birth and address; one piece of identification presented must include a photo.

Photo Identification includes: a Driver's License, Government Employment Card, Military Employment Card, Age of Majority Card, Canadian Citizenship Card, Indian Status Card,

International Student Card, Passport, Permanent Resident Card, Firearms Acquisition Certificate (FAC) or CNIB card.

Non-Photo Identification includes: a Birth Certificate, Baptismal Certificate, Hunting License, Fishing License, Outdoors card, Hospital Card, Canadian Blood Donor Card or immigration Papers. (A recent utility bill is required to verify current address if no Driver's License is available).

Note: *Ontario Health Cards cannot be accepted for identification purposes.*

The Child Care and Early Years Act also requires providers and any adult over the age of 18 who is regularly in the providers home to sign an *Annual Vulnerable Sector Declaration Form* in the years between securing A *Police Vulnerable Sector Check*.

SECTION 9 EMERGENCY PREPAREDNESS

Telephone Service

Providers must have a telephone service or alternate means of obtaining emergency assistance that must be approved by the MEDU.

Fire Evacuation Plan

During the initial home safety check, a written fire evacuation plan is completed. A copy of this plan should be kept on the premises. The provider is required to review this plan on a regular basis with the children in care.

Emergency Information

Providers must have an up-to-date list of telephone numbers that is accessible and visible in the event of an emergency (i.e. on the fridge door or the wall).

This list includes numbers for:

- The nearest Hospital
- The nearest Ambulance service
- The nearest Poison Control Centre
- The Police Department
- A taxi service
- Anaphylactic /medical child information
- Parent contact information
- The Agency contact information

10 ADMINISTRATIVE MATTERS

Daily Attendance

Providers are required to keep a record of the daily attendance of each child receiving child care showing the time of arrival and the time of departure of each child or if the child is absent. Parents must sign their child in and out, noting the time.

Child Files on Providers Premises

As part of the new Child Care and Early Years Act, 2014, it is now a requirement to have children's files kept on the premises of home child care providers.

The intention of this legislation is to provide The Ministry of Education, local Medical Officer and other persons of authority quick access to children's medical information.

Please find below the guidelines for providers outlining management of child files:

- The information must be kept all together for each file.
- The files must be kept in a secure/safe place such as a locked cupboard.
- The child files may only be seen by providers or someone who is considered an authorized person such as your Children's Village child care advisor, a Ministry of Education Representative or the child's legal guardian.
- Providers may not give or show this information to anyone but an authorized person.
- Providers may not talk about this information to anyone but an authorized person.
- Providers may not copy this information.
- Providers may not dispose of this information.
- Providers may not alter, deface or change in any way this information.
- Providers may not remove this information from the home unless advised to do so the Children's Village.
- When the child is discharged from care providers must return this information to the Children's Village. The Village is required to store information for a period of 3 years. Information older than 3 years will be destroyed.
- If a provider's contract with the Children's Village is terminated, providers must return this information to the Children's Village.
- The Children's Village will provide annual training on managing confidential and medical information.

Insurance

Providers are required to obtain their own insurance while working with the Children's Village. As operators of a child care business, providers are responsible for their own liability insurance. It is recommended that providers carry 2 million dollars liability.

Liability insurance will provide coverage in the event a child, parent or other person visiting the home is injured on the premises. Most insurance companies will extend the normal householder's policy to cover the home-based child care business for a nominal fee. Alternately, a separate policy for the home child care business may be secured.

Providers who use their private vehicle to transport children as part of their child care business must inform their agent or broker that such occurs.

Agency Liability: The agency carries a liability insurance policy that covers the organization in the event a suit is brought by an "injured" party

Decals

It is a requirement of the Ministry of Education that all homes contracted by a Licensed Home Child Care Agency, such as the Children's Village, display a Ministry of Education Licensed Child Care decal on the premises.

Decals should be inserted into a frame or protective cover and displayed in a highly visible location. The decal must identify the Children's Village as the Licensed Home Child Care Agency. Decals are not to be posted in a window or door that is visible to the public.

If providers are contracted with more than one agency, they should display the decal for each agency.

Should the agency provider agreement be terminated, the provider must return the decal to the Children's Village within 30 days of termination.

Child Booster Seats and Child Restraint

The Children's Village does not approve children being transported in provider's personal vehicles. Arrangements for children to travel in the provider's vehicle are considered a private agreement between the provider and parent.

Highway Traffic Act [Reg.613; 8 (1)(2)(3)(4)(5)(6)(7)(8)(9)(10) and 8.1 (1)(2) Child Booster Seats and Child Restraint.

Providers who transport children in receipt of child care in a vehicle must use child safety and restraint systems that are:

- based on the birth date, age, height or weight of the child
- installed in accordance with the manufacturer's recommendations; and
- certified by Canadian Motor Vehicle Safety Standards (CMVSS)

Parents and providers must be aware of these requirements and ensure child booster seats and child restraint meets all safety requirements.

Complaint/Concerns

Any person with a complaint should direct their complaint to a Child Care Advisor, Supervisor, Manager or Executive Director of the Children's Village. Complaints can be made verbally or in writing.

Complaints Procedure:

- All complaints will be reviewed and assessed immediately by the Executive Director and a manager.
- Complaints will be dealt with in a timely manner.
- Management will determine if complaints are considered "serious complaints".
- The Director will determine if the complaint warrants immediate attention and/or further investigation.
- If further information is required, the Director may meet in person with the party (ies) involved in the complaint.

Serious Complaints:

- Investigation into **serious complaints** shall take no longer than 7 business days to be completed unless special circumstances have been determined by the Executive Director.
- The Children's Village Board of Directors will be advised of complaints that are considered serious and/or "High Risk". Board members may be involved in the investigation of these complaints.

Action:

- Complaints deemed serious and/or high risk may result in immediate termination or suspension of service, contract agreements or relationship with the Children's Village.
- Serious complaints may result in criminal charges.
- Serious complaints may result in barring from any facility which provides services for the Children's Village.
- Complaints of a lesser nature may be subject to internal measures. These measures may include but are not limited to training, retraining, counseling, and mediation.

General Administration

Employment Status of Providers: Child care providers are self-employed workers who operate a child care business in their own home. They choose their hours of work and the children they offer service to. Children's Village contracts with providers for the children whose parents are registered with the agency. The nature of the job of a provider calls for some flexibility to accommodate the hours of care required by parents and the care needs of the children.

As a self-employed worker, the provider is able to claim expenses associated with his/her child care business and is not entitled to employee benefits. Expenses related to the child care business are outlined in the Canadian Customs and Revenue Agency (CCRA) pamphlet entitled "*CCRA P134 (E) 'Using You Home for Day Care'*". Information sessions relating to Income Tax requirements are held at the agency and in the community early in the spring (if available).

Provider Agreement

Licensed agencies are required to enter into an agreement with all providers contracted to offer child care services through the agency.

Record Keeping

Record keeping is an important aspect of care giving and providers are required to have an easily accessible and secure location for the following information:

Family Information

- Family Contract
- Emergency Medical Form:

Permission Forms:

- Special diets
- Play restrictions
- Taking photographs
- Outings
- Outdoor play
- Administering medications
- Sleep requirements
- Any other special request concerning the care

Provider Invoice

Providers are paid monthly by the agency as per the information on the *Provider Invoice* which is the record of attendance for the children registered with the agency each month. (Please see the *Sample Invoice* attached at the end of the handbook).

Remuneration Rates: Daily rates of payment for service contracted through agencies are set by the City of Ottawa in accordance with the hours of care, age of the child and taking into account any documented special needs.

Payment Practices: Providers contracted by licensed agencies throughout Ontario are paid in accordance with an *enrolment based* pay policy. As such, providers may be compensated for days that children are absent from care for reasons of sickness, vacation or for statutory holidays. Eligibility for payment is determined by the circumstance of the child. Providers are asked to check with the agency when further clarification is necessary.

Payment for Statutory Holidays

As per the enrolment based pay practice, statutory holidays are compensated as follows:

- The rate of compensation is the regular daily rate for the day as it falls.
- For school age care, the statutory holidays are paid at the part-day rate during the school year and the 2 statutory holidays that occur during the summer are paid at the full-day rate.

- If children are in care on the day a statutory holiday is designated, an additional rate, consistent with the hours of care is paid.
- Statutory holidays that apply for children attending full-time:
New Year's Day, Good Friday, Easter Monday, Victoria Day, Canada Day, Civic Holiday, Labor Day, Thanksgiving, Christmas, Boxing Day and Family Day.
- Children attending part-time are compensated when the day designated as the stat day falls on the day the child is regularly scheduled to attend.

Invoice Procedures

Agency payment occurs by means of an “invoice” which reflects the record of attendance for each child.

The procedure is as follows:

- Providers receive 2 invoice sheets, which are carbonated for convenience. The original is to be sent in to the agency; the yellow copy is for the provider's record.
- The provider invoice must be filled out daily for each child contracted with the agency. If a child is present, the provider must mark this on the sheet as per the directions. If the child is absent, please indicate the reason reflected in the category
- The *original* of the invoice must be completed and signed by the provider and parent(s) and received at the office by the last day of the month.
- Provider invoices may be dropped off at the office, mailed, faxed or e-mailed.
- Parent and provider signatures on the provider invoice are required by the agency auditor.
- The agency processes 200 provider invoices monthly and has a firm payroll deadline set by the bank.
- To ensure that attendance information is received by the deadline, providers are asked to report the attendance information on the children by phone, fax, or e-mail prior to the deadline and to send in the signed sheet immediately.
- Providers are requested to advise the agency if there is a delay related to obtaining parent signatures.

Income and Expense Information: Providers are advised to keep a record of expenses incurred along with receipts for purchases associated with care giving for all children (e.g. food, household supplies, toys, equipment, insurance premiums, workshops etc.).

A **T4A Statement of Income** earned by the agency is issued annually.

Smoke Free Act

The Province of Ontario passed the Smoke-Free Ontario Act effective May 31, 2006. The law was passed to protect workers and the public from the hazards of second hand smoke and initially prohibited smoking in enclosed public places (shopping centers, arenas, restaurants etc.). In 2006,

smoking became prohibited in private homes of providers contracted by licensed home child care agencies and states:

- *The Smoke Free Ontario Act requires that operators of licensed home child care agencies are responsible for ensuring that provider's and other household members and visitors do not smoke, or hold lighted tobacco on the premises (in the home, garage, front/back yard and driveway whether or not children are present).*

Enforcement of the Smoke Free Ontario Act, 2005 is the responsibility of tobacco control inspectors from local health units.

Anti-Spam Legislation

Anti-spam legislation that came into effect July 1, 2014 requires that we secure your expressed consent to send you updates, newsletters, invitations and other communications via e-mail. Please inform the Children's Village if you do not wish to receive communications on an ongoing base.

Workplace Violence, Harassment and Abuse Policy

The Occupational Health and Safety Act, states that every person should be able to work without fear of violence or harassment in a safe and healthy workplace.

The Children's Village has a "zero" tolerance policy for physical, sexual, emotional, verbal, psychological abuse or any form of neglect or harassment. This policy applies to employees, parents/guardians volunteers, visitors and independent contractors.

The purpose of this policy is:

- To maintain environments that are free from harassment or abuse.
- To identify behaviours that is unacceptable.
- To establish a mechanism for receiving complaints.
- To establish a procedure to deal with complaints.

Behaviours that will not be tolerated are defined as follows:

Physical Abuse – is defined as but not limited to the use of intentional force that can result in physical harm or injury to an individual. It can take the form of slapping, hitting, punching, pinching, shaking, pulling, throwing, kicking, biting, choking, strangling or the abusive use of restraints.

Sexual Abuse – is defined as but not limited to any unwanted touching, fondling, observations for sexual gratification, any penetration or attempted penetration with a penis, digital or object of the vagina or anus, verbal or written propositions or innuendos, exhibitionism or exploitation for profit including pornography.

Emotional Abuse – is defined as but not limited to a chronic attack on an individual's self-esteem. It can take the form of name calling, threatening, ridiculing, berating, intimidating, isolating, hazing, habitual scapegoat, blaming.



PROGRAM STATEMENT

In keeping with “*How Does Learning Happen?*” *Ontario’s Pedagogy for the Early Years* the Children’s Village believes that child care programs play an important role in supporting children’s learning, development, safety and health and wellbeing.

We believe children thrive in programs where they and their families are valued as active participants and contributors and that the positive relationship between home child care providers, family and children benefits children’s development. We believe families, children and home child care providers are capable, curious and rich in experiences that contribute to and enhance children’s development.

We believe children will flourish and grow when they have a sense of belonging and wellbeing, are engaged, and can express themselves and be heard. Our beliefs guide our practices and help us in strengthening and maintaining high quality child care programs.

The goals of Home Child Care Program and the strategies to meet these goals are as follows:

Goal: *Provide healthy nutritional food and support healthy eating;*

Strategies:

- Ensure providers follow the *Canada Food Guide* when serving meals and snacks.
- Encourage Providers to model healthy eating for children.
- Encourage Providers to offer food to children and let the children choose what to eat.
- Provide education and training on healthy eating to providers.
- Encourage Providers to allow children to participate in food preparation.
- Discuss with Parents at the time of admission healthy eating for their child(ren).
- Discuss and support Parent/Provider choices for culturally healthy eating.
- Observe Providers preparing food.
- Provide child friendly recipes to Parents and Providers in a variety of media forms.
- Ensure Providers post sample menu plans and these plans follow Canada’s Food Guide.
- Dissemination of Health Canada food recalls and safety alerts.

Goal: *Support positive and responsive interactions among the children, Parents, home child care Providers and Staff;*

Strategies:

- At the time of admission, discuss with both Parents and Providers the importance of open and honest communication and a mutually respectful relationship between all parties.
- Define what expectations all parties have
- Explain the system of communication to be used by all parties involved.
- Acknowledge and review with Providers, Parents and Staff the *Harassment and Abuse* policy of the Children's Village. Obtain written agreement to abide by this policy.
- Model positive and responsive interactions that demonstrate respect and empathy.
- Encourage Providers to model and demonstrate respect and empathy.
- Educate Staff, Parents, Providers and children on respectful and productive problem-solving.
- Offer Staff and Providers formal and informal education on positive interactions.
- Educate and support Providers and Parents in developing age appropriate social and emotional skills in children.

Goal: *Encourage children to interact and communicate in a positive way and support their ability to self-regulate;*

Strategies:

- Encourage Providers to attend/participate in training on ELECT, How does Learning Happen?, child development and behaviour management.
- Ensure the Provider's home environment supports the principals of ELECT and HDLH?
- Assist Providers with recognizing the developmental stages of communication.
- Develop strategies with Providers on how to encourage children how to interact and communicate in a positive way.
- Work with Parents and Providers on the transitions into licensed home child care.
- Educate Providers on the concepts and processes of "Self-Regulation".
- Offer Staff and Providers training/workshops on self-regulation.
- Educate Parents on self-regulation, and guiding behaviour.
- Help Providers recognize and provide opportunities for children to learn self-regulation.

Goal: *Foster children's exploration, play and inquiry;*

Strategies:

- Promote the “How Does Learning Happen?” foundations for learning of belonging, well-being, engagement and expression.
- Ensure the home environment provides optimum learning opportunities which include multi age related programming.
- Ensure the home environment fosters and promotes independence and social interaction.
- Help Providers to understand the value and learning that comes from play based learning.
- Encourage Providers to respect each child and their individual play preferences.
- Support Providers to foster exploration and inquiry through modelling and self-reflection.

Goal: *Provide child-initiated and Provider supported experiences.*

Strategies:

- Ensure Providers have access to ELECT and ‘How does learning happen?’ training.
- Providers incorporate ELECT and ‘How Does Learning Happen?’ into program activities.
- Support Providers in understanding their role as a “teacher/leader”.
- Educate Providers in understanding a child’s role as a “teacher/leader”.
- Educate and support Providers in understanding and appreciating the importance of early learning activities.
- Develop strategies with Providers that encourage child initiated activities.

Goal: *Plan and create positive learning environments and experiences in which each child's learning and development will be supported.*

Strategies:

- Encourage and facilitate Providers’ access to training on child development, ELECT and HDLH and incorporate this knowledge into their home child care program.
- Advise on resources and materials that support and enhance ELECT activities and HDLH.
- Encourage Providers to post documentation and information that demonstrates children’s activities that reflect ELECT and How Does Learning Happen?
- Provide a bi monthly newsletter for Providers with resources that enhance their program.
- Encourage Provider to create a home environment that supports each child’s individual developmental needs, and optimizes learning opportunities.
- Create and maintain Individual Support Plans (ISP’s) for children when required.
- Support Providers with the implementation of ISP’s.

Goal: *Incorporate indoor and outdoor play, as well as active play, rest and quiet time, into the day, and give consideration to the individual needs of the children receiving child care;*

Strategies:

- Review with Providers, both the agency and Ministry of Education's expectations and policies regarding indoor and outdoor play.
- Discuss with Parents and Providers any specific requirements related to play and rest for their child.
- Discuss with Parents and Providers the importance of sleep monitoring.
- Have Parents sign off on outdoor play requirements specific to their child(ren).
- Have Parents sign off on sleep/rest requirements specific to their child(ren).
- Ensure providers incorporate outdoor play and rest/quiet time requirements into their daily schedule.

Goal: *Involve local community partners and allow those partners to support the children, their families, and home child care in relation to continuous professional learning;*

Strategies:

- Work with Licensed Home child Care Network to provide and access professional learning opportunities for both Providers and Staff.
- Maintain Agency memberships to professional child care and resource organizations.
- Make available contact information of community partners.
- Provide in In-Service training for Staff.
- Provide access to e-learning opportunities, local workshops, conferences and resources to Providers, Staff and Parents.

Goal: *Document and annually review the impact of the strategies set out in the above goals and develop strategies to improve those goals.*

Strategies:

- Maintain records of activities, interactions, and other pertinent operational information, review these records quarterly i.e. safety checks, caseload reviews etc.
- Complete an annual review of Staff and Provider handbook, program policies and practices.
- Complete an annual review of Parent handbook.
- Obtain feedback on Program Statement from Providers, Staff and Parents
- Relay results of annual reviews to Board of Directors Program Committee and with committee input, develop strategies to address deficiencies and improve goals.

Implementation Plan 2018

- **Ensure Providers use the Daily Log Book to meet Program Statement goals**
- **At safety check review program statement with Providers and identify goals that have been reached and goals that need to be obtained.**
- **Ensure the Providers understand and are following the Program Statement.**
- **Advisors to observe the Providers with children and document their observations of the Program Statement.**
- **Continue to develop strategies as a team to address deficiencies and improve goals**



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Provider Handbook Acknowledgement Form

MEMO: to ALL providers, students, volunteers and any other persons who is regularly or ordinarily on the premises:

Please review and sign below that you have read all of the policies and information in *The Provider Handbook* including:

- Program Information and Overviews
- Ratio and Maximum Capacity Policy
- Private Children Policy
- Replacement Provider Policy
- Equipment Policy
- Prohibited Practices/Behaviour Management Policy
- Supervision Policy
- Sleep Policy
- Health and Drug Administration Policies and Procedures
- Food Preparation and Sanitary Policies and Procedures
- Serious Occurrence Policy
- Fire Evacuation and Emergency Procedures
- Anaphylaxis Policy / Food Allergies and Medical Alerts Policy and Procedures
- Training and Development Policy
- Standing Bodies of Water Policy
- Program Statement Policy

I have reviewed the Children's Village Licensed Home Child Care Provider Handbook, including the above listed policies and procedures, and agree to abide by these policies.

Print Name	Signature	Date

