

# RURAL FAMILY CONNECTIONS

## PARENT HANDBOOK

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## RURAL FAMILY CONNECTIONS

### CHILD CARE SERVICES

The Metcalfe Home Child Care supports care in private homes in the City of Ottawa. Our area stretches north to Walkley, south to the southern edge of the city, west to the Rideau River and east to Hawthorne.

We offer full and part time care, part days, before and after school care, early morning, evening, weekends, holidays and overnight to babies/children 3 months to 12 years. The hours and days available are determined by each home child care provider. The statutory holidays are New Years Day, Family Day, Good Friday, Easter Monday, Victoria Day, Canada Day, Civic Holiday, Labour Day, Thanksgiving, Christmas Day and Boxing Day. For care on these days please check the Parent Pay Procedure page.

Our aim is to offer a choice of providers that meet the needs of each family. There may be times when we do not have a provider with spaces that meets the needs of the family. We will be able to refer the family to another Home Child Care Agency. There may be times where we can only introduce a family to one provider. We will try and recommend alternate care with another provider if the main provider is unavailable.

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



## GETTING STARTED

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

Check our web site [www.ruralfamilyconnections.ca](http://www.ruralfamilyconnections.ca). Register your child on the City of Ottawa Child Care Wait List or Registry. Connect with our agency. Set up an intake interview.

Please read the Program Statement and the Parent Handbook.

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

### COMPLETE AND SIGN:

- Child application for care
- Parent Agreement
- Pay Procedure
- Immunization records for infants and preschoolers
- Feeding instructions for infants under 12 months
- Medical authorization when necessary
- Anaphylactic policy and forms if necessary

Submit these pages to the home child care office. The agency will attempt to set up a match visit with providers that meet the parents needs for care.

A Home Visitor will attend this match visit whenever possible.

Note: Please register your child on the City of Ottawa wait list and/or registry. This is essential if you would like to apply for a subsidized space through the City of Ottawa. The City manages the subsidized children wait list.

We do not keep a wait list at our agency. We will attempt to find a caregiver that addresses your needs whenever you need the care to start.

# CHILD'S APPLICATION FOR CARE

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

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

Date of admission \_\_\_\_\_

Date of discharge \_\_\_\_\_

Child's last name      first      initials      nicknames      D.O.B.

Child's last name      first      initials      nicknames      D.O.B.

Child's last name      first      initials      nicknames      D.O.B.

Address \_\_\_\_\_ postal code \_\_\_\_\_

Days of care needed \_\_\_\_\_ Hours of care needed \_\_\_\_\_

Email (will not be shared outside Rural Family Connections) \_\_\_\_\_

Mother's name      Work Address      Telephone  
Home:  
Work:

Father's name      Work Address      Telephone  
Home:  
Work:

Guardian's name      Address      Telephone  
Home:  
Work:

Emergency Contact      Address      Telephone  
Home:  
Work:

Others in household      Age if under 18 years      Relationship

### **STEPS FOR EMERGENCY MEDICAL TREATMENT**

In case of an emergency the provider will administer first aid, call 911, call the parents or guardian, and then contact the agency. We will use the information below if parents cannot be reached.

Emergency contact \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_ cell phone \_\_\_\_\_

Date \_\_\_\_\_

Signature of parent (s) or guardian \_\_\_\_\_

METCALFE HOME DAY CARE

What school does/will your child/children attend: \_\_\_\_\_

\_\_\_\_\_

**Authorized person who may pick up child**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Child's Physician \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Previous Communicable Diseases \_\_\_\_\_ Date \_\_\_\_\_

Previous Illnesses or Injuries \_\_\_\_\_ Date \_\_\_\_\_

Special Medical Conditions or known Allergies \_\_\_\_\_

Medication Administered Regularly (Specify) \_\_\_\_\_ Comment \_\_\_\_\_

Special Diet (Specify) \_\_\_\_\_ Comment \_\_\_\_\_

Please comment on your child's development giving information that would be useful to the program in the provision of care regarding fears, favorite activities, routines, etc.

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

Other information/sleep arrangement particular to your child \_\_\_\_\_

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

I (We) have read and agree to the Parent Handbook policies and procedures.

Date \_\_\_\_\_

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

# PARENT AGREEMENT

I (We) \_\_\_\_\_ and  
(name of parent (s))  
the Metcalfe Home Day Care agree to the following fee schedule:

\_\_\_\_\_ Circle one: A B C D E  
(name of child)

\_\_\_\_\_ Circle one: A B C D E  
(name of child)

\_\_\_\_\_ Circle one: A B C D E  
(name of child)

This amount is due the 6th of each month, in advance. No extra fees will be charged by the provider. The cheque is made payable to Rural Family Connections Inc. Notice of fee changes will be given two (2) months in advance. Notice of cancellation of services by the Provider will be given one (1) month in advance. Notice of holidays will be given one (1) month in advance where possible. Parents must pay for any vacation days used.

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

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

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

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

**\*PARENTS MUST GIVE TWO (2) WEEKS NOTICE WHEN WITHDRAWING A CHILD FROM THE PROGRAM.**

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

\_\_\_\_\_  
(Signature of Parent)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Home Visitor)

\_\_\_\_\_  
(Date)

I have read and agree with the information provided in the Parent Package.

## **FEE SCHEDULE**

As of May 2, 2016, full fee rates are below.

<u><b>TYPE OF CARE</b></u>	<u><b>FULL FEE PER DIEM</b></u>
<b>A</b>	<b>42.72</b>
<b>B</b>	<b>31.74</b>
<b>C</b>	<b>24.65</b>
<b>D</b>	<b>20.27</b>
<b>E</b>	<b>15.50</b>

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

### **OVERTIME**

"Overtime" is time over your regular contracted day not time over the 10 hours or 7 hours.

\$4.95 an hour will be charged for **each overtime occurrence/child.**



## PARENTS PAY PROCEDURE

**\*Please ensure you have signed the Parent Agreement. \***

Once care starts, parents can expect a call or email from the daycare office at the end of each month. This call or email is the perfect opportunity to discuss the care and convey the amount owing for the month. Your cheque is due (payable to Rural Family Connections Inc.) by the 6th of each month. Your cheque may be mailed (Box 75, Metcalfe, ON K0A 2P0) or dropped off at 8243 Victoria St., lower level (Live and Learn Resource Centre). Please make sure it is in an envelope if you are dropping it off. It can also be paid by e-transfer, please call the office to set this up. **There is a \$25.00 late charge for all payments received after the 6<sup>th</sup>. Interest on overdue accounts is 1.8% per month.**

**All new and returning families will pay their child care fee in advance. For example: the monthly fee would be due Apr. 6<sup>th</sup> for children beginning care Apr. 1<sup>st</sup>. For children starting after the 6<sup>th</sup> of the month payment is due before the care begins. \***

### Policy regarding statutory holidays:

Providers will invoice for statutory holidays if they have worked half or more of the billable days that month. A child is considered enrolled in a program effective the statutory holiday if the first day the child attends that program is the day following the holiday. The A rate for school aged children will be charged for the 2 statutory holidays observed during the summer and 3 statutory holidays during the Christmas break. Statutory days include: New Years, Family Day, Good Friday, Easter Monday, Victoria Day, Canada Day, Civic Holiday, Labour Day, Thanksgiving, Christmas Day, and Boxing Day for a total of 11 days per year. Statutory holidays for part time children (enrolled less than 5 days per week) may be claimed only if the holiday falls on the day of the week the child would have attended. If the provider is available to provide care on a stat. holiday and you require care, the fee is a full day plus a full day less the administrative rate. Therefore, an infant or pre-school fee would be \$42.72 + \$34.17 for a total of \$76.89.

### Policy regarding vacation days:

Parents must pay for their vacation time, when children are not in care. If vacation is used during school holidays, (determined by the school board your child attends), a full day rate will be charged. If vacation is used during regular school days, the part day rate will apply. Snow days and PD days are paid at the regular part day rate if the child is not in care. Snow days and PD days are paid at the full day rate if the child is in care.

### Policy regarding termination of care or withdrawal from care:

Parents are required to give **two weeks'** notice before withdrawing their child from care. (Two week's no notice will be paid by the parents if this notice is not given) The provider in turn will give one month notice before terminating care. There are circumstances that will waive any notice or payment. For example, the care being provided is not following the regulations set out in the Child Care Early Years Act, 2014, or the parents are not fulfilling their obligations as set out in the agreement or parents responsibilities.

### Things to remember:

Parents may want to set up a series of post-dated cheques to cover six months of care. Your account will then be assessed for credit or balance owing. **It is the parent's responsibility to have full payment delivered to the MHDC office by the 6<sup>th</sup> of the month. There is a \$25.00 fee for NSF cheques.** The providers are paid whether your child is there or not. This includes days your child stays home because of illness. The only days our providers are not paid are days they are unavailable to give care. An alternate provider will then be offered. An emergency number will be available at the end of the outgoing telephone message.

I have read and understand this policy. \_\_\_\_\_ Signature

\_\_\_\_\_ Date

**Please check with the office if you have any concerns, questions or require alternate care.**

OFFICE: 821-2899

MARIA: 613 295-9716

MARLENE 613 290-1793

## **SUBSIDIZED FAMILIES**

### **PAID DAYS AWAY POLICY**

Paid days away are any full day for which a child is absent from care. This includes vacation days, sick days and any other days where the child is absent from care. Parents who have a child enrolled with our agency are entitled to 36 paid days away for every child in a full-time program in each calendar year. These days may not be banked from year to year. The number of paid days away is pro-rated by the number of months in which a child is placed in a calendar year.

In cases of joint custody, each parent is entitled to the prorated amount of their custody arrangement (50-50 – each parent is allowed 18 days).

Once a child reaches 80% of the total paid days away allowed in the calendar year, you will be advised of the maximum allowed limit, and we will encourage you to seek medical verification to document the extraordinary medical needs. We will give you a letter co-signed by the City and the Agency to that effect. We will then complete the Request for Additional Leave Day form for you to sign. This request will be emailed to the City.

Parents are liable for the full cost of care and will be charged accordingly by Metcalfe Home Day Care.

Parents are not obligated to take time off at the same time as the provider. The agency will attempt to coordinate alternate care if necessary.

## **MEDICATION POLICY**

### **METCALFE HOME CHILD CARE**

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

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

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

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

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

An individualized plan will be developed for any child with a chronic or acute medical condition or a child requiring additional supports. This plan will be developed in consultation with the parent and any regulated professional involved in the child's care who the parent believes should be consulted.

## MEDICATION AUTHORIZATION

I authorize the administration of:

\_\_\_\_\_ (medication)

to \_\_\_\_\_ (child's name)

by \_\_\_\_\_ (provider)

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

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

Use the following instructions:

Dosage \_\_\_\_\_

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

\_\_\_\_\_

Storage \_\_\_\_\_

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

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

\_\_\_\_\_

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

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

Date \_\_\_\_\_

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

## **SLEEP AND SUPERVISION POLICY**

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

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

The following regulations also apply:

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

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

Parents will be advised of the sleep policy at the intake interview or the time of registration. The sleep policy will be included in the Parent Handbook.



## **ILLNESS POLICY**

There may be times when a child is too ill to go to the care giver's home. He or she may be too ill to participate in activities; may be contagious to the other children; or may need more care and attention than the care giver can provide without compromising the care of the other children. This can be a difficult issue, and it's an important one to discuss before your child goes into care. It's best to keep children home when they are sick, not only to aid in their recovery but for the sake of the other children in the group. We suggest that you prepare for these situations by making alternate arrangements for care with a relative or close friend.

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

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

Child must be symptom free for 24 hours before returning to care.

# FIELD TRIP CONSENT FORM

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

EXCURSION	FREQUENCY	TRANSPORTATION	TIME OF DAY

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

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

=====

I am planning a special excursion with the children.

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

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

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

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

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

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

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

=====

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

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

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

\_\_\_\_\_  
Date



# OUTDOOR PLAY PLAN AND SUPERVISION POLICY

Provider \_\_\_\_\_

Child(ren) \_\_\_\_\_  
(please add initial of last name)

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

## Play Plan

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### Home Child Care

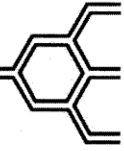
Provider \_\_\_\_\_ date \_\_\_\_\_

### Parent

_____	print	_____	sign	_____	date
<b>Parent</b>	_____	print	_____	sign	_____
<b>Parent</b>	_____	print	_____	sign	_____
<b>Parent</b>	_____	print	_____	sign	_____
<b>Parent</b>	_____	print	_____	sign	_____

### Child Care

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



### Immunization Information

Children attending licensed child care facilities in Ontario must be immunized as required by the *Day Nurseries Act*. Please refer to the *Ontario Vaccine Requirements* sheet to ensure that your child's immunization is up-to-date for his or her age. Parents/guardians must provide a valid exemption for children who are not immunized.

Ottawa Public Health collects and maintains immunization information. The information is periodically reviewed to ensure that children continue to meet the requirements of the law.

**Please remember to inform your child care provider and Ottawa Public Health every time your child receives additional vaccinations.**

If an exemption is required for any reason, contact the Immunization Program at 613-580-6744 extension 24108.

**Please complete this form and attach a photocopy of your child's immunization record.**

**Child information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender: Male  Female  Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)

Ontario Health Card Number: \_\_\_\_\_

Name of Child Care Facility: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Parent/Guardian information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relation to child: Mother  Father  Guardian  Other: \_\_\_\_\_ (Please specify)

Home Address: \_\_\_\_\_ Apt./unit: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel. (home): \_\_\_\_\_ Tel. (work): \_\_\_\_\_ Cell: \_\_\_\_\_

For more information, or to update your child's immunization record, please contact:

**Ottawa Public Health Immunization Program**  
**100 Constellation Drive, 7<sup>th</sup> Floor West**  
**Ottawa, ON K2G 6J8**  
**Telephone: 613-580-6744, extension 24108**  
**Fax: 613-580-9660**  
**E-mail: [immunization@ottawa.ca](mailto:immunization@ottawa.ca)**  
**Web: [ottawa.ca/health](http://ottawa.ca/health)**

Personal health information is collected under the authority of section 33 of Regulation 262 under the *Day Nurseries Act* and section 5 of the *Health Protection and Promotion Act* and will be used by Ottawa Public Health to maintain an immunization record for your child and to take appropriate action to prevent vaccine preventable diseases. Questions regarding the collection and use of personal health information may be directed to the Supervisor, Immunization Program, Ottawa Public Health by mail at 100 Constellation Drive, Ottawa, ON K2G 6J8, by telephone at 613-580-6744 ext 24108, or by e-mail at [immunization@ottawa.ca](mailto:immunization@ottawa.ca).

HPD 6.01 01/2012

## TRANSPORTATION POLICY

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

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

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

OR

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

## **SMOKE FREE CHILD CARE SPACES**

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

Two pieces of legislation have recently become laws which affect private home day care. They are: **Multiple Smoke Alarms** – effective March 1, 2006 every home in Ontario must have a working smoke alarm on every storey and outside all sleeping areas.

**Smoke-Free Ontario Act** – effective May 31, 2006 a new provincial law replaces the Tobacco Control Act. The essence of the law is to protect children and the non-smoking public, not to punish smokers. Toxic chemicals in smoke are absorbed into surfaces, furniture, walls and carpet. Over time, these toxins are emitted back into the air through *off-gassing*. Children in these environments inhale and consume the off-gassed toxins. There is no safe level of exposure to second-hand smoke. Second-hand smoke causes cancer, asthma and many other health problems. Dangerous chemicals are still present even when you can no longer smell smoke in a room. Exposure to second-hand smoke in childhood is correlated with youth smoking.

Smoking and/or holding lighted tobacco will be banned in private home day care, as defined in the Day Nurseries Act, **whether children are present or not**.

Enforcement will be carried out by public health units and enforcement is likely to be complaint-driven. Home child care agencies are not responsible for enforcement. Tickets will be issued to individual child care providers, not agencies. Maximum fine has been set at \$5,000.

This law was created to protect children and adults from the harmful effects of exposure to second-hand smoke. Public Health Unit staff are here to support you in any way they can, and are available to help make the transition as smooth as possible.

Contacts: Ottawa Public Health Information 580-6744 ext. 23953, [www.smokefreeeast.ca](http://www.smokefreeeast.ca)

### **FIRE PROCEDURES**

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

## CHILD CARE FACILITY IMMUNIZATION & TUBERCULOSIS ASSESSMENT

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

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

Objections or exemptions must be completed on the Ministry approved form. Statement of Conscience or Religious Belief forms must be notarized. Statement of Medical Exemption must be completed by a doctor or nurse practitioner.

## ONTARIO VACCINE REQUIREMENTS

SEE ATTACHED PAGE.

## SUN EXPOSURE POLICY

Health experts agree that excessive exposure to the sun, whether cumulative or in intense short periods, is hazardous to human health. Skin cancers (such as fatal melanomas), cataracts and suppression of the body's immune system are the most serious consequences of over-exposure to the sun. Other effects include sunburn, increases aging of the skin, and heat-related conditions such as dehydration and related symptoms, rashes and heat stroke.

It should be noted that even in the shade, harmful effects may result from rays reflected off nearby water, snow, sand or cement. The sun's rays can also penetrate light cloud cover, fog and haze.

Providers need to protect the children in their care and teach them sun safety. Research shows 80% of a person's lifetime damage from ultraviolet (UV) rays from sun occurs before the age of 18, so these are lessons which need to be taught early.

Commercially sold sunscreens carry a sun protection factor (SPF) number, which indicates how much longer you can safely take sun than you could with no protection. The higher the SPF number, the greater the protection from UV rays.

If your burn time without sunscreen is 10 minutes, an SPF of 15 will allow you to stay outside 15 times longer (10 minutes X SPF 15 = 150 minutes, or 2 1/2 hours.) In order to maximize the protection of your sunscreen, apply it liberally 15 to 30 minutes before going outside, preferably before dressing to ensure thorough coverage. Re-applying it every 2 to 4 hours will help assure coverage but will not extend the total time you can spend in the sun. If water play is in the day's plans, try to use a waterproof or water-resistant sunscreen, but do read the label to see how long these products remain effective in water.

The Canadian Dermatology Association (CDA) recommends sunscreen of at least SPF 15 for adults and suggests SPF 30 for children and fair-skinned people. CDA has evaluated a number of products for their effectiveness - look for the CDA'S seal of approval.

Any sunscreen is inappropriate for babies under 6 months, who are more likely to absorb the chemicals into their skin. Keep young babies out of the sun at all times. Keep children of all ages out of the sun from 11 a.m. to 3 p.m. and always provide shade for children's play areas. Parents will supply sunscreen and sign a Medication Authorization.

Protection is improved by wearing light-weight (but not see-through) long-sleeved shirts, long pants, and a wide-brimmed hat. Sunblocks such as zinc oxide reflects UV rays away from the body and may be a good choice for sensitive areas such as noses and the tops of ears.

## **SERIOUS OCCURRENCE POLICY**

This Serious Occurrence Policy will provide information;

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

### **Identify**

A serious occurrence means,

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

### **Respond**

After identifying the serious occurrence;

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

### **Report and Post**

The service provider (Metcalf Home Child Care or Metcalfe CO-operative Nursery School) staff will report the serious occurrence by logging into the CCLS system within 24 hours of becoming aware of the serious occurrence. If the CCLS system is not available they will contact the program advisor -Julie Brazeau 613 7875274 x 5274 The serious occurrence notification form will be completed and posted in a place that is visible to parents for at least 10 days including any allegation of abuse or neglect. This form which is available through the main office must not include any identifying information. The form must be updated as new information is obtained.

### **Analysis**

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

## **PROVIDERS RESPONSIBILITIES**

1. Will provide care for the child, giving consideration to activities appropriate to the child's age or development and will report to the parent any changes in the child's development or behavior which would be of interest.
2. Will provide morning snack/lunch/afternoon snack/after school snack (whichever are applicable).
3. Will have concern for the child's physical safety.
4. Will be responsible for the child only after the child has arrived at her home. If children walk alone to and from the provider's home, the parents are responsible for them during this time.
5. Will consult with the home visitor about any problems which may arise in connection with the children in her care.
6. Records the child's attendance, drop off time and pick up time.
7. Will give two (2) weeks' notice if she can no longer provide care and will also notify the parent as soon as possible if illness prevents her from looking after the child.
8. Will report any children being cared for privately.
9. Attends meetings for providers held by the Metcalfe Home Day Care.
10. Cannot provide medication without signed medical authorization form.
11. No corporal punishment.
12. Child not to be left unsupervised (supervision must be with an adult 18 years or older).
13. Room temperature to be at least 20 degrees Celsius.
14. Equipment in safe, clean state of repair.
15. Playpen for each infant, crib, cot or bed for child over 18 months with individual bedding.
16. Refrigerator to be kept below 40 degrees Fahrenheit with indicating thermometer.
17. To require from parent written feeding instructions regarding children or infants with special dietary needs.
18. Full day children sleep or have a quiet time for at least 1 hour and play outdoors for at least 2 hours weather permitting.
19. A provider may not provide care through a private arrangement for children registered with or already placed by Metcalfe Home Day Care. Failure to comply with this policy may result in the termination of the agency/provider contract.
20. The provider will follow the serious occurrence identification, response, reporting, and posting procedures as listed in the policy.
21. Keep Standard First Aid certification up to date.



## **PARENT'S RESPONSIBILITIES**

1. Takes the child to the provider's home and picks the child up at the specified time.
2. Gives to the provider as much notice as possible for any of the following:
  - (a) if the child will not be attending because of illness or for any other reason.
  - (b) if working hours change.
  - (c) if someone else is picking up the child (child will not be released to anyone other than parent without authorization).
  - (d) change of address or phone number (work or home).
  - (e) holidays. Any family vacation time is paid to the provider, unless the provider is unavailable to provide care. Parents should give one month's notice before taking holidays.
3. Will give two (2) weeks' notice of withdrawing child for moving or any other reason.
4. Will arrange day care subsidy - please check with day care office for phone numbers and procedures.
5. Signs attendance forms prepared by the provider.
6. Provides extra clothing for the child to cover changes in weather or for other purposes.
7. If infant, will provide infant food, formula, with child's name on container, diapers (labeled with child's name if cloth).
8. If school age children, will inform the school of their provider's name, address, and phone number, and will inform their provider of professional development days.
9. Will telephone provider if parent is going to be more than 15 minutes past scheduled time and will arrange to pay day care office \$4.95 per hour overtime.
10. Will report to provider any concerns about child's development, health or behavior so that provider may be able to watch and report on progress.
11. Will provide medical form for child to home visitor, and authorization for emergency treatment and medication.
12. If medication is required, parents are to sign authorization form and provide medication in its original container.
13. Gives provider written instructions regarding children and infants with special dietary needs.
14. Arranges for payment to be received by day care office by the 6<sup>th</sup> each month. (see pay procedure for additional details). There is a \$25.00 fee for NSF cheques, and 1.8% interest on overdue accounts.

## **HOME VISITOR'S RESPONSIBILITIES**

1. Visits provider's home once a month, notice of this visit may or may not be given.
2. Conducts a safety inspection every three (3) months.
3. Is available for discussion with parent on any concerns about the child's development.
4. Introduces child or children and parent to provider to familiarize them with the home before placement and to discuss responsibilities.
5. Will meet the provider and parent, if any difficulties concerning the placement should arise.
6. Is ready to help provider or parent with any behavioral difficulties.
7. Is aware of numbers and ages of all children in the provider's home.
8. Supplies ideas and some materials appropriate for the age of the children being cared for.

## ANAPHYLACTIC POLICY

The strategy to reduce the risk of exposure to anaphylactic causative agents is covered in

- The following anaphylactic policy;
- The authorization for administration of the adrenaline auto-injector Appendix A
- Emergency Procedure Appendix B.

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

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

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

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

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

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

METCALFE HOME DAY CARE

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

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

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

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

\_\_\_\_\_  
**Metcalf Home Daycare Agency**

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

**Authorization for Administration of Adrenaline Auto-Injector**  
*(Appendix "A" to Anaphylactic Policy)*



**PERSONAL INFORMATION: (please print)**

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

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

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

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

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

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

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

**MEDICAL INFORMATION:**

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

DESCRIBE CIRCUMSTANCES UNDER WHICH MEDICATION IS TO BE GIVEN:

AMOUNT & TIMES OF DOSAGE(S):

**PARENT/GUARDIAN AUTHORIZATION:**

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

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

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

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

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

\_\_\_\_\_  
**DATE**

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

**1. Administer the auto-injector**

Don't hesitate.

The child should rest quietly.

To inject:

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

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

Tell them that a child has had an anaphylactic reaction.

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

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

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

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

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

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

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

### **Metcalf Home Child Care**

The **Home Child Care Agency** will ensure that every volunteer or student that is present in a home where child care is taking place must be supervised by the provider at all times. The volunteer or student is not permitted to be alone with the children. Volunteers and students on placement or assignment must present their police records check with the vulnerable sector (not more than 1 yr. old) before interacting with the children. All duties will be dictated by the provider, this will depend on the program for the day, the time and the needs of the children.

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

## **PARENT ISSUES AND CONCERNS POLICY AND PROCEDURES**

Name of Home Child Care Agency: Metcalfe Home Child Care

Date Policy and Procedures Established: August 21, 2017

Date Policy and Procedures Updated:

### **Purpose**

The purpose of this policy is to provide a transparent process for parents/guardians, the home child care agency licensee and staff to use when parents/guardians bring forward issues/concerns.

### **Definitions**

*Licensee:* The individual or agency licensed by the Ministry of Education responsible for the operation and management of each home child care agency it operates (i.e. the operator).

*Home Child Care Provider:* The individual with which the home child care agency has established an agreement for the provision of child care in their home premises.

*Staff:* Individual employed by the licensee (e.g. home visitor)

### **Policy**

#### **General**

Parents/guardians are encouraged to take an active role in our home child care agency and regularly discuss what their child(ren) are experiencing with our staff and home child care providers. As supported by our program statement, we support positive and responsive interactions among the children, parents/guardians, child care providers and staff, and foster the engagement of and ongoing communication with parents/guardians about the program and their children. Our home visitors are available to engage parents/guardians in conversations and support a positive experience during every interaction.

All issues and concerns raised by parents/guardians are taken seriously by Metcalfe Home Child Care and will be addressed. Every effort will be made to address and resolve issues and concerns to the satisfaction of all parties and as quickly as possible.

Issues/concerns may be brought forward verbally or in writing. Responses and outcomes will be provided verbally, or in writing upon request. The level of detail provided to the parent/guardian will respect and maintain the confidentiality of all parties involved.

An initial response to an issue or concern will be provided to parents/guardians within 2 business days. The person who raised the issue/concern will be kept informed throughout the resolution process.

Investigations of issues and concerns will be fair, impartial and respectful to parties involved.



## **Confidentiality**

Every issue and concern will be treated confidentially and every effort will be made to protect the privacy of parents/guardians, children, home child care providers, other persons in the home child care premises, staff, students and volunteers, except when information must be disclosed for legal reasons (e.g. to the Ministry of Education, College of Early Childhood Educators, law enforcement authorities or a Children's Aid Society).

## **Conduct**

Our agency maintains high standards for positive interaction, communication and role-modeling for children. Harassment and discrimination will therefore not be tolerated from any party.

If at any point a parent/guardian, home child care provider and/or staff feels uncomfortable, threatened, abused or belittled, they may immediately end the conversation and report the situation to the home child care agency head office.

## ***Concerns about the Suspected Abuse or Neglect of a child***

Everyone, including members of the public and professionals who work closely with children, is required by law to report suspected cases of child abuse or neglect.

If a parent/guardian expresses concerns that a child is being abused or neglected, the parent will be advised to contact the [local Children's Aid Society](#) (CAS) directly.

Persons who become aware of such concerns are also responsible for reporting this information to CAS as per the "Duty to Report" requirement under the *Child and Family Services Act*.

For more information, visit

<http://www.children.gov.on.ca/htdocs/English/childrensaaid/reportingabuse/index.aspx>

## Procedures

Nature of Issue or Concern	Steps for Parent and/or Guardian to Report Issue/Concern:	Steps for Provider, Staff and/or Licensee in responding to issue/concern:
<p><b>Program-Related</b> E.g.: schedule, toilet training, indoor/outdoor program activities, menus, etc.</p>	<p>Raise the issue or concern to</p> <ul style="list-style-type: none"> <li>- the home child care provider directly</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>- the home visitor and/or licensee.</li> </ul>	<ul style="list-style-type: none"> <li>- Address the issue/concern at the time it is raised; or</li> <li>- arrange for a meeting with the parent/guardian as soon as possible</li> </ul> <p>Document the issues/concerns in detail.</p>
<p><b>General, Agency- or Operations-Related</b> E.g.: fees, placement, etc.</p>	<p>Raise the issue or concern to:</p> <ul style="list-style-type: none"> <li>- the home visitor or licensee.</li> </ul>	<p>Documentation should include:</p> <ul style="list-style-type: none"> <li>- the date and time the issue/concern was received;</li> <li>- the name of the person who received the issue/concern;</li> <li>- the name of the person reporting the issue/concern;</li> <li>- the details of the issue/concern; and</li> <li>- any steps taken to resolve the issue/concern and/or information given to the parent/guardian regarding next steps or referral.</li> </ul>
<p><b>Provider-, Staff- and/or Licensee-Related</b> E.g.: conduct of provider, home visitor, agency head office staff, etc.</p>	<p>Raise the issue or concern to</p> <ul style="list-style-type: none"> <li>- the individual directly</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>- the licensee.</li> </ul> <p>All issues or concerns about the conduct of the provider or staff that puts a child’s health, safety and well-being at risk should be reported to the agency head office as soon as parents/guardians become aware of the situation.</p>	<p>Provide contact information for the appropriate person if the person being notified is unable to address the matter.</p>
<p><b>Related to Other Persons at the Home Premises</b></p>	<p>Raise the issue or concern to</p> <ul style="list-style-type: none"> <li>- the home child care provider directly</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>- the home visitor and/or licensee</li> </ul> <p>All issues or concerns about the conduct of other persons in a home child care premises that puts a child’s health, safety and well-being at risk should be reported to the agency head office as soon as parents/guardians become aware of the situation.</p>	<p>Ensure the investigation of the issue/concern is initiated by the appropriate party as soon as reasonably possible thereafter. Document reasons for delays in writing.</p> <p>Provide a resolution or outcome to the parent(s)/guardian(s) who raised the issue/concern.</p>
<p><b>Student- / Volunteer-Related</b></p>	<p>Raise the issue or concern to</p> <ul style="list-style-type: none"> <li>- the person responsible for supervising the volunteer or student</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>- the home visitor and/or licensee.</li> </ul> <p><b>Note:</b> All issues or concerns about the conduct of students/volunteers that puts a child’s health, safety and well-being at risk should be reported to the agency head office as soon as parents/guardians become aware of the situation.</p>	

**Escalation of Issues or Concerns:** Where parents/guardians are not satisfied with the response or outcome of an issue or concern, they may escalate the issue or concern verbally or in writing to Metcalfe Home Child Care

Issues/concerns related to compliance with requirements set out in the *Child Care and Early Years Act, 2014* and Ontario Regulation 137/15 must be reported to the Ministry of Education's Child Care Quality Assurance and Licensing Branch.

Issues/concerns may also be reported to other relevant regulatory bodies (e.g. local public health department, police department, Ministry of Environment, Ministry of Labour, fire department, College of Early Childhood Educators, Ontario College of Teachers, College of Social Workers etc.) where appropriate.

**Contacts:**

**Metcalfe Home Child Care- 613 821-2899**

**Main office: 8243 Victoria St., Box 75, Metcalfe, Ontario**

**Ministry of Education, Licensed Child Care Help Desk: 1-877-510-5333 or [childcare\\_ontario@ontario.ca](mailto:childcare_ontario@ontario.ca)**

## **POLICE RECORD CHECK PROCEDURES**

METCALFE CO-OPERATIVE NURSERY SCHOOL  
METCALFE HOME DAY CARE  
LIVE AND LEARN RESOURCE CENTRE

Obtaining a PVSC (police vulnerable sector check) is a requirement for all: Volunteers, Nursery School Parents, Child Care Providers (and adults living in the home), Teaching staff, Home Visitors, Resource Centre Facilitators and Management staff in any of the Rural Family Connections Programs.

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### **PROCESS**

Please visit this Ottawa Police office 2670 Queensview Dr.  
613 236-1222

You will require two pieces of identification and payment or your volunteer payment exemption letter if you are Nursery School parent.

You may also go on line at [www.ottawapolice.ca](http://www.ottawapolice.ca), complete process, and make payment. Nursery School families can get a volunteer exemption letter from the teaching staff. If you have any questions about this service please call the police number above.

Please give the clearance letter to the program staff or admin staff. This letter will be copied and certified a true copy then kept in a secure file (secure office and filing cabinet). An offence declaration (kept in a secure office and filing cabinet) will be signed in the next year if you continue in that role with any of the Rural Family Connections programs.

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The information revealed in the PVSC and the offence declaration will be reviewed by the Management staff in all programs. The results must indicate a check in the no convictions boxes. If we are waiting for a PVSC from any of the adults listed above they will be supervised by a qualified adult and not left alone with the children until the results are received. Note that students and volunteers are not left with children at any time. On a case by case basis the results on the PVSC may need to be discussed with the management staff and the adult. This communication will be confidential and logged in the appropriate confidential file. All staff and volunteers must provide a PVSC (police vulnerable sector check) that is dated no later than 6 months from the day it is obtained by our programs.

## **PROCESS FOR MONITORING COMPLIANCE WITH POLICIES, PROCEDURES AND INDIVIDUALIZED PLANS and CONTRAVENTION**

Policies, procedures and individualized plans will be reviewed as needed through the year. A case load meeting is held twice a month (or more often if needed). All home visitors share experiences, concerns and future visit ideas or follow ups. This discussion is a good way to discern compliance with the policies and procedures. The total case load is shared on a rotation basis, the file notes read by each home visitor and director give a good indication of compliance with the policies and procedures. The director is responsible for any conversation that would initiate more review, more training or more direct observation. The director could accompany the home visitor on visits if the situation called for that action. Concerns that still continued would be brought to the RFC board for review and a further plan of action.

At each home visit there is some review of policy or procedure with the provider. Observations of the compliance on the part of the provider is recorded in the visit notes. Notes for the next visit are recorded and the home visitor will review the file before that visit. At the case load meetings issues that are common to a few providers, may initiate some additional training for all. The concerns may also be brought to the Education and Training committee where a city-wide training can be planned and facilitated.

All concerns, situations, observations or reports of prohibited practices on the part of providers, adults in the home, home visitors or supervisory staff will be REPORTED TO THE CHILDREN'S AID discussed at the team level AND taken to the RFC board immediately for a further plan of action. ECE's are accountable to the College of Early Childhood Educators' Code of Ethics and Standards. These prohibited practices (pg. 116-118 in manual) are

1. Corporal punishment
2. Physical restraint of a child
3. Confinement of a child
4. Harsh or degrading measures or threats
5. Depriving a child of basic needs
6. Inflicting bodily harm

Notes, observations, time frames will be kept in the staff file or provider file.

How Does Learning Happen? paves the way for discussion, reflection and engagement. The pedagogy will be reviewed and ways to move forward with positive interactions discussed. Ottawa will soon have use of a Quality Assurance tool that will assist in the monitoring of compliance with policies, procedures and individualized plans. (Editing finished, formatting, translation and printing this Spring)