



# **WEST END HOME CHILD CARE SERVICES**

1411 Bloor Street West, Toronto, Ontario M6P 3L4 • Tel: (416) 537-4154 • Fax: (416) 537-2740

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# **HOME DAY CARE PROVIDER AGREEMENT**

## **PHILOSOPHY**

We believe that each child is unique and that children learn best through their natural curiosity. The philosophy of our agency is to recognize the needs of all children and to guide them towards their natural creativity and to develop sensitive individuals who are eager to learn. We believe that early childhood education should provide children with the tools and skills necessary for them to meet the challenges of a complex world. We believe that childhood should be cherished, and children should live as children today if they are to become fulfilled adults tomorrow. By providing a safe, stimulating environment, our program strives to meet the needs of each child's social, emotional, physical and intellectual development.

West End Home Child Care is an *inclusive* childcare setting. However, the structure of some buildings and houses do not allow wheel chair accessibility. We enroll families with a variety of abilities and disabilities. To meet our children's needs, we seek assistance from the City's consulting and other agencies.

West End Home Child Care welcomes and supports children from all kind of families and facilitates an empathetic and nurturing environment to give every possible opportunity to the children to keep their unique identity and develop to their fullest potential.

## **NUMBER OF CHILDREN**

The provider hereby agrees that he/she understands and will adhere to the policies and regulations stated in the CCEYA2014. The policies and regulations of both West End Home Child Care Services and the province of Ontario's CCEYA2014 are set out in this agreement. Failure to adhere to these policies and regulations may result in the termination of the provider's contracted services. It is the agency objective to ensure that all providers have the maximum level of awareness as to what makes a good provider and quality care.

1. The day care provider shall ensure that the number of agency and privately enrolled children as well as her own children under 13 years of age, in his or her care, not exceed six (6) children at any time.

ALL CHILDREN including part-time, agency placed, private or the provider's own children under the age of six years, excluding children under six, who are enrolled full time in school, operated by a school board enrolled in and regularly attending a First Nation, full day program by the Government of Canada, for First Nation children.

The day care provider shall ensure she cares for no more than:

- 1) **two children who are under two years of age including his or her own children and**
- 2) **Four children over two years of age can be added to the providers home,**

*Depending on the physical space used by the children, the ability of each child to follow*



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*instructions and evacuate the premises independently in case of emergency, and the provider's experience, qualifications and her ability to care for the children safely.*

\* It is agreed that the maximum number of children in this home will be \_\_\_\_\_ and this is subject to change when appropriate by agreement with the agency and day care provider. \_\_\_\_\_ (Prov. Initials)

\* It is agreed and understood that the day care provider is self-employed and contracts his/her services to the agency. The agency has the right to stop admissions in the home if a provider takes the agency's full fee children privately, refuses to accept variety of ages, or has restrictions on accepting more than two children from the Agency.

\*It is agreed and understood that some buildings and home structures do not allow wheel chair accessibility. We enroll children with variety of special needs; behavioral difficulties, emotional, speech, and other learning difficulties. To meet our children's needs, the agency seeks assistance from the City's consulting agencies.

## PARNTAL ACCESS TO THE DAY CARECHILD

No provider or person residing on the premises where day 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 a legal right of access to the child/ren (legal custody documentation)
- the person believes on reasonable grounds that the parent could be dangerous to the child/ren (under alcohol or drugs) (child cries hard look scared and doesn't want to go and parent is forcing the child)
- the parent is behaving in a disruptive way screaming, yelling and banging very loudly on the door.

## HEALTH AND SAFETY

- 1) **Prior to starting** day care, the day care provider and any other person over 18 years old residing in the home, **must have a Medical and Tuberculosis test, or a Chest X-ray with negative results, and a complete immunization record. This also includes immunization of Diphtheria and Tetanus, which must be updated every 10 years.**

Provider's children, who are less than 18 years old, must provide the agency with an updated immunization record, completed by a licensed physician.

The provider agrees to follow West End Home Child Care policies, prepare **a menu plan, to complete weekly, a daily activities schedule**, and comply with the CCEYA2014 and the city criteria.

## HOME DAY CARE REGULATIONS

1. **Health check:** Upon a child's arrival to the home child care, the provider shall do a health check on the child.
- 2) **Temperature:** The day care provider agrees to maintain a comfortable temperature in the Home child care of **around 22 degrees Celsius.**

3. Main, back, or side doors must be closed and locked at all times.
4. The day care provider agrees **to work with her Home Consultant**, who will serve as a **resource person**, supplied by the agency to give ideas for developmental activities, for the children placed in her care.
5. Weather permitting, the children must play **outside for about two hours per day**. Prior to placement, a discussion between parent, provider, and home consultant will determine specific supervision for outdoor play.
6. The child (ren)'s parent will bring the day care provider **appropriate outdoor clothing, extra clothing, and where appropriate, labelled bottles and diapers**.
7. Children under two years of age must be provided with **appropriate sleeping arrangements**, i.e. Playpen or crib that complies with the **Standards of Canadian Consumer Product Safety Act**. Children over two years of age, who need daily naps, must be provided with sleeping facilities that will ensure their safety, i.e. cots or beds. Parents and day care provider will discuss appropriate equipment requirements for each child prior to placement and from time to time thereafter.

Providers must perform periodical, visual checks on sleeping children. Providers must go over to the sleeping child and look for indicators of distress or unusual behaviour. Touch the forehead/back for temperature, check their breathing, hand on back/stomach, and monitor the overall well being of the sleeping child. Document results on the form provided by the agency. Visual checks will be performed in 15/20 minute intervals following the time the infant falls asleep.

**8. All cleaning materials**, paints, tools, matches, laundry cleaning products, and hazardous items must be securely stored in locations that are inaccessible, especially to young children.

**9. ALL MEDICINES must be stored under LOCK AND KEY.**

10. The day care provider agrees that **all firearms are locked up** and stored in an inaccessible area. ammunition must be stored separately.
11. The day care provider will establish a specific **home evacuation plan** in case of fire.
12. The day care provider will ensure there is a **fire extinguisher in place** in his/ her kitchen and working smoke and carbon monoxide detectors at all levels of her home.
13. Providers are expected to provide proof of annual rabies vaccination for **all cats and dogs** in the Home.
14. All **unused electrical outlets** must have safety caps placed in them.
15. The day care provider will have a **flash light in working condition** and an agency approved **First Aid Kit and Manual** which are easily accessible in his/ her home at all times.
16. The Agency shall provide the day care provider with proof of **Third Party Liability Insurance** prior to his/ her starting to provide care and annually thereafter.
17. The day care provider agrees to **plan and serve nutritious meals and snacks** that meet the daily requirements set out in the Health Canada documents, Eating well with



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Canada's Food Guide, Eating well with Canada's Food Guide – First Nations, Inuit, and Métis, or Nutrition for Healthy Term Infants, as amended from time to time, and to promote good dental health care for each child over one year of age. For all children receiving care for more than six hours or more, the provider shall offer one hot lunch or sandwich, for kindergarten or older children present at lunch time, and two snacks consisting of at least two servings of milk and milk products; one serving from meat and alternatives; two servings of bread and cereals, and two servings of fruits and vegetables. Water also must be available for the children at all times.

A child who is in care for a full day should receive at least one-half of their daily nutritional requirements. Young children in care for a full day are very active and need **adequate nutrition** to provide them with the energy for their activity. Parent will bring labelled food prepared from home in case of special diet and the provider will feed the children according to parent's instructions. Food substitutions will be posted and retained in file for 30 days.

Please ensure all foods and drinks coming prepared from home are labelled with the child's name, stored appropriately (in refrigerator or cupboard) in order to maintain maximum nutritive value and prevent contamination. Menus should be developed in consultation with parents and home consultants. Weekly menu must be posted in a conspicuous place where parents can see.

**18.** When parents bring **formula** and/or **baby food**, or **food for special diets**, each container must be **labelled** with the child's name, and stored appropriately in accordance to retain maximum nutritive value and prevent contamination. Infant parents will supply the day care provider with written feeding instructions, which details the child's feeding, sleeping and toileting requirements and update it as needed.

**19. Rest and out-door play:** The provider shall ensure that children under 30 months of age spend outdoor supervised time of up to two hours daily, weather permitting.

**20. Balcony** children are **never to play on a balcony**. There must be a lock on the balcony door that is in good working order and the lock must only be operable / accessible by adults for opening, closing, and locking.

**21. All doors and windows** must be checked monthly by the home consultants to ensure that safety devices are properly placed on windows, balcony doors, and screens that are strong and secure, and the windows do not open more than four (4) inches. In case repairs are needed and cannot be completed within 24 hours and there is no other way to secure windows and doors, the children will be transferred to a backup provider.

**23. Swimming Pools:** All homes with swimming pools must provide a written confirmation that have been inspected and meet municipal By-Law requirements. (eg. enclosed with a fence and latched gate). The Day Care provider agrees to prohibit the use and access to all standing bodies of water and recreational in-ground/above ground swimming pools, portable, "kiddie" inflatable

wading-type, and hydro-massage pools, hot tubs, and spas located on the premises of any home as well as the use of any wading pool in local parks and/or community settings.

Providers can use splash pads, sprinklers, or hoses on their premises. Children can also enjoy water play in sensory tables. Children must be supervised at all times...

**24. Log Books**All providers must obtain 2 log books. One to record daily descriptive information for the children in their care and one to record happenings of their own family. For example: Day care child recording "child A refuse to eat his lunch today he ate only bread" and the fruit. Provider's family recording "my son was sick yesterday".

**25. Log your accidents:** For a non-medical treatment required injury, the provider should wash the injured part of the body with soap and water and to not apply anything on but a bandage to keep it clean. Parent/guardian should be notified. The provider must record it in the log book, complete an accident report form, and ask the parent to sign both. The accident form must be returned to the office at the end of the year. Home consultant will review the accidents and the procedures annually and advise the providers accordingly. **Example of recording:** Today Jun 23/2017 at 3:45 child A was running to get the bicycle and he bumped his head on the wall. He got a bump on the head. I applied Ice and I called the parents. Child B fell on the playground and scraped his knees I washed it with soap and water and put a bandage to keep it clean. I called mom

**26. Log children's illness:** Any symptoms of illness of children enrolled, providers, or anyone else residing in the house where day care is provided (minor or major), must be documented in your log book and the symptoms of ill health form. Completed forms of symptoms of ill health must be returned to the office at the end of the year. Wednesday April 15, 2017 when child A woke up from his nap at 2:10 his temperature was 101.7°F. I called mom, I administer children's Tylenol -as per doctor's note- and mom picked him up at 3:15pm. Thursday April 16, 2017 mom called to let me know he still isn't feeling well and is going to stay with her today.

**27. Any reports of inspections** or recommendations of any Program advisor, medical officer of health, or fire inspector made pertaining to children's health, and well-being, must be kept on file in the providers home and in the office. A copy must be send immediately to the program advisor.

**28.** It is essential for all day care children to develop, and continually practice health care practices that will protect, maintain, and improve their over-all health and development. The Agency requires all caregivers to **comply with the written sanitary and diapering practices and procedures:**

**29.** All known allergies and food restrictions of children in provider's care must be posted in any **cooking and eating area.** (Name of child, Restriction or allergy, action to take).



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## **NON SMOKING POLICY AND PROCEDURES**

According to the Smoke Free Ontario Act, No providers, consultants, parents, visitors or persons ordinarily residing on the premises of the location are allowed to smoke on premises of the home, where day care is provided including the back yard if the children use it as a play space, weather children are present or not; also other areas include the garage and driveway when children are present.

**Non smoking signs** are posted at the provider's front door or the window.

Consultants will review policy with providers and family members prior to commencing employment.

Home Consultants and providers will review and explain policy to parents upon children's enrollment.

It is mandatory for all providers to have a working smoke detector on every level of the home & near all sleeping areas regardless of the type of home.

Carbon-monoxide detector must be present near all sleeping areas regardless of the type of home

**One or two working fire extinguishers** must be accessible in case of a fire or an emergency.

### **Contravention of policy**

Any, home provider, or persons ordinarily residing on the premises of the location that day care is provided, contravene the policy, a warning will be given to the home provider, and a report will be written in the provider's file. If incident re-occurs, the contract with the home day care will be terminated. If parents or visitors contravene the policy, they will be suspended immediately for one day. If incident re-occurs, parents or visitors will be terminated immediately. According to Smoke Free, an individual could be subject to a maximum fine of \$5,000.00.

## **ILLNESS OF A CHILD**

### **Policy and Procedures Regarding Ill Children**

This policy ensures that providers and parents/guardians are aware of and adhere to Toronto Public Health's position regarding the evaluation and exclusion of ill children. In general, children who are ill should not attend the home child care for their own protection, the protection of other children, and providers. This policy also includes procedures for storing and administering medication to ill children and procedures in the case of a serious accident/occurrence.

### **Signs and Symptoms of Ill Health/Communicable Disease**

It is the best interest of everyone that children stay home and seek doctor's advice when they have one or more of the following symptoms: severe irritability, lethargy, fever, sore throat, ear-ache, discharge from eyes and ears, swollen neck glands, difficulty breathing,

vomiting, diarrhea, change in skin colour, unexplained rash and skin eruptions, or any communicable diseases. In these cases, children can return to the home child care **accompanied by a doctor's note** stating that the child is ready to come back and **is not contagious**. In the case where the child is not taken to a doctor, the child can return to the home day care when he/she is well enough to participate in program activities and the child has been **symptom free for 24 hours**. When a child is ill and cannot attend the home child care, the parent/guardian should inform the provider of the child's illness by phone. If possible, the parent/guardian should call before 10:00am in the morning.

Any communicable diseases such as strep throat, mumps, chicken pox, or whooping cough must be reported to the provider and to the home consultant as soon as possible so that we can notify other parents and take other precautionary measures.

### **Criteria for Excluding Ill Children**

For child care purposes, an ill child is excluded from participating in child care program activities and interactions with other children if the:

- \*child is too ill to participate in indoor or outdoor activities,
- \*child has had two or more instances of vomiting and diarrhea,
- \*child has an illness as outlines in the "Guidelines for Common Communicable Diseases" provided by Toronto Public Health.
- \*a medical physician identifies that the child should be excluded from home child care.

Provider has the authority to **refuse care to a child who is too ill** to be at the home child care, based on the direction from Toronto Public Health, and following the guidelines for common, communicable diseases for those diseases that are non-reportable. Public health regulations **take priority** in any communicable disease situation, as the provider must follow proper procedure. These procedures **may not necessarily concur with the doctor's advice**.

### **Specific Criteria for Fever and Diarrhea**

If a child should become sick while at the providers home, exhibiting signs of illness, excessive diarrhea and/or fever, **parents will be called to pick up their child as soon as possible**.

A fever is the body's way to fight off infection or virus. Therefore, children with a **fever of 101.3 F or 38.5C must not attend** the home care for their protection, the protection of other children and providers. If a child has a fever of 101.3 F and 38.5C or more the parent of the child **will be notified to pick up the child**. In the case of a fever, the child can return to the home care **24 hours after the child is symptom free**.





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Parents will **be notified upon the first loose bowel movement and vomiting** and will **be asked to pick up the child upon the second one**. In the case of diarrhea and vomiting, a child can return to the home care **24 hours after the child is symptom free**.

It is advisable that parents/guardians prepare and arrange for an alternate or emergency person who could pick up their child when they are unable to.

## **Separation Area for Ill Children**

In the event that a child becomes ill, or can no longer participate in the program, the child will be moved to an area isolated from the rest of the group until they can be picked up by their parent/guardian or emergency contact person. The spatial separation area will be at least two meters from the other children. In case the child needs immediate medical attention, the provider takes the children to back-up provider and take an ambulance to the nearest hospital.

## **Criteria for Returning to home care after Exclusion**

Following exclusion from the program, a child may return to the home care when one of the following is met:

In the case where the illness is unknown, when the child is symptom free for at least 24 hours and the child feels well enough to participate in program activities, or there is written permission from a physician to return to the home child care.

In the case of a common communicable disease, or an outbreak, when the time periods outlined in the “Guidelines for Communicable Diseases” established by Toronto Public Health, or as directed by them in specific cases, or when the child is symptom free for 48 hours, the child/ren can return to care.

**Any child who has recovered from a contagious communicable disease should be examined by a medical doctor before returning to the home child care.**

## **Procedure for Storing and Administering Medication**

If prescription medication is to be administered to the child, it must be in its original prescription container, clearly labeled with the child’s name, the doctor’s name, the name of the medication, the dosage required to be administered, the expiry date, instructions for storage, and administration. Medication will not be given to a child in milk or with food.

A Parent/Guardian Authorization Form must be filled out by the parent/guardian of a child for each new prescription before medication can be administered. The parent/guardian must give the provider specific, written instructions, consistent with the prescription, including a written schedule for the administration of the medicine, and a signed authorization form, provided by the agency.

Non-prescription medications (i.e. fever reducer, Advil, tempera etc.) will only be given if a parent has written consent by a physician. The parent/guardian must give the provider specific, written instructions, consistent with the prescription, including a written schedule for the administration of the medicine, and a signed authorization form, provided by the agency.

Schoolage children may carry their own asthma or emergency allergy medication at school, provided the parents have signed a consent form for it. As soon as they come to home day care, the provider should ensure the medication is stored in secure place, away from other children.

All children's medication/drugs must be stored according to storage instructions, in locked containers, either in the refrigerator or in a top shelf away from the children.

All provider's and family's medication/drugs must be stored away from children, under lock and key. The home day care provider is responsible to administer medication to a child also a designated person can administer medication in case of emergency at the provider's absence.

### **SYMPTOMS OF ILL HEALTH**

To detect symptoms of ill health, communicable disease, look for the following:

Are eyes inflamed, swollen or are they discharging? Does child have extreme runny nose? Is child's face pale, red or hot?

Does child have sores, bruises, abrasions or skin-rash?

Is child unusually tired, restless, and "cranky?"

Each child enrolled in home child care, who develops symptoms of serious illness, shall remain in a quiet, but not completely isolated area, until the child can be examined by a licensed physician or a registered nurse, or until the parent or guardian can take the child home.

### **Management and Reporting of Communicable Diseases**

The purpose of this policy is to ensure that all staff members are aware of and adhere to the directive established by Toronto Public Health regarding the management and reporting of communicable diseases.

It is the home consultant's responsibility to notify Toronto Public Health when becoming aware of the reportable communicable disease in anyone who attends/resides at the home where child care is provided.

We will follow the guidelines established by Toronto Public Health in their publication "Guidance Document: Infection, Prevention and Control" in Day Nurseries" as well as any other direction provided by Toronto Public Health for reportable diseases not included in the guidance.

Critical data and information (such as immunization records) will be kept in the child/ren's file.

### **Surveillance for signs and symptoms of infections**



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The following should be done on a daily basis in order to keep track of illness amongst the children

- Observe children for illness upon arrival
- Record any symptoms of illness on the “Children’s Illness Record” in the classroom
- Record symptoms of illness in child’s file on the “Symptoms of Ill Health” form
- Record attendances and absences including arrival and departure times
- Record attendance and dates regarding outings, special events etc.

## **Reporting of Designated Communicable Diseases**

Under the Health Protection and Promotion Act, the agency is responsible for notifying Toronto Public Health when as soon as we become aware of a reportable communicable disease in anyone who attends the home child care.

We are required to contact Public Health when an illness is considered “a reportable disease”. When a child or resident is diagnosed with a communicable disease that is outlined in the Reportable Communicable Diseases list provided by Toronto Public Health, the home consultant is required to advise Toronto Public Health.

Parents/guardians or household members must provide a note from a medical doctor, who has examined their child/ household members, stating they are no longer contagious.

## **Outbreak Management Policy and Procedures**

This policy establishes procedures for identifying and responding to infectious disease outbreaks. Once a suspect outbreak is reported, Toronto Public Health will assist with the co-ordination and management of the outbreak.

### **How to determine if you have an outbreak?**

A suspected outbreak exists when there is an increase in the baseline incidence, indicating there is a higher than expected number of children in the provider’s household, where child care is provided, experiencing similar symptoms of illness.

We have reviewed our surveillance data and have determined a baseline of illness on an average day is 2 children or adults.

When the baseline increases by 1, the home consultant will investigate further as to the reasons for the absences by communicating with parents. Similar symptoms of illness in children/providers will be identified.

Once it is determined that there are three or more enteric illnesses with the same symptoms occurring within the same day, a suspected outbreak will be established, and Toronto Public Health (TPH) will be contacted to report a suspect outbreak to the Communicable Diseases Surveillance Unit (CDSU) at 416-392-7411.

Toronto Public Health (TPH) will review the information we provide and determine whether an outbreak shall be declared. For example, an enteric outbreak may be declared where the home child care experiences above the baseline incidence of gastrointestinal symptoms which may include diarrhea, vomiting, nausea, abdominal cramps and/or fever. When an outbreak is declared we will receive an Outbreak Number that shall be written on all documentation (i.e. line list, stool kit submission forms).

Once an outbreak is reported we are required to:

- follow all TPH recommendations and requirements
- provide TPH with the necessary information pertaining to the children and providers,
- facilitate the collection of stool specimens (after obtaining consent from a parent),
- immediately report changes associated with the outbreak and provide updated information about the outbreak on a daily basis using TPH Outbreak Line List,
- communicate necessary information to families (TPH will provide a letter for parents once an outbreak has been declared).

### **Declaring an Outbreak Over**

The outbreak will be declared over when the home is clear of new cases that meet the case definition for the period of communicability of the causative agent plus the incubation period.

### **Outbreak procedures**

When a suspect outbreak is determined the provider will immediately perform the following procedures:

- 1) Isolate all ill children in the designated area until they can be taken home.
- 2) Notify parents or emergency contact to pick-up the child as soon as possible. Ask them to take the child to the doctor. A note from the doctor is needed stating when the child/staff is ready to come back to the child care. Otherwise children/staff will be excluded for a period for 48 hours after they are symptom free or the amount of time specified by TPH Investigator. If the provider gets ill the home consultant will place the children in a back up provider.
- 3) With the home consultant's help the provider will start a line list: record names, date of birth, gender, all symptoms, the date and time children, provider or anyone in the home became ill. Complete the Outbreak Reporting form and the Line list forms attached to this form and at the TPH website at [www.toronto.ca/health](http://www.toronto.ca/health).
- 4) Start additional control measures:
  - Adequate supplies for hand hygiene, cleaning and disinfecting.
  - Provider must increase frequency of cleaning and disinfecting using the appropriate disinfectant to kill circulating organisms (bleach solution of 1:10 - 1 part bleach 9 parts water).



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- Must suspend water play and sensory play activities, and must reinforce to children and visitors the importance of keeping hands clean.
  - Stop new admissions to the home child care until outbreak is declared over.
  - The home consultant will contact parents of children that are away to inform them of the outbreak and to determine if they are experiencing similar signs and symptoms. If so, add them to the line list.
- 5) Home consultant must contact Toronto Public Health to report the Outbreak by calling the Communicable Diseases Surveillance Unit (CDSU) at (416) 392 7411 (fax (416) 392 0047).

Have the following information ready when you call TPH:

- a) name and address of the agency and provider
- b) list of symptoms
- c) onset date, symptoms and duration of symptoms of the first case of illness  
most recent case of illness, date, symptoms, and duration of illness population at risk
- d) any lab results or medical diagnosis of ill children.
- e) If required, obtain permission from parents to submit stool specimen samples to the Public Health Laboratory.
- f) Outbreak notification signs will be posted at the entrance advising parents and others that the home is experiencing an outbreak.
- g) Procedures will be reviewed and revised as needed and be available to providers and parents. Annual workshops on Universal precautions and infection control will be offered to providers and parents.

## **Prevention and Control of Pertussis (Whooping Cough)**

In order to minimize the risk of increased cases of Whooping Cough entering the Home Day Care we established the following policy.

**All** children attending West End Home Day Care must bring a record of vaccination against Whooping Cough according to Toronto Public Health at two, four, six and 18 months of age.

If the Provider any one residing in the providers home where daycare is provided, parents diagnosed with Whooping Cough will be excluded from the Home Day Care for 5 days from the time they start receiving the antibiotic treatment. In cases of untreated whooping cough the ill person will be excluded from the home day care for 21 days after they begin coughing.

**All** children and staff in the room where there are children less than 1 year old or pregnant women in their last trimester will be encouraged to take a 5 day antibiotic treatment if there is a confirmed case of Whooping Cough in that room.

## **EMERGENCIES**

1. The telephone numbers of the police and fire department, nearest hospital, ambulance, poison control centre, taxi and community information must be kept by the telephone.
2. In the event of a serious accident or illness a day care provider must get all the necessary emergency medical assistance. Once medical aid has been obtained it is the provider's role to notify the parent (guardian) as well as their Home Consultant. It is also vital that the Serious Occurrence form be filled out.
3. Medical and travel consent forms for each day care child must be kept on the day care home premises and the wallet-size permission form must be kept with the provider at all times. The medical permission gives the provider consent to obtain medical care to the day care child when needed. The travel permission allows the day care provider to take the day care child on outings either by foot or public transportation. These forms must be returned to the agency upon terminating day care services. **All files will be updated annually to ensure all information is correct at all times.**

### **COMMUNICATION**

1. It is understood that occasional, unscheduled visits from representatives of the Ministry of Education, Metro Toronto Children's Services, the local health and fire departments, can occur and should be reported to the Home Consultant.
2. The day care provider will give at least 2 weeks, preferably one month's notice, if possible, in advance of planned holidays, absences and/or notices of termination (unless there are extenuating circumstances).
3. West End HCCS may terminate this agreement (contract) forthwith, at any time, by giving written notification to the provider.
4. The day care provider agrees to discuss the progress and/or concerns about the child and/or day care arrangement with West End Home Consultant and/or parent on an ongoing basis.
5. It is agreed that the provider is responsible for the supervision and control of the children in her care and the provider is solely responsible for the manner in which the services are supplied.
6. It is understood that the day care provider and the parent should talk regularly about each child's progress to discuss such subject such as:

Child's self regulation  
menus-nutritional needs

daily activity program  
specific health concerns

### **SUPERVISION**

1. All providers are to ensure that every child who is in attendance, including a privately enrolled child is supervised by the primary provider at all times, unless authorization has been granted by the parents in writing and approved by the agency, for a person over 18



# WEST END HOME CHILD CARE SERVICES

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years old that ordinarily residing on the premises to have limited supervision access of the children.

All children must be supervised during indoor and outdoor play at all times in a private home daycare. It is extremely vital that the home day care provider is physically present during outdoor play. All school children must be escorted to and from school, school bus or special transportation by the home caregiver, or a designated person approved by the parent/guardian, by signing the school escort form. For children with varying needs, an individualized support plan will be completed by the parent and provider

2. The Provider agrees that, upon signing a parent/guardian agreement, to use a person other than an approved by the agency provider (a friend or relative) as a backup. That person must complete a Police Reference check, a medical and have signed the day care policies.

## TRAINING

1. The day care provider must attend the initial training series and increase her knowledge of children's needs through regular visits from the Home Consultant and group meeting. The providers expected to attend **a minimum of six workshops per year provided by the agency**. In addition, a provider who is caring for a child with special needs will be expected to make the time for community resource consultants, personal therapists, etc.

## PROVIDER AVAILABILITY

The home day care provider must be available between the hours 7:00 am to 6:00pm

Some parents work late hours, overnights, or weekends, and some work shifts. Home day care must be flexible. Extended hours fee will be paid to the providers after 12 hours of care. Please mark the hours you are available daily.

MON \_\_\_\_\_  TUE \_\_\_\_\_  WED \_\_\_\_\_  THU \_\_\_\_\_   
FRI \_\_\_\_\_

Overnight \_\_\_\_\_ Weekends \_\_\_\_\_ Emergency care \_\_\_\_\_

## ATTENDANCE PROCEDURE

The provider will mark the arrival and departure time on each child's attendances daily and submit completed attendance forms to West End Home Child Care agency on a monthly basis. Provider must mark the child in as soon as the child walks into the home. Parent's signatures are required to verify attendance. The agency does **NOT assume any responsibility** regarding mistakes made on the attendance forms. It is the provider's responsibility to ask the Home Consultant if there are any questions or concerns.

## PROVIDER'S PAYMENT PROCEDURE/INCOM TAX

Upon receiving the provider's attendance sheets-the first day of each month- the home consultant check for accuracy of attendances. It takes approximately ten days to process the pay.

1. Effective January 1<sup>st</sup> 2018 all grants and statutory holiday payments will be included in

your semi monthly payroll.

2. The day care provider shall receive T4A a statement of earnings for income tax purposes from West End HCCS.

It is agreed and understood that the day care provider is self-employed and is able to make income tax deductions resulting from this service. It is understood that as a self-employed contractor, the West End Home Child Care Agency does not make any deductions for UIC, CPP, etc.

3. The provider will be paid on the 15 and 31 of each month. Payment schedule attached.

5. Day care providers are considered to be self-employed. As such, you will need to complete a statement of Income and Expense when you file your tax return. West End will issue a T4A indicating the amount of money paid to you during the taxation year. A meeting is held each year to answer questions concerning tax return and written guidelines will be issued.

4. The Home Day Care will be closed the following days: New Years Day, Family Day, Good Friday, Canada Day, Civic Holiday, Labor Day, Thanksgiving Day, Christmas, and Boxing Day.

### **POLICY ON USE OF PROVIDER'S AUTOMOBILE**

The Agency does require for Provider's to sign a document that they **will not use their** own automobile to transport children in their care. In case you like to use your one automobile, you have to comply to sign the transportation policy and consent form.

### **CONFIDENTIALITY**

Confidentiality is important in order to establish and maintain trusting and lasting relationships among parents/ guardians and home providers. It is the cornerstone to ensure that privileged information is accessible only to those authorized to have access.

**All forms and information on children and families are confidential.  
The information is vital to aid the home provider in her caring for children and is to remain in confidence to protect all parties concerned. Home provider is not permitted to release information about families and children enrolled to anyone.**

### **PARENTAL ACCESS TO THEIR CHILDREN**

- No provider or person residing on the premises where day 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 a legal right of access to the child/ren (legal custody documentation)
- the person believes on reasonable grounds that the parent could be dangerous to the child/ren (under alcohol or drugs) (child cries hard look scared and doesn't want to go and parent is forcing the child )
- the parent is behaving in a disruptive way Screaming, yelling and banging very loudly on the door.





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What to do:

- Do not open the door:
- Call the office and speak to your consultant. If she/he is not in the office, speak to any other person or the supervisor to ask for advice.

**If you feel you or the children are in immediate danger call the police 911.**

## **TRANSPORTATION POLICY AND CONSENT**

The Agency does not recommend for Provider's to use their own automobile for transporting the children in their care. If the Provider makes the decision to do so, the following must be attained:

- An updated copy of Provider's Insurance Policy (provider must contact Insurance broker and inform him/her that own vehicle will be used to transport the day care children).
- Appropriate car seat(s) that are properly installed, a child car seat and restrained system will be properly installed and will be 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.
- Written consent from parents that they are aware and approve that the provider transports their child/children in own vehicle
- Policy will be reviewed signed and dated with the providers annually.
- A copy of the provider's Driver's License.
- **Exception Provider's vehicle can never be used for emergencies**

I \_\_\_\_\_ **understand all the above and I will not be using my own vehicle** to transport the day care children.

\_\_\_\_\_  
Providers Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

## **Process for Monitoring Compliances and Contravention of Policies**

In order to provide adequate pedagogical high quality child care in a child centered, loving nurtured and flexible home setting, we must ensure the home consultants and the home providers and everyone residing in the home where day care is provided provide consistency among the parents and the children, interact and communicate in a positive way by displaying appropriate interactions with children and families

The supervisor will monitor the home consultants by accompany them to a number of home visits and complete the compliance monitoring checklist as well as an evaluation form.

The agency's home consultants will monitor the home providers and persons ordinarily residing in the house where day care is provided by doing spot checks completing the quarterly home visitor's checklist, the monthly checklist and the compliance monitoring checklist, to monitor compliances and contraventions of all agency's policies and individualized children's plans.

**Monitoring and observations will be recorded on the compliance checklist. Documentation of observations will be completed at the time the observations are made or at least once a year or as needed and will include concrete examples of observed compliance and non-compliance.**

If a person is contravening the policies the agency will have to take action according to the policy's contravention and reprimanding procedures

**1<sup>st</sup> occurrence:** Verbal warning and policy review and policy signing.

The Supervisor and the home consultant will meet with the person-home provider, staff, or anyone else residing in the house where home day care is provided, to discuss contravention of policy, review policy, discuss and resolve any problem that the person has towards the policy, re-sign the policy and given a verbal warning.

**2<sup>nd</sup> occurrence:** Written warning and policy review and policy signing

The home consultant will observe semi-monthly at random and monitor the policy contravening adult. If the contravention of the policy re-occurs a written warning will be given to the person.

**3<sup>rd</sup> occurrence:** Dismissal without notice or pay/Closure of the home

On a third contravention the home will be closed immediately.

The agency has the right to terminate employees' and home providers' contracts immediately if the employee or the **provider intentionally physically harms a child or emotionally degrades a child - hitting, choking, leaving a child alone and using negative words.**

If no contravention re-occurs the home provider, staff, or anyone else residing in the house where home day care is provided and the person conducting the review will sign and date the program implementation monitoring checklist at the time of the annual review.

Staff, providers, or anyone else residing in the house where home day care is provided are expected to comply with the policy statement, and if they have any confusion on how the program statement is to be implemented they will discuss this issue directly with the centre supervisor.

**All records will be stored in a locked file cabinet for at least three years from the date they are created.**

**All agency policies and the provider agreement will be reviewed and signed annually and updated as necessary.**



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SIGNATURE OF HOME VISITOR

SIGNATURE OF PROVIDER

DATE

Review and Sign

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SIGNATURE OF HOME VISITOR

SIGNATURE OF PROVIDER

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Revised September 2018

\*Where child/children, includes agency and privately enrolled children