

Home Child Care Parent Handbook



OXFORD COMMUNITY
CHILD CARE

LOCALLY LOYAL SINCE 1987



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School Age Programs:	sap@oxfordccc.ca
Thamesford Preschool:	preschool@oxfordccc.ca
Home Child Care:	hcc@oxfordccc.ca

Administrative Office Hours:

Monday to Friday	8:30am to 4:30pm
Fridays from Victoria Day to Labour Day	8:00am to 4:00pm

Follow us on Social Media:

Facebook:	Oxford Community Child Care
Twitter:	@OxfordCCC
Instagram:	@oxfordcommunitycc

SERVICE OFFERED & AGE CATEGORY SERVED

Program	Age	Hours
Licensed Home Child Care	Birth to 13 years	Full time, part time, evenings, weekends, shift work, and overnight care.

Holidays & Closures

The OCCC main office is closed on:

- New Year's Day
- Family Day
- Good Friday
- Victoria Day
- Canada Day
- Civic Holiday
- Labour Day
- Thanksgiving Day
- Christmas Day
- Boxing Day

The main office is also closed between Christmas Day and New Year's Day, exact dates to be determined each year.

Holidays and closures of each home child care premise are at the discretion of the Provider.

ABOUT US

Oxford Community Child Care Inc. is a non-profit organization formed in 1987 by a volunteer Board of Directors.

OCCC is a multi-service, multi-site organization offering early learning and child care, licensed home child care, preschool and school age programs.

Our vision is to partner with community agencies and provide the leadership necessary to offer services that promote the healthy growth, development, and learning in children and their families in Oxford County.

The Parent Handbook is subject to change. While we will attempt to provide advanced notice of changes, it is not always possible. Please refer to our website for the most recent version of the Parent Handbook.

MISSION STATEMENT

Oxford Community Child Care Inc. is committed to providing quality child care programs and support services for families throughout Oxford County and the surrounding area.

We believe that opportunities for early learning and development are provided by the collaborative efforts of our professionals, children, parents, and community partners.

VISION

1. To provide developmentally stimulating programming to enhance all areas of growth and development and self-esteem for children serviced through our programs.
2. To strengthen the family by providing support and guidance to parents and caregivers in their child rearing roles and by providing activities that are conducive to positive adult/child interactions.
3. To provide accessible and affordable child care options which meet the diversified needs of the children and families in Oxford County.
4. To establish and maintain quality child care programs and services throughout Oxford County where the needs are identified with an emphasis on meeting the needs of rural families.
5. To serve as a resource for parents, caregivers, and other professionals in the area of child care.

PROGRAM & PEDAGOGY

Oxford Community Child Care recognizes and supports *“How Does Learning Happen? Ontario’s Pedagogy for the Early Years (2014)”* as the document to be used for the purpose of guiding the development of our programs, informing our decisions regarding best practices, and building professional capacity in a quality early learning team.

We are in agreement with the Minister’s policy statement that, together with the regulations that guide program development, pedagogy, and practice in all child care and early learning settings, *“How Does Learning Happen? Ontario’s Pedagogy for the Early Years (2014)”* is intended to strengthen the quality of programs and ensure high quality experiences that lead to positive outcomes in relation to children’s learning, development, health, and well-being.

All programs offered by Oxford Community Child Care will use observation, reflective practice, critical thinking, and a sound knowledge of child development to develop quality experiences for children and families. *“How Does Learning Happen? Ontario’s Pedagogy for the Early Years (2014)”* is the foundation on which we will build our practice.

PROGRAM STATEMENT

OCCC programs are governed by the Child Care & Early Years Act, 2014 and are licensed by the Ministry of Education. For our Home Child Care Program Statement, please see www.oxfordccc.ca/policy/ or Appendix A. Please ask your Provider to see their independent Program Statement.

Providers, students, and volunteers are required to review the Agency’s Program Statement prior to interacting with children and whenever modifications are made. The Agency is responsible for ensuring that the Provider’s Program Statement is being implemented in each premise offering home child care.

Providers will implement the approaches and strategies in their individual Program Statement with the aim of reaching their stated goals. Program Statements must be updated a minimum of annually. Providers are required to actively implement their Program Statements. Providers not able to meet their goals will receive support and guidance from their Home Child Care Consultant. This may include additional resources being offered, learning opportunities, or the goals being reconsidered and new, achievable goals set. Providers who are unwilling to commit to their Program Statement risk the termination of their affiliation with the Agency. Strategies and/or approaches used to reach goals must not include any of the prohibited practices included in Ontario Regulation 137/15, s.48.

QUALIFICATIONS

Home Child Care Consultants are staff hired by the Agency to support, monitor, and inspect the premises where home child care is being offered by an Independent Provider affiliated with a licensed Agency. Home Child Care Consultants have a diploma in Early Childhood Education, are Registered ECE's with the College of Early Childhood Educators, and have a minimum of two years' experience.

Home Child Care Providers have a variety of education and experience. The Child Care and Early Years Act requires that the Agency support Home Child Care Providers in relation to continuous professional learning. Oxford Community Child Care offers regular learning opportunities in-house as well as shares community and online learning opportunities. At these sessions, Providers receive updated information, resources, review of policies, and learning opportunities for topics of interest. Topics are chosen based on Provider feedback, Home Child Care Consultant observation, and current issues.

Home Child Care Consultants and Providers are certified in Standard First Aid & CPR Level C.

VULNERABLE PERSONS SCREENING

Home Child Care Consultants and Providers are required to provide a Vulnerable Persons Screening that meets the requirements of the CCEYA. All persons ordinarily residents of and all persons regularly at the home child care premise who are over the age of 19 are also required to provide a Vulnerable Persons Screening prior to interacting with children.

STUDENTS & VOLUNTEERS

Oxford Community Child Care encourages academic placements to enhance the knowledge and skill development of high school, community college, and university students. We currently do not offer volunteer opportunities.

Students and volunteers are required to submit a clear Criminal Reference Check with Vulnerable Persons Screening and read through OCCC's policies and procedures prior to starting their placement.

Direct unsupervised access to children and clients is not permitted. Students and volunteers must always be accompanied and directly supervised by the Provider. Students and volunteers may not be counted in ratios at any time, for any reason.

FEES FOR SERVICES

Fees – Fees are set by the Agency. Providers may not charge additional child care fees but may charge late pick-up fees at their discretion. The Agency assumes responsibility for the collection of child care fees and any required action for non-payment of fees.

General Information – In order to maintain efficient operations, all parent/guardian fees are due in advance of receiving care or on the first day of the month, whichever is first. Fees are based on a monthly schedule and therefore will not be reduced or reimbursed for illness, emergency closures, statutory holidays, vacation or absences. Fees remain the same regardless of the reason for absence. Refunds for any overpayments are processed after the last day of care and all other outstanding fees have been paid.

Subsidy – To determine if you’re eligible for subsidy, please visit www.oxfordcounty.ca. For families who receive fee subsidy, written confirmation must be received from the case worker and placed in the client’s financial file prior to starting care. Families are fully responsible for fees not covered by subsidy. Any such fees are payable immediately.

Canada-Wide Early Learning and Child Care Program (CWELCC) – OCCC is enrolled in the CWELCC program. This program aims to reduce parent fees to an *average* of \$10/day by 2026. The fee floor for the program is \$12/day. This means that fees will not be reduced to lower than \$12/day. When fee subsidy is calculated into the floor, the average of \$10/day is reached at the Provincial level.

Any child up to 3.8 years of age is eligible for the CWELCC program. Children attending JK/SK are also eligible for CWELCC rates for before and after school as well as non-instructional days up to age 6. Those who turn 6 early in the year, before June 30, are eligible until June 30. Children who turn 6 after June 30 are eligible until the end of their birth month.

Base Fees and Non-Base Fees - CWELCC is applied to base fees only. Base fees are the daily fees charged for child care. CWELCC does not apply to non-base fees such as late payment fees, late pick up fees, duplicate receipt fees, credit card fees or special services fees. Any fees assessed outside of our daily rates for child care are considered non-base fees and are not eligible for reduced rates.

HCC Agency Base Fees	0-6 Hrs	6-9 Hrs	9-10 Hrs	10-12 Hrs	Over 12 Hrs
CWELCC Rate for 0-30 months	18.19	22.00	22.00	22.00	22.00
CWELCC Rate for 31m to 6 yrs	17.13	20.32	22.00	22.00	22.00
Care is limited to a max of 9 hours. Exceptions are considered if space allows.					
Base Fee for 6 years & older	36.25	43.00	52.50	52.50	Based on Hours, Minimum of 61.50

*Applicable rate changes are effective the 1st of the following month.

The standard full day is 9 hours of care. Families may request care for 9-10 hours if their individual circumstances require it. Care for 10-12 hours or more requires supporting documentation PRIOR to being approved by OCCC. Spaces for over 10 hours are extremely limited.

Payment Methods – Payments are collected using pre-authorized debit only. If you start mid-month, a one-time payment may be made by e-transfer prior to your start date. Children may not start care until the fees have been paid.

All payments rejected for any reason including non-sufficient funds are charged a \$45.00 NSF (non-base) fee. When a pre-authorized debit payment is rejected, the fees including the late payment fee and rejection fees are due immediately by e-transfer for care to continue.

Late Payments (Non-Base Fee) – Accounts without payment by the first (1st) day of the month will be assessed a late fee of \$10.00. The account holder(s) will receive notice that their fees are overdue and that failure to pay their fees will result in the termination of care. If after three (3) days, the account has not received payment, a final notice will be issued including the total amount due and care is terminated. Fees will be charged up to and including the required two-week notice period. A late payment fee will be added to the account every 10 days that the account remains unpaid in full. After 60 days, if the account remains unpaid in full, the account will be sent to collections for further action. All fees associated with collections are the responsibility of the account holder(s).

Late Pick Up Fees (Non-Base Fee) – Late pick-up fees are at the discretion of the Provider and must be paid directly to the Provider. Care may be terminated by the Provider for failure to pay late fees.

Receipt of Payment – Tax receipts are issued in February for all child care expenses paid from January 1 to December 31 of the previous year. Receipts are issued in the name registered to the account regardless of who pays the fees. Only one receipt will be issued per family. There is a \$25.00 fee for duplicate receipts (Non-Base Fee). Please keep your address information up to date.

Fee Increases – Fee increases are not currently permitted by the CWELCC program.

Questions – Questions or concerns regarding your account can be directed to the Parent Accounts Administrator at the main office at 519-539-4419.

WAITLISTS

OCCC does not charge a fee or collect a deposit for placing a child’s name on the waiting list for care. At this time OCCC does not maintain a waitlist for home child care services. New children are placed in Provider’s homes based on the availability of the type of care the parent/guardian has indicated at the time of inquiry.

To join the waiting list, please go to the OneList for Oxford County at <https://onehsn.com/oxford>

ADMISSION & WITHDRAWAL

Admission – Parent/guardians must fully complete, sign, and date a registration package prior to starting care. A minimum of 3 business days is required for processing.

Subsidy – Written confirmation of approval must be received prior to starting care. It is the parent/guardian’s responsibility to follow up with their case worker if approval is delayed. Consent for the case worker to obtain information from our Agency is provided with the subsidy application. OCCC will be required to provide requested information to the case worker without further consent or notice.

Child Records – Records must be kept current. Parents/guardians are required to notify the Home Child Care Consultant and Provider of any changes or updates, in writing. Parents/guardians must annually review and sign to acknowledge that registration information is correct.

Immunizations – All children who are not in attendance at school must be immunized as recommended by the local Medical Officer of Health. A copy of the child’s yellow immunization card, doctor’s printout, or for newcomer’s to Canada, their immunization papers are required for registration. Where the parent/guardian of the child objects to immunization on the grounds that the immunization conflicts with the sincerely held convictions of the parent/guardian’s religion or conscience or a legally qualified medical practitioner gives medical reasons why the child should not be immunized, such objections must be submitted on the form approved and provided by the Ministry.

Custody and Access – Staff and Providers will remain impartial in matters of child custody and access. Both parents have equal rights and equal access to their child unless a court order states otherwise. The custodial parent is responsible for providing a copy of any and all court orders that apply to the child, specifically if they limit the access and rights of the other parent. Without a copy of the court order, Staff or Providers cannot deny a parent access to their child and/or information regarding their child.

Emergency Contact Information – Emergency contacts must be provided and are expected to be available and within a reasonable distance to pick up children. If a person on the emergency list is contacted and refuses to attend for the child, they will be removed as an emergency contact. The parent/guardian must then supply a new emergency contact prior to returning to care. Emergency contact information must include home and work/school addresses and reachable telephone numbers.

Late Pick Up Procedures – Parents/guardians or their designates are required to have picked up their child(ren) no later than the maximum hours of care as per their agreement. When unable to pick up their child on time, it is the parent’s responsibility to make alternative arrangements to pick the child up on time. Habitual lateness or unacceptable alternative arrangements may result in termination of care.

Withdrawal by Family – When withdrawing from care, parents/guardians must give two (2) weeks written notice to OCCC or fees for two (2) weeks care in lieu of notice. A child may be withdrawn if absent for two weeks without previous notification. Fees are payable for the notice period.

For school age children only, when registering for before and after care for the upcoming school year, withdrawals for September must be received by August 1. Failure to withdraw by August 1 will result in September fees being payable in full.

Withdrawal by Provider - Providers who have determined that they are unable to provide care to a family, for any reason, are required to give the family 2 weeks’ written notice and continue to provide care during the notice period. In circumstances where the Provider is requiring immediate withdrawal, payment will only be collected for care provided and not for any notice periods.

Provider Closing Their Business - Providers who are closing their businesses are *encouraged* to give families as much notice as possible to make alternative arrangements however 2 weeks’ notice is the minimum. When more notice is given, families are not required to provide any additional notice or payment in lieu of notice after the initial 2 weeks has expired. Families who find alternative care prior to the end of the required minimum of 2 weeks, will be required to complete payment for the 2 week notice period.

Withdrawal Due to Special Circumstances – OCCC reserves the right to request that a child be withdrawn from the program if we cannot meet the needs of the child or family. The family would be consulted first. All decisions are made in the best interests of all children in the program.

OCCC reserves the right to withdraw child care services without notice for the following reasons:

1. A child's behaviour is consistently causing disruption and/or harm to other children, the Provider, or property
2. A parent/guardian is refusing or failing to abide by OCCC policies and procedures
3. A parent/guardian's conduct is harassing, belligerent, abusive, or inappropriate
4. Outstanding fees or failure to consistently pay fees on the 1st of the month.

CONFIDENTIALITY & PRIVACY

OCCC is committed to protecting the privacy of its families. Employees and Providers are obligated to ensure that personal information to which they may have access to remains confidential, is only used for the purposes for which it was collected, is not disclosed without authorization or used for personal gain.

No family is required to provide consent for sharing of information as a condition of enrollment. Access to children's records may be given to officials of the following jurisdictions without parent consent: Coroner's Office; Courts in response to a warrant or court order; Ombudsman; Authorities vested in provincial or federal status (ie. Public Health, CAS, Subsidy); and/or Minister and officials to whom he/she has delegated authority (ie. Program Advisors).

Registration packages and children's files will be kept secured and accessed only by those with authorization to do so. Authorized personnel include the Home Child Care Consultants, Child Care Administrators, Parent Accounts Administrator and senior leadership team members.

SAFE ARRIVAL & DISMISSAL

Safe Arrival and Dismissal – When a child has not arrived or is not picked up as expected and the parent/guardian has not communicated any changes in routine, attempts will be made to contact the parent/guardian regarding the child's attendance. If the Provider is unable to reach you, a message will be left with a time that they must hear back. If they have not heard from *you* by that time, a second attempt will be made. If they are unable to reach you after the second attempt and the Provider is concerned about the safety or well-being of the child and/or parent/guardian, additional attempts may be made at the discretion of the Home Child Care Consultant including a potential call to emergency services.

Due to the cost and administrative burden of this requirement, failure to communicate attendance and changes to routine may result in care being withdrawn.

Written parental/guardian consent is required for school age children to walk to and from school unaccompanied by an adult. The Provider, parent/guardian, and the child should map out the route to be used and the agreed steps to take in the event that the child does not arrive at school or at the Provider's premise after school safely at the expected time. A missing child is a serious occurrence.

OCCC will not release children from care unless they are supervised by an authorized adult except for school-age children as described above.

Attendance Records – Attendance records must be kept on a daily basis indicating the arrival time and departure time of each child, verified by parent/guardian initial. The record must indicate if a child was

absent on a particular day. Records must only indicate that a child has been signed out of the home after the child has officially left the premises for the day.

Parents must contact the Provider directly if their child will be absent for any reason.

Authorization to Release a Child – In order to ensure the safety of all children, Providers of Oxford Community Child Care will release children only to those adults indicated on the registration form. During the intake process, the parent/guardian will identify those adults, 18 years and over, who have consent to pick up their child without prior permission. Parents/guardians may identify as many adults as they choose. These adults will be required to show photo identification until the Provider is familiar with them.

Parents/guardians must identify at least one person over the age of 18, preferably two, whom may make emergency decisions, if necessary, on their behalf if they cannot be reached during an absolute emergency. Parents/guardians have the right to update and/or remove anyone from the list, at their discretion, unless a court order states otherwise. In the case of families with custody concerns, it is advisable to have a copy of the court order on file. Without a copy of the court order, OCCC does not have the right to deny access to the non-custodial parent.

Providers may, at their own discretion, accept telephone calls or emails for someone to pick up on an occasional or last minute basis. The date, time, name of person picking up, and relationship to the child must be clearly documented. The person is required to show photo identification.

Late Pick Up Procedures – Parents or their designates are required to have picked up their child(ren) within the time limit set by their registration selection. When unable to pick up their child on time, it is the parent's responsibility to make alternative arrangements to pick the child up on time. Habitual lateness or unacceptable alternative arrangements may result in termination of care. Parents are responsible for the late fees incurred by their designates.

Should a child not be picked up within 15 minutes of the expected time, Providers will attempt to contact parents/guardians. If a parent/guardian cannot be reached or is not immediately on route, an emergency contact will be contacted to pick up the child. If the emergency contact refuses, an alternate pick-up will be contacted as listed on the registration form. If after 60 minutes, no one has picked up the child and no contact has been made with the parent, the Children's Aid Society will be contacted along with any further steps deemed necessary to ensure the health, safety and well-being of the child.

School Age Extra-Curricular Activities – Advanced special consent is required for children to attend extra-curricular activities at the school during hours of care. Children attending extra-curricular activities are in the care of the school staff. OCCC and/or the Provider are not responsible during this time. Contact the Home Child Care Consultant for additional information about attending extra-curricular activities.

Impairment Procedures – Providers will not allow a child to leave with a parent/guardian or adult who is impaired. Providers will call an alternate person to drive the child home. If the parent/guardian or adult insists on taking the child in the vehicle, Providers have been instructed to phone the police and inform them of the impaired driver. If police are called, the Children's Aid Society (CAS) will also be called. Following the incident, a report will be filed with Oxford Community Child Care and the Ministry of Education. The parent/guardian or adult will be asked to leave the premise.

INCLEMENT WEATHER

Providers will check and monitor weather daily to ensure appropriate conditions for outdoor play. Providers consider the actual temperature, humidex/wind chill, UV rating, and air quality. All advisories issued by Southwestern Public Health will be followed. Outdoor play will not be permitted during a heat alert or extreme cold advisory as per Southwestern Public Health. If the weather seems extreme, the Oxford Public Health website is checked for confirmation.

Sun Smart – Sun exposure will be limited between the hours of 11am and 4pm from mid-Spring to mid-Fall. Babies under 12 months will be kept out of direct sunlight. All children (except infants under 6 months of age) will wear sunscreen as consented to and supplied by their parent/guardian. All children will wear an appropriate hat while outside. Ball caps without a back flap are discouraged as they do not cover the neck area.

Sun screen of SPF30 or higher and with UVA/UVB blockage is recommended. Sunscreens provided by the parent/guardian must be in the original container, nut free, scent free, non-aerosol, and labelled with the child's name. Sunscreen is applied 15-30 minutes prior to going outside and again every 2 hours if needed.

Please follow our social media for closure information or visit our website at www.oxfordccc.ca. Closures are also posted to Heart FM.

HEALTH

A daily health observation will be performed on each child by the Provider prior to the child entering the premise and preferably before the parent/guardian leaves. Providers are unable to accommodate ill children. Children who are unable to fully participate, or are assessed to be too ill, will be sent home. Children who have been absent with contagious illnesses may be required to provide a physician's note clearing them for return to the premise.

Children with any of the following will not be permitted to stay in programs:

1. An elevated fever of 101°F (38.5°C) or higher
2. Vomiting within a 24 hour period
3. Diarrhea consisting of 2 consecutive loose bowel movements within a 24 hour period
4. Visible rashes that have not been diagnosed by a physician
5. Any contagious diseases as listed for exclusion on the Oxford County Guide to Common Infection
6. A severe cold accompanied by coughing and congestion
7. Head lice

Head Lice – To prevent spread, children with head lice are not permitted to attend. The child may return to the premise once the head lice/nits have been treated and/or there is no evidence of lice or nits. The parent/guardian is to contact the Provider prior to returning.

CLOTHING & BELONGINGS

Children require comfortable, practical clothing and proper foot wear to ensure safety during active play. Indoor and outdoor footwear may be required at the Provider's discretion. Slippers are not recommended as children need hard soles for safety. No flip flops or unsecured sandals are permitted for safety reasons. All children should have at least one spare change of clothes.

Please dress your child according to the weather. Items needed for outdoor play include outdoor shoes, boots (winter/rubber), hats (sun/winter), splash/rubber pants, wind/snow suits, and mittens.

Children who are toilet training should have three or more changes of clothes. This includes pants, tops, undershirts, and socks. All clothing and other personal items such as diapers, bottles, soothers, blankets, comfort toys, and creams must be labelled with the child's name.

DIAPERING & TOILETING

Parents/guardians are required to supply disposable diapers, wipes, and cream for at least one day or longer as permitted by the Provider. Providers will apply necessary creams, providing they are in appropriate containers, labeled with the child's name, and appropriate forms are completed. Products intended for yeast infections, Polysporin, or hydrocortisone creams may only be applied with a physician's prescription and are then treated the same as prescription medication.

When you feel your child is physically and emotionally ready to begin toilet training, please discuss it with the Provider so you may work together. We ask parents/guardians to bring additional clothing and underwear at this time. Wet or soiled clothing will be rinsed and put in plastic bags to be taken home.

REST PERIOD

Toddler and Preschool aged children who are in care for greater than six hours have a rest period that does not exceed two hours in length. Toddler, Preschool, and Kindergarten aged children are permitted to sleep, rest, or engage in quiet activities depending on their needs.

Children under 12 months of age will sleep in accordance with their individual sleep schedules as provided by the parent/guardian. Every child younger than 12 months will be placed for sleep on their backs in accordance with the document entitled "Joint Statement on Safe Sleep: Preventing Sudden Infant Deaths in Canada" unless the child's physician recommends otherwise in writing.

Children under 18 months of age will be assigned a crib, cradle, or playpen that complies with the standards of the Canada Consumer Product Safety Act along with appropriate bedding. Children 18 months and up to and including 5 years of age will be assigned a cot or a bed with appropriate bedding if they are in care for more than 6 hours. Permission must be given for children over 18 months of age to sleep in a crib or playpen. Bedding will not be shared between children unless it is properly laundered between each child's use.

Providers will perform direct visual checks of sleeping children.

OUTDOOR PLAY & SUPERVISION

Children benefit greatly from fresh air and outdoor play, be it active or simply engaging with the world around them. Please ensure your child is dressed for the weather (see Clothing & Belongings). Outdoor play is an integral part of the daily program. If your child cannot go outside due to illness or other reasons, they will not be permitted to attend.

An outdoor play supervision plan is created by the Provider that considers the ages and development of the children in care and the physical outdoor space. The Home Child Care Consultant must be in

agreement with the Provider's plan and provide a signature indicating their agreement. Parent/guardians must also agree and sign off on the outdoor supervision plan prior to the children starting in care.

Children are supervised at all times, whether on or off of the premises.

ACTIVITIES OFF PREMISES

Walks and outings are an integral part of home child care programs and should be regularly included. The purpose is to allow for exercise, fresh air, and exploration in the community. A plan will be in place for children who do not receive permission to participate. Beach outings are strictly prohibited.

Walk – A predetermined route.

Outing – A walk to a nearby location for a specific purpose of short duration (under two hours in length), for example a picnic at the park. Transportation is not required but signed parental/guardian consent is.

Field Trip – A longer outing that requires permission slips and transportation.

NUTRITION

Requirements for Children under One Year – Children under one year of age are fed in accordance with the written instructions of the parent/guardian. Parents/guardians should complete an "Infant Feeding Schedule" regularly and update this when a new food is introduced. Infant food is stored and prepared as directed by the parent/guardian. The parent/guardian supplies all food and necessary number of bottles for infants each day. Used bottles are rinsed in hot water and sent home.

Food Safety, Food Storage, and Preparation – All food and drinks are stored, prepared, and served in a manner that maximizes the nutritive value and prevents contamination. All food and drinks supplied by the parent/guardian must be labelled with the child's full name. No food or drink may be served that has passed the expiry date.

Nutrition Requirements – All children aged one year and older will:

- a) Be supplied a meal consisting of food and a beverage when the child is present during meal time
- b) Receive between meal snacks
- c) Receive two snacks and appropriate meals when in care for six hours or longer
- d) Have access to drinking water either on demand or self-served

All meals, snacks, and beverages must meet the recommendations in the Health Canada documents "Eating Well with Canada's Food Guide", "Eating Well with Canada's Food Guide – First Nations, Inuit and Métis" or "Nutrition for Healthy Term Infants". School Age children registered with the Agency have all meals and snacks provided by the Provider.

Menus and Meal Planning – Menus are planned in advance to ensure they meet the requirements set out in the Health Canada documents "Eating Well with Canada's Food Guide", "Eating Well with Canada's Food Guide – First Nations, Inuit and Métis" or "Nutrition for Healthy Term Infants". Menus are planned in consultation with the child's parents/guardians and the Home Child Care Consultant. Menus are available for review at all times. It is recommended that Provider's review their menus with parents/guardians prior to registration. This allows for open dialogue regarding the child's nutritional needs, possible food allergies, and what accommodations the Provider is willing to make. For example, if

a Provider is not willing to remove eggs from the home or not serve egg products, parents/guardians need to clearly understand the limitations during the interview process.

Special Dietary and Feeding Arrangements - When a parent has requested special dietary and feeding arrangements and the Provider has agreed to accommodate these arrangements, the expectations and responsibilities of the Provider and the parent must be clearly set out in writing. Whenever there are changes to the arrangements, these changes must be provided in writing. Children under one year of age will have written dietary and feeding arrangements provided by the parent. Older children may also require special dietary and feeding arrangements for a variety of reasons. All food brought from home must meet the nutritional requirements set out in Canada's Food Guide and the anaphylaxis policy.

ANAPHYLAXIS & ALLERGIES

Each child identified with an anaphylactic allergy will have an emergency plan prepared in consultation with the child's parent/guardian and with any regulated health professional involved in the child's care and who, in the parent's opinion, should be included in the consultation. Emergency plans will include the procedures to be followed in the event of an allergic reaction or other medical emergency.

As the outcome may be serious, a list of all children who have allergies of any kind must be readily available to the Provider. An Allergy History form must be completed. For anaphylactic allergies, the child's physician must also sign the Allergy History form.

Anaphylaxis emergency plans will be posted in each cooking and serving area, each playroom or area, and in any other area where children may be present. If posting the plan is not feasible, then the plan must be readily available for reference. All families will be notified of allergens in the home by means of confidential posting and alerted to any changes by email communication.

For everyone's safety, parents who serve foods containing allergens at home are encouraged to ensure their child has been rid of the allergens prior to attending the home child care premises (e.g. by thoroughly washing hands, brushing teeth, etc.).

It is the responsibility of the parents/guardians of the child with anaphylaxis to identify their child's allergies at the time of registration or immediately upon discovery afterwards. The parents/guardians must supply the Provider with 2 current EpiPens. Both pens must be on site while the child is in attendance. One EpiPen is to be worn on the Provider or easily accessible to the Provider but not to the children, at all times. The second EpiPen is to be stored in the locked medication box.

A school age child, with written parental/guardian consent, may carry their own EpiPen. IT CANNOT BE PRESUMED THAT A CHILD CARRYING THEIR OWN EPI-PEN CAN SELF-ADMINISTER. The individual may not be able to while having a reaction.

Parents/guardians are responsible for ensuring that they have reviewed their emergency procedures with Providers and provided training on the use of the EpiPen.

In the rare event that food is being provided from home, parents will be informed about anaphylactic allergies and all known allergens at the home child care premise they are attending via written communication, preferably email to expedite the process. Food may not be provided until the parent has acknowledge receipt, in writing, of the communication and agrees to abide by the following:

- Do not provide items with ‘may contain’ warnings on the label in a premises with a child who has an individualized plan and emergency procedures specifying those allergens.
- Do not bring foods to the home child care premises that contain ingredients to which children may be allergic or they have been advised not to bring.
- Ensure that all food brought to the premises is labelled with the child’s full name and the date the food arrived at the premises, along with a list of **ALL** ingredients.
- Where food is provided from home for children, ensure that appropriate supervision of children is maintained so that food is not shared or exchanged.

ASTHMA & RELATED BREATHING CONDITIONS

An emergency plan is also prepared for children with asthma. The plan must be readily available for Provider reference in the case of an emergency. The emergency inhaler must be available whenever a child is in attendance at the premise. Parents/guardians are responsible for ensuring that the inhaler is at the premise every day the child is in attendance. If the child does not have their inhaler with them, the parent/guardian will be notified immediately.

Asthma medication is administered as per the prescription medication policy. A medication tracking form must be completed each time an inhaler is used regardless of whether it is assisted or self-administered.

Children from birth to age 6 are not permitted to self-administer their asthma medication. Parents will provide the inhaler directly to the Provider and any required paperwork will be completed. For after school care only, the Provider will collect the inhaler from the child.

Children age 6 and in first grade and turning 6 between September and December may self-administer with physician’s consent on the OCCC forms provided. The child may carry the inhaler on them while in care or give it to the Provider. Emergency inhalers will not be stored in bags, backpacks, or other places where they are not easily accessible in the event of an emergency.

School age children 7 and in second grade or turning 7 between September and December and older may self-administer their asthma medication with written parental consent that includes explicit instructions. The child may carry the inhaler on them during care or give it to the Provider. Emergency inhalers will not be stored in bags, backpacks, or other places where they are not easily accessible in the event of an emergency.

ADMINISTRATION OF MEDICATION

The administration of medication is at the discretion of the Provider. Providers who choose to offer the administration of medication must adhere to all regulations of the local Medical Officer of Health and Southwestern Public Health as required by the Child Care and Early Years Act regarding the administration of medication to children. Whenever possible, medications should be given by parents/guardians at home. Medications will only be administered under conditions when it is absolutely necessary for the child’s health.

Prescription Medication – Only prescription medication that is in the original packaging with the prescription label, with the child’s name, current date, and dosage, may be administered. Doses are given as per the prescription label only.

Non-Prescription Medication – The only non-prescription or over-the-counter medications that will be considered for administration are Ibuprofen or Acetaminophen, and antihistamines (ie. Benadryl) needed for allergic reactions, as authorized by a physician. Absolutely no other non-prescription medications or over-the-counter medications will be administered including but not limited to naturopathic treatments, homeopathic treatments, and/or vitamins.

Exceptions – Sunscreen, diaper cream, hand sanitizer, lip balm, moisturizing skin lotion and insect repellent are permitted with written parent authorization. These items must be in the original container or packaging and used in accordance with any instructions on the label and any instructions provided by the parent provided those instructions do not contradict the label. These items must also be stored in accordance with the instructions for storage on the label and clearly marked with the child’s name, unless it is an item appropriate for sharing that is provided by the Provider such as hand sanitizer.

Administration – Medications are not given on an “as needed” or “as required” basis under any circumstances. The written instructions must clearly indicate the specific situations and/or symptoms under which the medication can be given.

Storage – All maintenance medications are stored in a locked container inaccessible to children at all times and in accordance with the instructions on the label. Emergency medications are kept on the child, if appropriate by age, or the Provider while the child is in attendance. Emergency medications remain inaccessible to children at all times.

Emergency – In the event of an emergency where medical personnel are called, any incurred expenses are the responsibility of the parents/guardians.

FIRE SAFETY PROCEDURES & DRILLS

Each home child care premise has an emergency fire safety plan. Fire drills are practiced at least once a month. A designated place of shelter has been assigned to each premise in the event that the home must be evacuated due to an emergency (Please discuss this with your Provider). Parents/guardians will be notified by phone call for emergency pick-up.

GUIDANCE & RELATIONSHIPS

Behaviour guidance is an important part of the relationship that Providers build with the children in their care. Providers care about the children, respect their rights, trust the child, and support self-regulation. Rather than disciplining a child for inappropriate behaviour, we support our Providers to find and understand a reason for the behaviour, guiding the child towards acceptable behaviour. This is an integral part of how children learn.

PROHIBITED PRACTICES

All Providers are expected to comply with the Child Care & Early Years Act, 2014 and regulations concerning behaviour guidance and prohibited practices.

Prohibited practices include:

- a) corporal punishment of the child;
- b) physical restraint of the child, such as confining the child to a high chair, car seat, stroller or other device for the purposes of discipline or in lieu of supervision, unless the physical restraint is for the purpose of preventing a child from hurting himself, herself or someone else, and is used only as a last resort and only until the risk of injury is no longer imminent;
- c) locking the exits of the child care centre or home child care premises for the purpose of confining the child, or confining the child in an area or room without adult supervision, unless such confinement occurs during an emergency and is required as part of the licensee's emergency management policies and procedures;
- d) use of harsh or degrading measures or threats or use of derogatory language directed at or used in the presence of a child that would humiliate, shame or frighten the child or undermine his or her self-respect, dignity or self-worth;
- e) depriving the child of basic needs including food, drink, shelter, sleep, toilet use, clothing or bedding; or
- f) inflicting any bodily harm on children including making children eat or drink against their will.
- g) sexual abuse, sexual misconduct or engaging in a prescribed sexual act, as those terms are defined in the Early Childhood Educators Act, 2007.

DUTY TO REPORT

All Providers affiliated with Oxford Community Child Care are required by the Child, Youth and Family Services Act, Section 125(1), to report any reasonable suspicion of child abuse to the Oxford Children's Aid Society. The person with the suspicions has the responsibility and duty to report and shall not rely on any other persons to report on their behalf. Providers must act in a professional manner with the best interests of the child at heart, without acting maliciously or without reasonable grounds. Confidentiality of information does not apply when reporting abuse or any reasonable suspicion of abuse to a Children's Aid Society.

SERIOUS OCCURRENCE REPORTING

When an incident/accident is deemed a serious occurrence, it is reported to the Ministry of Education. All serious occurrences are handled in accordance to the requirements of the Child Care & Early Years Act, 2014.

"Serious Occurrence" means:

- a) the death of a child who received child care,
- b) abuse, neglect or an allegation of abuse or neglect of a child while receiving child care,
- c) a life-threatening injury to or a life-threatening illness of a child who receives child care,
- d) an incident where a child who is receiving child care goes missing or is temporarily unsupervised,
or
- e) an unplanned disruption of the normal operations that poses a risk to the health, safety, or well-being of children receiving child care

The Agency will complete a *Serious Occurrence Notification Form* and provide to the Provider. The *Serious Occurrence Notification Form* must be posted at the premise where the serious occurrence happened, in a conspicuous place near an entrance commonly used by parents/guardians within 24 hours and remain posted for 10 business days.

The *Serious Occurrence Notification Form* will inform parents/guardians on the incident that occurred, the immediate actions taken to respond to the incident, and any longer term actions the Agency has taken to minimize the recurrence of the incident. The summary will not include any identifying information to respect the privacy of individuals involved, and shall be updated as new information is obtained. Questions regarding the *Serious Occurrence Notification Form* should be sent to the Home Child Care Consultant.

COMPLIMENTS, CONCERNS & COMPLAINTS

Issues, concerns and complaints from parents will be handled in a professional and efficient manner. Responses will be respectful, fair and reflect the policies, practices and values of Oxford Community Child Care.

The best approach is to work directly with your Provider to resolve your issue, concern or complaint. If that is not possible, the Home Child Care Consultant will provide neutral mediation to support resolution. Parents are reminded that Home Child Care Providers are independent contractors and are not staff of Oxford Community Child Care.

If an issue, concern or complaint is escalated to the Agency, the Home Child Care Consultants will acknowledged, responded to and/or resolved within:

Acknowledgement	24-48 hours
Response	7-10 days
Resolution	14-21 days
Board of Directors	at the next scheduled meeting at the discretion of Board

Time frames do not include weekends or statutory holidays.

The amount of time required for response and resolution is dependent on the complexity of the complaint received. Home Child Care Consultants will make every effort to use the minimum amount of time possible to conclude the matter.

When an issue, concern or complaint is received, the Provider will be notified and provided with details as part of the response and resolution process. The parent will receive high level notification of the final outcome. Due to confidentiality and privacy legislation, parents may not receive specific details of the steps taken.

If the concern/complaint involves a serious allegation against a Provider that includes but not limited to suspected abuse, neglect or maltreatment of a child, professional misconduct, professional incompetence, use of prohibited practices or criminal behavior further reporting is required.

This reporting may include but is not limited to:

- Children's Aid Society
- Police
- Ministry of Education
- College of Early Childhood Educators

In the case of suspected child abuse, parents will be advised to contact the Children’s Aid Society directly. They will be further informed that the organization will also be making a report to CAS and the College of Early Childhood Educators, if applicable. The Provider will also be contacted. In most cases, children will be removed from the Provider’s care until the investigation has been concluded.

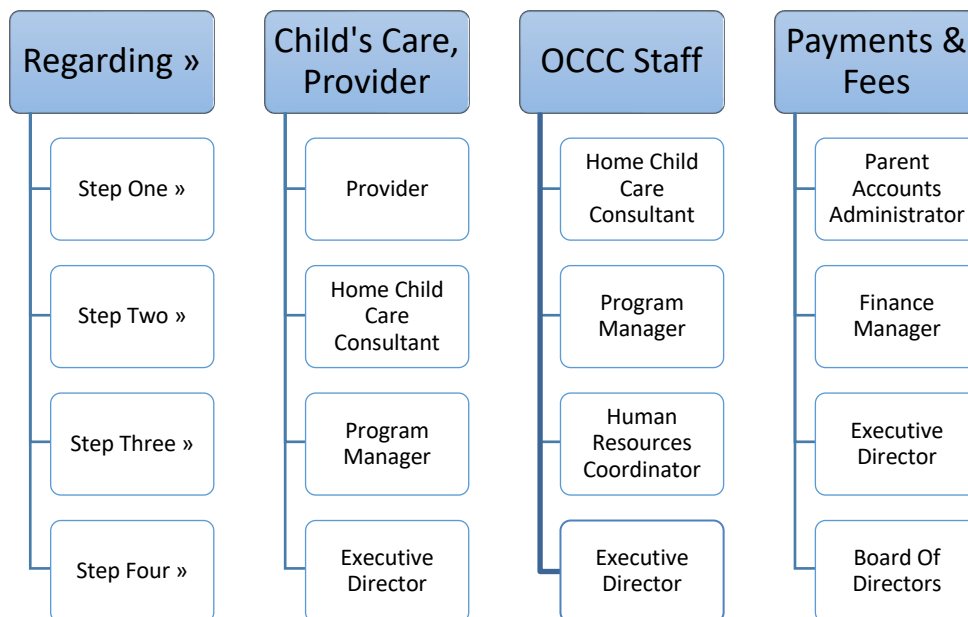
Concerns/complaints of a serious nature will be acknowledged within 2 business days and advised of the process and anticipated time frame for resolution. Serious concerns/complaints may take up to 30 business days to investigate. Any investigations requiring longer than 30 days will have the reasons for the delay documented.

The person who submitted the serious concern/complaint will be notified when the matter has closed along with a high level statement of resolution however they may not receive any further specific information as to how the complaint was handled or the outcome due to confidentiality and privacy concerns.

Concerns/complaints of a serious nature may be a serious occurrence and reportable to the Ministry of Education through the Child Care Licensing System. Providers are required to post the Serious Occurrence Notification Form in a place that is conspicuous to parents in accordance with the Serious Occurrence policy and the CCEYA.

Confidentiality of Issues, Concerns and Complaints

OCCC will endeavor to respect confidentiality whenever possible however it is often difficult to properly investigate a matter without sharing the nature of the concern and potentially where it came from. OCCC reserves the right to divulge whatever information it deems necessary to thoroughly and adequately investigate issues or concerns received.



The Executive Director and Board of Directors will only become involved after all other steps have been exhausted.

Note that OCCC will NOT become involved in financial matters involving families that are NOT registered with the Agency.

ACCESSIBILITY FOR ONTARIANS WITH DISABILITIES

For more information regarding our policies for AODA, please refer to our website at www.oxfordccc.ca/policy/ or contact the Accessibility Officer at 519-539-4419.



PROGRAM STATEMENT
For
INDEPENDENT PROVIDERS
Affiliated with
OXFORD COMMUNITY CHILD CARE

This template has been developed to support independent Providers affiliated with Oxford Community Child Care with the development of individualized program statements.

Providers are required to select one of the three progressive goals provided for each category or create one of their own goals. Home Child Care Consultants are available to assist Providers with every step of the process.

Providers are also welcome to create their own unique program statement that meets all the requirements of the Child Care and Early Years Act and is complimentary to the program statement of OCCC and How Does Learning Happen?.

For more information on program statements, please refer to section 7 in the Independent Provider's manual or visit the Ministry of Education's website. Program statements must be reviewed and updated a minimum of annually.

Provider's Name: _____

Program Statement Effective Date: _____

Home Child Care Consultant: _____

Goal	Promote the nutrition and well-being of children.
	All meals, snacks and beverages that are served to the children meet recommendations in the Eating Well with Canada’s Food Guide.
	Providers encourage children through role modelling to develop a positive attitude towards a wide variety of foods.
	Providers encourage children to gain self-help skills that are developmentally appropriate by allowing children to participate in the preparing and serving of food.
Notes:	

Goal	Promote the health and well-being of children.
	Providers meet each child’s needs by providing opportunities for sleep/rest time, proper nutrition, and opportunities for play including physical activity.
	Providers insure indoor and outdoor spaces are set up for exploration and active play that support the age appropriate development of the needs of the children.
	Providers respect the health and well-being needs of the child set out by the family to allow for consistency for the child.
Notes:	

Goal	Promote the safety and well-being of children.
	Providers set out clear expectations, boundaries and guidelines that promote safety and well-being, both indoors and outdoors, for all children.
	Providers create an environment that feels comfortable and safe for the children.
	Providers encourage children to be creative in their problem solving, view themselves as competent and capable by allowing them to take age appropriate risks in their exploration of play.
Notes:	

Goal	Support positive and responsive interactions among children, parents, childcare Providers and achieve foundations of belonging and well-being.
	Providers greet families, children and Consultants at the door upon arrival.
	Providers encourage positive interactions amongst children by role modeling.
	Providers are engaging with children by asking inquiry based questions, observations, communicating findings with families.
Notes:	

Goal	Encourage the children to interact and communicate in a positive way and support ability to self-regulate.
	Providers set clearly written and spoken routines.
	Providers label and identify emotions and encourage communication and problem solving between children.
	Providers encourage independence and problem solving.
Notes:	

Goal	Foster the children’s exploration, play and inquiry.
	Provider provides age and developmentally appropriate toys for all children inclusively.
	Provider provides materials that promote graduated play.
	Providers responds to request for materials to scaffold the learning based upon the children’s developmental interests.
Notes:	

Goal	Provide Child-Initiated and adult supported experiences
	Providers provide verbal encouragement of all activities.
	Providers provide physical support to aide in their growth.
	Providers utilize “How Does Learning Happen?” to guide their learning and experiences.
Notes:	

Goal	Plan for and create positive learning environments and experiences in which each child’s learning and development will be supported
	Providers provide child first experiences.
	Providers set up an engaging environment that promotes developmentally appropriate learning.
	Children create developmentally appropriate learning experiences with the support of the provider.
Notes:	

Goal	Incorporate indoor and outdoor play, as well as active play, rest, quiet time into the day and give consideration to the individual needs of the children receiving child care
	Provider arranges space to accommodate indoor and outdoor play, active play, rest, quiet time while keep each individual child's needs in mind.
	Providers create a consistent but flexible when needed space to meet the needs of each child.
	Providers become co-learners alongside the children as they explore their environment .
Notes:	

Goal	Foster the engagement of ongoing communication with parents about the program of their children
	Providers greet parents and communicate the child's day to them .
	Providers update their daily written record on a daily basis touching on the four quadrants of How Does Learning Happen?
	Providers build a positive relationship with parents through positive communication that will only enhance the connection with the children.
Notes:	

Goal	Involve community partners and allow these partners to support the children, their families and Providers.
	Providers are aware of their community partners and how to access them.
	Providers help families make connections to community partners to help support their family.
	Providers build a resource network in their community.
Notes:	

Goal	Support providers or others who interact with the children at a home child care premises in relation to continuous professional learning.
	Providers join the closed Oxford Community Child Care’s Facebook group.
	Providers attend workshops provided by Oxford Community Child Care.
	Providers attend professional learning workshops.
Notes:	

Goal: Document and review the impact of the strategies set out in clauses (a) to (j) of subsection 46(3) on the children and their families

Home Child Care Consultants will support the implementation and achievement of the goals set by each provider. We will do this by reviewing the goals monthly and annually with each provider. Oxford Community Child Care will provide tools, resources and knowledge to assist in obtaining their goals.