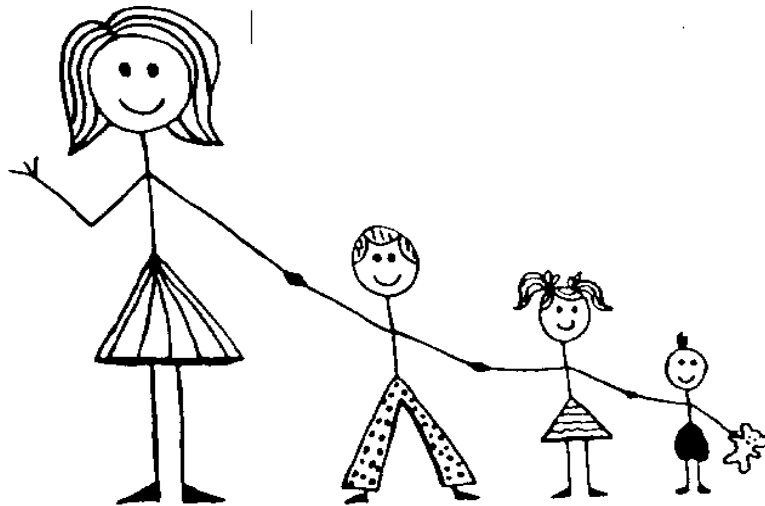


KIDS KARE
HOME DAYCARE AGENCY LTD.
PARENT'S CONTRACT & INFORMATION PACKAGE



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Hillary Brinkman
Licensee
416-570-0880

Sonia Whyte
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Revised: January 1, 2020

KIDS KARE HOME DAYCARE AGENCY LTD.

Thank you for your interest in Kids Kare Home DayCare Agency Ltd.

Kids Kare is licensed by the Ministry of Education.

Kids Kare opened for business in November 1992. The Agency is owned and operated by Hillary Brinkman. Hillary graduated in Early Childhood Education with honors from Seneca College in 1984. Hillary's experiences include working as a supervisor of a daycare centre, teaching in a coop nursery school, as well as being a home daycare provider. Hillary is the mother of 3 children.

Sonia Whyte is the Supervisor/Home Visitor for the Agency and lives in Brampton. Sonia received her Diploma in Early Childhood Education from Humber College in 2002. Sonia has experience working as a family resource worker at an Ontario early years center, supervise children's play at Ikea, and has also worked as a home daycare provider. Sonia is the mother of 2 grown children and 1 granddaughter.

Susan Colwell is the Financial Administrator for the Agency and lives in Alliston. Susan owns and operates her own financial service business for the past 25 years. As well, Susan has held the position of Treasurer for a local municipality which gives her a knowledge and understanding of the Ministry's accounting procedures. Susan is a mother of 1 and has 2 grandsons.

Kids Kare provides ongoing support all our Parents and Providers with individual and immediate attention. We also strive to get to know all our Caregivers on an individual basis. We believe that we can provide your children with the highest quality of caregivers available in Brampton.

We exercise great care in the screening and selection of our Providers and only select a few that meet with our strict guidelines.

Enclosed are an application form and our Parent handbook.

If you require any further information please do not hesitate to contact Sonia at 905-792-0880.

Sincerely yours,

Hillary Brinkman

Hillary Brinkman

KIDS KARE HOME DAYCARE AGENCY LTD.

Phone # 905-792-0880 Fax # 905-729-4189
Email: swhyte.kidskareagency@gmail.com / kkparent@hotmail.com

PARENT'S CONTRACT & INFORMATION PACKAGE

This agreement made between:

(The parent or legal guardian hereinafter called the parent / guardian)

And,

Kids Kare Home Daycare Agency Ltd., WHEREAS, Kids Kare Home Daycare Agency provides services, and, WHEREAS, the parent is desirous of using such services for:

(Name (s) of Child / ren)

Now referred to as the child / ren)

NOW THEREFORE, in consideration of the mutual covenants as set out below:

Kids Kare Home Daycare Agency Ltd. is licensed by the Ministry. Our Agency and Providers conform to the Rules and Regulations stipulated by the Child Care and Early Years Act.

KIDS KARE HOME DAYCARE AGENCY LTD.

OUR PHILOSOPHY

At Kid's Kare we believe children need a safe and happy environment, which enables them to learn and play while having fun. To ensure each child receives individual attention only a limited number of children are placed in each home. Each Provider will have no more than six children in their home. Only two children can be under the age of two.

Our Home Visitors are Registered Early Childhood Educators and visit each Provider on a regular basis. This gives the Provider an opportunity to learn new activities, games, songs, and crafts to teach the children.

We know that placing children in a home atmosphere provides them with the opportunity to learn at their own pace. Being in a Provider's home gives children the flexibility to rest when they need to, eat when they are hungry, and to participate in educational activities.

Our goal is to provide an atmosphere for children, which gives parents comfort in knowing their child is receiving loving quality daycare.

INCLUSION POLICY

Kids Kare Inclusion Policy is in accordance with the Child Care and Early Years Act, 2014, the College of Early Childhood Educator's Code of Ethics and Standards of Practice, Canadian Human Rights Acts, Canadian Charter of Human Rights and Freedoms and the Ministry of Education.

Kids Kare Ltd includes children and families from diverse backgrounds, regardless of their race, ethnic origin, colour, religion, sex, age, or mental or physical disability. Each child is unique, like the colour of the rainbow, each colour come together to complete the pattern. In partnership with our parents, providers community partner, Kids Kare Ltd is committed to quality care for all children and families.

Inclusion means all our children have equal access to, and will participate in, our programs.

- We support the inclusion of children who may require additional support needs in their physical, social or emotional development.
- Our Providers ensure equal opportunities for each child to interact and play.
- Play materials are easily accessible to all children in care.
- The Provider observes the children to ensure each child's individual needs are met.
- We believe that each child deserves an environment and experience that promotes growth in all areas of his or her development.
- Support and encourage open communication with parents and our providers.
- Opportunities for professional development and training for providers.
- Providers receive support and guidance from Home Visitors (Supervisors).

Kids Kare will make all efforts to support new and existing placements and will adhere to the Continue Placement Process found in the Memorandum of Understanding. Any incident that occurs in any home child care premises will be investigated and documented and signed by all parties involved. Every effort will be made by the agency to resolve the incident.

The Inclusion Policy is reviewed annually with all providers and each provider is required to sign on the completion of the review.

KIDS KARE HOME DAYCARE AGENCY LTD.

PROGRAM STATEMENT

Kids Kare offers a learning program that encompasses the Ministry of Education policies; “How does Learning Happen” handbook and the Ontario Early Years Framework. Using a play based approach in our provider’s homes contributes to the cognitive, physical, social, and emotional well-being of children. Kids Kare strives to foster an environment that promotes the health, safety, nutrition and well-being of children. We achieve this by providing educational workshops for all providers. We provide daily meals for children following the Canada Food Guide by posting menus and establishing positive eating environments. The health of the children is met by assessing the children on a daily basis, as well as monitoring children by using the symptoms of illness form. Providers encourage children to use sanitizing practice by washing hands before and after meals, as well as after outdoor play. Kids Kare promotes well-being by incorporating opportunities and time to practice self-help and self-care skills based on each child’s capability throughout daily routines and activities. Providers promote daily opportunities for children to be physically active and explore the world around them through daily outdoor play. Providers encourage children to strive and do their best. Kids Kare promotes safety by creating safe and stimulating outdoor and indoor space for active play. Providers are constantly monitoring their space for a safe environment for children. Our monthly home visits ensure that children are in a safe environment and provide ongoing support to providers.

As an organization we support positive and responsive interactions among the children, parents, providers. We offer providers a variety of resources. Home visitors provide monthly calendars to encourage providers to incorporate a variety of activities in their daily routine. Kids Kare provides workshops for providers to enhance their knowledge and acknowledge providers that exceed expectations. We encourage providers to involve local community partners. We provide ongoing support for home visitors by organizing monthly meetings, attending professional workshops through CDRCP, Raising The Bar and Home Daycare Association. We continue to support provider by interacting through phone calls and e-mails as well as providing resources when needed.

Kids Kare strive to promote a sense of belonging for children and their families by creating positive interactions. We foster the engagement of ongoing communication with parents about the program and their children by having providers fill out daily logs. Home visitors complete a monthly report to parents as well as a seasonal newsletter.

We understand that relationships of trust are the basis for learning and cooperation. Every child is entitled to be given the opportunity to develop personal responsibility and social skills, to learn, to problem solve, and to learn about diversity and inclusion.

Kids Kare strives to foster an environment that promotes the health, safety, nutrition and well-being of children. We achieve this by providing health safety and nutrition workshops to the provider's. The nutritional needs of children are met by following Canada's Food guide and posting the menu. The health needs of children are met by assessing the children on a daily basis. The well-being and safety of children are monitored by the providers on an ongoing basis.

We support positive and responsive interactions among the children, parents and providers by having an enriched environment and positive interactions. We encourage the children to interact and communicate in a positive way and support their ability to self-regulate by having predictable routines and giving children choices in a learning environment. We foster exploration, play and inquiry by providing child-initiated and adult-supported experiences. We view children as being competent, capable, curious and rich in potential. We plan for and create positive learning environments and experiences in which each child's learning and development will be supported. This is achieved by incorporating indoor and outdoor play, as well as active play, rest and quiet time, into the day, and giving consideration to the individual needs of the children.

KIDS KARE HOME DAYCARE AGENCY LTD.

POLICY AND PROCEDURES FOR ENROLMENT:

ADMISSION

The following must be completed prior to admission:

| | | |
|--|----------------------|------------------|
| a) Application Form | b) Immunization Form | c) Consent Forms |
| d) Interview of Parent or Guardian and Child | e) Registration Fee. | |

PROVIDERS

Every Provider is screened by the Agency and references are checked. Provider's houses are safety proofed. Our monthly visits to Provider's homes ensure compliance with The Ministry of Education safety regulations.

NUMBER OF CHILDREN

Each provider will have no more than Six Daycare children in their home. Of the Six children only three children may be under the age of two.

HOME VISITS

A home visitor will visit each Provider on a monthly basis. Home Visitors are qualified Early Childhood Educators. These visits serve several purposes to observe and visit with the children; to ensure all regulations and policies are being followed (including safety); to monitor the Providers' overall performance; to ensure that the children are receiving a stimulating, age appropriate program of activities and nutritious meals; to offer help and advice in all areas of child care (programming ideas, guidance techniques, etc.). While the safety of the home is monitored monthly, a more detailed inspection is also done utilizing our quarterly Site Safety Checklist along with the Ministry's checklist. Once a month you will get a home visit report to know we were at the provider's home. As long as you receive this report and no follow up from us you know that we were happy with our visit. On the other hand you are the person who is at the home on a daily basis. If we are not hearing from you we are assuming that you are happy with the care as well. If you have any concerns at all, please give us a call.

MEALS

All nourishment is to be supplied by the parent or guardian for children who are bottle fed and eating baby food. All bottles and baby food jars must be labeled with the child's name and made up in advance. Once the child is eating table food and drinking from a cup the provider will serve a lunch; mid-morning and afternoon snack. Providers will supply nutritious meals in accordance with Canada's Food Guide.

Breakfast and dinner are the parent's or guardian's responsibility.

VACATION

Please notify your provider if you plan to take your child out for vacation **at least 2 weeks in advance of your vacation date**. Any vacation time taken over the **2 week per year maximum**, will be treated as absent days and the parent will be billed as outlined in the fee schedule.

KIDS KARE HOME DAYCARE AGENCY LTD.

ILLNESS

The parent(s)/guardian(s) will keep their child/ren's caregiver informed of any changes in the health of their child/ren.

Children having any communicable disease **must remain out of daycare** until a doctor's note is given stating that your child/ren is free from such disease or are no longer contagious.

We ask that you **refrain from bringing** your child/ren to the home daycare when a child has an elevated temperature, flushing, pallor, or listlessness, acute cold, nasal discharge (green), severe cough, red or discharging eyes or ears, undiagnosed skin rashes, unusual irritability, fussiness and restlessness, vomiting or diarrhea.

If the child experiences these or other symptoms of illness during the day, the parent or guardian will be notified for **immediate** pick up of your child/ren.

A health check will be done on each child daily and any obvious signs of illness will mean that the child cannot attend care that day.

Head Lice:

Early detection and prompt action are the most effective tools in combating head lice.

Please check your child/ren's head on a regular basis.

If head lice are detected your child's caregiver will contact you for **immediate** pick up of your child/ren. Children must **remain out of care for 48 hours** after receiving the first treatment. If treatment failure occurs, shown by presence of live lice during the 48-hour period, immediate treatment with an alternate product is recommended, followed by a second treatment 7 to 10 days later. The child will then need to be out of care for an **additional 24 hours**.

Your child/ren will have their head(s) checked on arrival at the caregivers' home. If live lice are detected the same procedure as above is in effect until there are no live lice found.

ABSENCE

Parents are requested to notify the Provider when their child will be absent.

KIDS KARE HOME DAYCARE AGENCY LTD.

INDIVIDUAL PROGRAM PLAN

Any child enrolled in the Agency with any medical needs such as allergies, diabetic, seizure, asthma, etc. must have an individual Action plan which will be filled out by the parent or guardian. This plan must be reviewed by the parent with the home visitor, the daycare provider and persons who are ordinarily residents of the premise.

An Individual Program Plan will be in place for each child with exceptionalities before enrollment into care and structured to accommodate the individualized needs of the child. The plan must be developed in consultation with the parent and/or a physician and/or community worker. The Individual Program Plan must be reviewed annually and after any changes that have been made.

The Plan will include:

A description of how the Provider will support the child to function and participate while the child is in care. A description of any supports or aids, or adaptations or other modifications to the physical, social and learning environment that is necessary to achieve care for the child; and, instructions relating to the child's use of the supports or aids or if necessary, the child's use of or interaction with the adapted or modified environment.

PICK UP AND RELEASE

No child will be released to any person other than the persons named on the application, without the consent of the parents or the guardian.

CUSTODY & RELATED COURT ORDERS

Our daycare providers cannot become involved in the marital or custody issues of the families that they provide childcare for. If a custody or court order exists, a copy of the order needs to be placed in the child's file. The parent/guardian of the child/ren is responsible for providing up to date and accurate information concerning the legal guardianship of the child/ren. Without a custody or court order on file, the caregiver cannot deny access to the non-enrolling parent. If the non-enrolling parent is not listed on the pickup consent form, the policy on unauthorized persons will be implemented. The parent/guardian will provide all consents.

TOILET TRAINING

During this important phase of childhood, **it is helpful if home and home caregiver work together**. We ask that you cooperate with your child's caregiver to provide a consistent toileting routine. Each day the caregiver will need you to provide at least two complete changes of clothing, including socks, an adequate supply of disposable diapers and training pants.

PHOTO PERMISSION

Photos may be taken by your provider or agency staff during day care hours, during home visits or playgroups to keep parents informed. This consent is voluntary. Please complete photo permission form and submit it to the office before your child starts.

KIDS KARE HOME DAYCARE AGENCY LTD.

PARENT ISSUES AND CONCERNS

General:

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

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

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

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

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

Confidentiality:

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

Conduct:

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

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

Concerns about the Suspected Abuse or Neglect of a Child:

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

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

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

For more information, visit

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

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Procedures:

| Nature of Issue or Concern | Steps for Parent and/or Guardian to Report Issue/Concern: | Steps for Provider, Home Visitor or Licensee in responding to issue/concern: |
|---|--|--|
| Program-Related E.g.: schedule, toilet training, indoor/outdoor program activities, menus, etc. | Raise the issue or concern to - the home child care provider directly or - the home visitor and/or licensee. | - Address the issue/concern at the time it is raised; or - Arrange for a meeting with the parent/guardian within 2 business days. Document the issues/concerns in detail. Documentation should include: - the date and time the issue/concern was received; - the name of the person who received the issue/concern; - the name of the person reporting the issue/concern; - the details of the issue/concern; and - any steps taken to resolve the issue/concern and/or information given to the parent/guardian regarding next steps or referral. |
| General, Agency- or Operations-Related E.g.: fees, placement, etc. | Raise the issue or concern to: - the home visitor – placements, etc. - the Licensee - Fees | - the date and time the issue/concern was received; - the name of the person who received the issue/concern; - the name of the person reporting the issue/concern; - the details of the issue/concern; and - any steps taken to resolve the issue/concern and/or information given to the parent/guardian regarding next steps or referral. |
| Provider, Home Visitor and/or Licensee-Related E.g.: conduct of provider, home visitor, agency head office. | Raise the issue or concern to - the individual directly or - the licensee. All issues or concerns about the conduct of the provider that puts a child's health, safety and well-being at risk should be reported to the agency head office as soon as parents/guardians become aware of the situation. | Provide contact information for the appropriate person if the person being notified is unable to address the matter. Ensure the investigation of the issue/concern is initiated by the appropriate party within 2 business days or as soon as reasonably possible thereafter. Document reasons for delays in writing. |
| Related to Other Persons at the Home Premises | Raise the issue or concern to - the home child care provider directly or - the home visitor and/or licensee All issues or concerns about the conduct of other persons in a home child care premises that puts a child's health, safety and well-being at risk should be reported to the agency head office as soon as parents/guardians become aware of the situation. | Provide a resolution or outcome to the parent(s)/guardian(s) who raised the issue/concern. |

KIDS KARE HOME DAYCARE AGENCY LTD.

Escalation of Issues or Concerns:

Where parents/guardians are not satisfied with the response or outcome of an issue or concern, they may escalate the issue or concern verbally or in writing to The Ministry of Education.

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

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

Contacts:

Ministry of Education, Licensed Child Care Help Desk: 1-877-510-5333 or childcare_ontario@ontario.ca

Hillary Brinkman – Licensee – 416-570-0880

Sonia Whyte – Home Visitor – 905-792-0880

SERIOUS OCCURRENCE REPORTING: Posting Process and Key Timelines

1. Operator will report all serious occurrences in CCLS (Child Care Licensing System) **within 24 hours** of becoming aware of the serious occurrence.
2. **In private-home daycare agencies** – The Agency will complete the Serious Occurrence Notification Form and ensure that the caregiver posts the form in a conspicuous place in the home location where the serious occurrence has happened.
3. The Serious Occurrence Notification Form is posted for a **minimum of 10 business days**. If the form is up-dated with additional information such as additional actions taken by the operator, the up-dated form will be posted for an **additional 10 days** from the date of the up-date.

Kids Kare Home Daycare Agency will retain the Serious Occurrence Notification Form for at least three years from the date of the occurrence and make the forms available to current and prospective parents, licensing and municipal children's services staff upon request.

KIDS KARE HOME DAYCARE AGENCY LTD.

MEDICATION/CREAMS AND LOTIONS

Non-prescription and prescription drugs / sunscreen and any other necessary lotions / creams will be given only with the written consent of the parent. Prescription medicine must be the child's prescription. Non-prescription medication must be child appropriate. Consent forms for prescription and non-prescription medications/creams/lotions must be completed and left with the provider on your child's first day. Please supply a bottle of sunscreen (and any other necessary lotions/creams) with your child's name on it. These should be left with the Provider and you will be advised when a new supply is needed. Before a provider can give any medication to your child, please ensure that you complete the medication form and give it to your Provider along with the medication. Your Provider is not allowed to give your child any medication without these forms completed in advance.

ARTICLES SUPPLIED BY PARENTS

Parents are required to have a complete inventory of supplies for their children, at the Provider's home. Based on the hours of care, the Provider will supply a meal and two snacks, if applicable, unless your child is on baby food or a special diet. Special arrangements for any other meals must be made in advance. Written instructions must be left with your Provider regarding feeding if your child is under the age of 1 year old. All bottles and food supplied by parents must be labelled with the child's name, and bottles must already be prepared (i.e. filled with formula, juice, milk, etc.). If you choose to supply food for your child who is on regular foods, it must be in accordance with the Canada's Food Guide. The Provider can supplement if the meal does not meet the respective food guides requirements. **Please supply the appropriate outdoor clothing to suit the weather, as Providers are required to take the children outside daily for 2 hours, weather permitting.**

| | | | |
|---|--|--|--------------------|
| Diapers | Baby wipes | Change pad | Change of clothing |
| Outdoor clothing suitable to the season | Baby food, formula special diet foods | Special toys or items that the child uses as security blanket to nap with | |

PROVIDER'S DAYS OFF / BACKUP

In the event that your Provider is sick, on holidays, or requests special days off, Kids Kare will strive to provide you with alternate arrangements (backup) for your child. If you do not use this service, you will be required to pay a \$10 per day per child (Admin Fee) however, if we cannot offer you back-up you will not be charge for that day.

BACK-UP PROVIDER form must be completed and taken to the back-up Provider when your regular Provider is not available.

ORIENTATION PERIOD

Parents may have an orientation period in which they would take their child to the Provider's home and leave their child there for an hour. Parents should have all the information completed to leave with the Provider. They may also at this time wish to leave diapers or food. This should be arranged with the Provider in advance. The orientation period may be arranged with the provider the week before children start.

KIDS KARE HOME DAYCARE AGENCY LTD.

CAR TRIPS

Consent for car travel is an arrangement that is made between the Parent and the Provider. Parent will be required to supply the appropriate government approved car seat. The car seat must be certified by the Canadian Motor Vehicle Safety Standards. The car seat is based on the child's birth date, age, height, or weight of the child. It is the parent responsibility to ensure that the Provider is aware of its proper installation and use. Parent must sign the transportation agreement form with provider in advance to give consent for car travel. Parent may choose to do a Driver Record Search and check the amount of liability coverage on the Provider's auto insurance. The Agency does not supply car seats. Providers must have written permission from parents before the child goes anywhere in the Providers car. Parents or Providers must supply car seats for children under 18 kilograms (40 lb.). All children must be in a suitable form of safety restraints.

EQUIPMENT

The Agency does supply some equipment (i.e. playpens, highchairs, strollers, etc.) All equipment used by the children in the Provider's home must be approved by the Agency. Therefore, any equipment belonging to the Provider or parents must be inspected for safety before it can be used in the Provider's home. PLEASE NOTE: BABY WALKERS ARE NOT PERMITTED for use in the Provider's home. It is the Provider's responsibility to have enough play equipment for the number of children in their care.

PROHIBITED PRACTICES

The following are prohibited:

(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 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.

If a provider has any suspicion's that a child maybe being abused it is their duty to report these suspicion's to the Children's Aid Society.

SMOKING POLICY

Smoking is prohibited. Providers, other household members and visitors cannot smoke tobacco or hold lit tobacco, use medical cannabis or the use of electronic cigarettes on the premises (in the home whether or not children are present) and in the garage, front/backyard and driveway when children are present. No smoking signs must be posted at all entrances and exits. No ashtrays or similar equipment is permitted where child care is provided whether or not children are present.

KIDS KARE HOME DAYCARE AGENCY LTD.

LIMITED SUPERVISION OF CHILDREN

Volunteers and students are not permitted to interact with daycare children. In the event that the Daycare provider is temporarily unavailable to care for children they may appoint a person to temporarily care for the children. If children are to be left in the care of another individual other than the daycare provider an Alternative Provider Permission Form must be on file and signed by the parent.

OUTDOOR PROGRAM

All children attending Kids Kare Home Daycare Agency will enjoy our outdoor program. The program includes a minimum of 2 hours each day of outdoor play, weather permitting.

Outdoor play can be on the premises of the caregiver or at the local parks. Off premise play can also be walks around the neighbourhood, local library and local Early Years Centre.

We feel that if a child is able to attend home daycare, they are able to participate in our outdoor program. Only in very special circumstances will we consider allowing a child to remain indoors during this time.

STANDING BODIES OF WATER / POOLS

The use of and access to all standing bodies of water during operating hours is prohibited. All homes that have standing bodies of water / swimming pools must be in compliance with local by-laws (fence and a latched gate). Sensory exploration is acceptable such as on premise splash pads, sprinklers, hoses or water tables, under close supervision from an adult at all times, is a safer alternative during hot weather.

IMMUNIZATION

Before a child who is not in attendance at a school is admitted to a provider's, and from time to time thereafter, the child is immunized as recommended by the local medical officer of health. A copy of children's immunization must be kept on file with the agency and the provider form must be completed and submitted to the office before your child starts, and the Agency will ask you to update the form annually. If a parent of the child objects to the immunization on the ground that the immunization conflicts with the sincerely held convictions of the parent's religion or conscience or a legally qualified medical practitioner gives medical reasons in writing to the licensee as to why the child should not be immunized, they are required to fill out the standardized, ministry-issued form (Statement of Conscience or Religious Belief for Individual) which needs to be notarized (e.g. Justice of the peace, lawyer, etc.). If a child cannot receive immunizations due to medical reasons the parent is required to submit the standardized, ministry-issues form (Statement of Medical Exemption for Child/Individual) which needs to be completed and signed by a medical professional.

KIDS KARE HOME DAYCARE AGENCY LTD.

SAFE SLEEP PRACTICES FOR INFANT AND CHILDREN OVER 12 MONTHS:

Your Provider will be following a daily routine which will include rest/nap times based on your child's needs and according to the schedule in the home.

Infants, less than one (1) year of age, and over 12 months will always be placed on their backs to sleep, but will be allowed to adopt whatever positions they assume during sleep.

If the infant sleeps in a way other than on their back, the infant's parents will require a note from the infant's physician that explains how the infant should sleep, the medical reason for this position and a time frame for this position.

Parents will be consulted in respect to the children's sleeping arrangements at the time the child is enrolled and at any other appropriate time, at the parent's request.

Parents will be advised of any significant changes in their child's sleeping patterns or behavior during sleep. The Provider will discuss any changes in the child's sleep with the parents.

Each child, infant-18 months will be assigned to an individual playpen. Children over 18 months will be assigned to a cot or bed.

Sleeping infants must be supervised during nap/sleep period.

The Provider shall physically check the children during sleep every 30 minute and shall remain in close proximity to the children in order to hear and see if they have any difficulty or signs of distress.

The Provider will check for normal skin colour, normal breathing by watching the rise and fall of the chest, level of sleep, signs of overheating, (e.g. flushed skin colour, increase in body temperature and restlessness).

The infant's checks will be recorded on the Sleep chart.

There must be sufficient light in the sleeping area or room to conduct the visual check of each sleeping child. The lighting in the rooms must allow the Provider to see each infant's face to view the color of the infant's skin and to check on the infant's breathing.

Infants are safest when placed to sleep in comfortable clothing at room temperature, avoiding excess bedding and not over-dressed or over-wrapping the infant.

Sitting devices such as car safety seats, strollers, infant carriers, and other sitting devices will not be used for sleep/nap time. Infants who fall asleep anywhere other than a playpen must be placed in the playpen for the remainder of their sleep or nap time.

ELECTRONIC SLEEP MONITORING DEVICES

If a provider chooses to use a sleep monitoring device, it must be checked daily to ensure it is functioning properly (e.g. it is able to detect sounds and if applicable, video images of every sleeping child).

Each receiver unit of the electronic sleep monitoring device is actively monitored by the Provider at all times.

Electronic sleep monitoring devices shall not be used in place of direct visual checks while children are napping or sleeping.

KIDS KARE HOME DAYCARE AGENCY LTD.

FEE SCHEDULE:

| | |
|-------------------------------|------------------|
| Registration Fee. \$50.00 | (Non-refundable) |
|-------------------------------|------------------|

| Age Category | Full-Time (Monday to Friday) (More than 6 Hrs/Day) | Part-Day (Monday to Friday) (Less than 6 Hrs/Day) | Part-Time (2 to 4 days) (More than 6 Hrs/Day) |
|--------------------------------|--|---|---|
| Infant (0 to 18 Months) | \$38.00 (\$44 Minus \$6 Rebate) | \$34.00 (\$40 Minus \$6 Rebate) | \$42.00 (\$48 Minus \$6 Rebate) |
| Toddler (19 to 30 Months) | \$38.00 (\$44 Minus \$6 Rebate) | \$34.00 (\$40 Minus \$6 Rebate) | \$37.00 (\$43 Minus \$6 Rebate) |
| Preschool (2.5 to 4 years) | \$36.00 (\$42 Minus \$6 Rebate) | \$32.00 (\$38 Minus \$6 Rebate) | \$35.00 (\$41 Minus \$6 Rebate) |
| Kindergarten (4 to 5 years) | \$34.00 (\$40 Minus \$6 Rebate) | \$24.00 (\$30 Minus \$6 Rebate) | |
| School Age (6 to 12 years) | \$34.00 (\$40 Minus \$6 Rebate) | \$19.00 (\$25 Minus \$6 Rebate) | |

Kids Kare is licensed for children 6 weeks to 13 years old. We provide care Monday to Friday; 52 weeks a year between the hours of 6 am to 6 pm. If parents require care for hours other than those times efforts will be made to try to accommodate that. Kids Kare is closed on Statutory Holidays and provider do not provide care on those days. **The following are Stat. Days. New Year's Day; Family Day; Good Friday; Victoria Day; Canada Day; Civic Holiday; Labor Day; Thanksgiving Day; Christmas Day; Boxing Day.**

- **Fees are based on a 10-hr. day.** If additional hours are required on a regular basis the charge will be \$2/ hour or part hour per child extra. If additional hours are required on a temporary basis the charge will be \$8 per hour per child. Care before 7 a. m. or later than 6 p. m. will incur an additional charge of \$2.00 hour or part hour per child. A late fee of \$8.00 per hour per child will be charged if your child is picked up later than the arranged time.
- **Payment is required for a monthly period.** If paying by cheque, please make cheques payable to Kid's Kare Ltd. Payment is required for a 6 month period using post-dated cheques. All cheques must be dated for the 1st day of the month. If paying by email bank transfer you may pay on the 1st and 15th of the month in advance for that pay period 1. Full fees are required for absenteeism, Statutory Holidays, or days off (2 Days or less). Providers will be paid for all Statutory Holidays.
- **Two weeks' notice** in writing is required for holidays (3 Days or more) and if services are no longer needed. There is a \$10.00 a day per child administration fee for scheduled holidays. Parents who use the Agency on an irregular basis will incur an administration fee of \$50.00 a week, for each week no care was required. There is a maximum of 2 weeks holidays per year.
- There is a \$35.00 administration fee for all **N.S.F. Cheques.**
- Parents who choose care more than 3 weeks before the start date and parents who wish to temporarily withdraw from daycare (4 weeks or more) but intend to keep their child's spots (as long as the provider is willing) will be required to pay an enrolment fee equal to one weeks fee in advance. This payment is non-refundable. (NO EXCEPTIONS) Parents who intend to be away for an extended period (4 weeks or more) will also be required to pay a re-registration fee.

**KIDS KARE HOME DAYCARE AGENCY LTD.
FEE AGREEMENT**

| |
|-------------------------|
| Child's Name: |
| Parent's Name: |
| Parent's Phone Number: |
| Parent's email Address: |

SERVICE REQUIRED

| | |
|---|-------------------------|
| Date Care to Start: | |
| Days Care Require: | |
| Hours of Care Required: | |
| Hours of Care Required: | |
| Payment Required For: | 6 month period: |
| Extra hours: \$8.00 per hour | Holiday Fee:\$10.00/Day |
| Statutory Holidays, Illness or Occasional Day off (2days or less): Full Fee | |
| 4 Month Pay Period: | |

| |
|-----------------------|
| Cheques Received For: |
| |

| |
|----------------------------------|
| Parents Signature: |
| Date: |
| Agency Representative Signature: |

KIDS KARE HOME DAYCARE AGENCY LTD.

TERMS OF AGREEMENT

It is hereby agreed that parents will:

| |
|---|
| <ul style="list-style-type: none"> • Pay all fees, at all times, as applicable, in accordance to the current schedule of fees and regulations. |
| <ul style="list-style-type: none"> • Provide the Agency with notice in writing of their intention to withdraw the child not less than two weeks prior to such withdrawal. Failure to give such notice can result in a charge of the two weeks fee in lieu of notice. |
| <ul style="list-style-type: none"> • Provide the Agency with a medical certificate prior to the admission of the child and prior to the readmission of the child following such child's absence due to an infectious disease. |
| <ul style="list-style-type: none"> • Notify the Agency immediately should the child contract any infectious disease. |
| <ul style="list-style-type: none"> • Parents agree not to send their child to the provider's home when their child is ill. |
| <ul style="list-style-type: none"> • Notify the Agency immediately should there be any change of address, employment or other enrolment information. |
| <ul style="list-style-type: none"> • The parent will be responsible for all bank and collection charges plus all legal fees and disbursements on a solicitor and client basis incurred by the Agency in the collection of fees or the enforcement of any of the terms of this agreement. |

Parents agree that they will not privately use for the purpose of care any provider which was introduced to them by the agency.

In the event of a Private daycare arrangement between the parents/guardians and the provider is EVER made, the parents will be subject to a charge equivalent to four week of 'full time' care per child. "Penalty Fee" Calculation is based on the weekly Full time Daycare Rate at the time of discharge Multiplied four time.

This form contains Terms of Agreement and forms a binding contract once signed.

I/We acknowledge that we have read the terms of agreement and consent to the same.

| | |
|----------------------------------|---------------------|
| Date: | |
| Agency Representative Signature: | |
| Mother's Signature: | Father's Signature: |
| Print Name: | Print Name: |

KIDS KARE HOME DAYCARE AGENCY LTD.

HOME OFFICE: 47 CAPE DORSET CREST, BRAMPTON, ONTARIO L6R 3K9 905-792-0880

APPLICATION FOR ENROLLMENT

Child's Name: _____ Sex: _____ Birth Date: ____/____/____
Child's Name: _____ Sex: _____ Birth Date: ____/____/____
Child's Name: _____ Sex: _____ Birth Date: ____/____/____
Address: _____ (Street) Yr / Mon /Day
(City) _____ (Postal Code) _____
Phone Number Home : _____ Cell: _____
Parent email: _____ School Attended (If Applicable) _____

| Parent's Information | Mother | Father |
|----------------------|--------|--------|
| Name | | |
| Home Phone # | | |
| Home Address | | |
| City | | |
| Postal Code | | |
| Occupation | | |
| Employer | | |
| Hours worked | | |
| Bus. Phone # | | |
| Bus. Address | | |

Marital Status: Married: _____ Divorced: _____ Single: _____ Separated: _____

Child living with: Both parents: _____ Father: _____ Mother: _____

Other Adults in the home: (Name) _____ (Relationship to Child) _____

Other Children in the home: _____

In case of emergency if parents are unavailable: Contact:

Name: _____ Address: _____

Telephone #: _____ Business Number: _____

Relationship to child: _____

Names of persons to whom child may be released: _____

Child's Doctor: _____ Telephone #: (____) _____

Address: _____

Any allergies, health or medical history we should be aware of? _____

What Symptoms indicate your child is not feeling well? _____

Written Instructions regarding diet, rest and physical activity _____

Applicants Signature: _____ Date: _____

Services Required: Days: M. T. W. T. F. Hours: _____

Date Care Needed: _____

What kind of provider are you looking for? _____

For Office Use:

Date of Admission: _____ *Date of Withdrawal:* _____

KIDS KARE HOME DAYCARE AGENCY LTD.

FORM FOR PROVIDER

| | | |
|--|-------------------------------|------|
| Child's Name: | Date of Birth: | Sex: |
| Child's Name: | Date of Birth: | Sex: |
| Parent's Names:(Mother) | Parent's Names:(Father) | |
| Address: | Address: | |
| Phone: | Phone: | |
| Mother's Work: | Father's Work: | |
| Work Address: | Work Address: | |
| Work Phone #: | Work Phone #: | |
| Emergency Contact: Name: | Relationship to Child: | |
| Address: | Home Phone #: Work Phone#: | |
| Names of persons to whom the child maybe released: | | |
| | | |
| Child's Doctor: | Phone #: | |
| Address: | | |

INFORMATION TO HELP US IN CARING FOR YOUR CHILD

| | |
|--|--------------------|
| Naps | Length of naps: |
| Morning: | Afternoon: |
| Does he/she take a bottle, pacifier or special toy/blanket to bed? | |
| | |
| | |
| Feeding | |
| If your child is under 1 year please write feeding instructions. (Attach separate sheet if necessary.) | |
| | |
| | |
| | |
| Please list special dietary instructions if any: | |
| | |
| | |

KIDS KARE HOME DAYCARE AGENCY LTD.

FORM FOR PROVIDER

| | |
|--|---|
| Does your child have any food allergies? | |
| Has your child eaten eggs or peanut butter without any reaction? | |
| What instructions regarding your child's meals or snacks should we beware of? | |
| | |
| Favorite Foods: | |
| What does he/she dislike? | |
| Toileting | |
| Is your child toilet trained? | Does he/she wear cloth or disposable diapers? |
| If trained, how does child indicate needs? | |
| Miscellaneous | |
| Please state any conditions which may affect your child's performance or participation in activities exercise or play: | |
| | |
| Does your child have any conditions, which require medical attention? | |
| | |
| Does your child take any medication on a regular basis and/or require any medical treatment? | |
| | |
| Is your child allergic to anything? | |
| | |
| What symptoms indicate your child is not feeling well? | |
| What language does your child speak at home? | |
| Does your child watch T. V.? | How much? |
| Which shows may he/she watch? | |

KIDS KARE HOME DAYCARE AGENCY LTD.

47 CAPE DORSET CREST, BRAMPTON, ONTARIO L6R 3K9

EMERGENCY INFORMATION

| | | |
|---|--|--|
| Child's Name: | | |
| Parent's Names: | | |
| Postal Code: | | |
| Home Phone #: | | |
| Mother's Work # & Address: | | |
| Father's Work # & Address: | | |
| Family Doctor: | | |
| Address: | | |
| Telephone #: | | |
| Emergency Contact Name: | | |
| Phone # & Address: | | |
| Special Medical or Additional Information Including Allergies | | |

CONSENT FORM: FOR EMERGENCY MEDICAL TREATMENT

| | |
|----------------|---------|
| Name of child: | |
| Birth Date: | |
| Mother's Name: | Work #: |
| Father's Name: | Work #: |

In the event of an emergency, every possible effort will be made to contact the parents or guardian of the child involved. However if at any time emergency medical treatment is required this may be given by a private Physician or Hospital.

Signature of Parent or Guardian: _____

Signature of Provider: _____

Date: _____

KIDS KARE HOME DAYCARE AGENCY LTD.

TRANSPORTATION AGREEMENT

Consent for car travel is an arrangement that is made between parents and the Provider. Parents will be required to supply the appropriate government approved car seat. The car seat must be certified by the Canadian Motor Vehicle Safety Standards. The car seat is based on the child's birth date, age, height, or weight of the child. It is the parent responsibility to ensure that the Provider is aware of its proper installation and use. If parent agree to allow provider to transport their child parent must sign in advance to give consent for car travel. You may choose to do a Driver Record Search and check the amount of liability coverage on the Provider's auto insurance.

Having discussed with the provider the extent to which the vehicle will be used to transport day care children, the parent understands and agrees to the following:

1. The provider **may** or **may not** use the vehicle to transport my child/children. (Circle One)
 - The provider is responsible for making sure that my child/children is restrained in Department of Transport approved seatbelts or car seats appropriate to age and weight.
 - Infants up to 20 pounds must travel in a rear-facing child restraint seat.
 - Toddlers from 20-40 pounds must travel in a child restraint seat conforming to the requirements of Children's Car Seats and Harnesses Regulations.
 - Preschooler from 40 – 80 pounds must be in a booster seat.
 - Children over 80 pounds must use a lap belt.
2. The parent **will** or **will not** provide the provider with a Department of Transport approved car seat for my child/Children. (Circle One)
3. The provider **will** or **will not** provide a Department of Transport approved car seat for my child/children. (Circle One)

| | |
|---|-------|
| Parent's Signature: | Date: |
| Parent & Child's Name: | |
| I have read and accept the above stated agreement | |
| Provider's Signature | Date: |
| Providers Name: | |
| Home Visitor Signature: | Date |

KIDS KARE HOME DAYCARE AGENCY LTD.

OUTDOOR PLAY AGREEMENT

Your child will be spending two hours outdoors daily, weather permitting. Please complete and sign the enclosed Outdoor Play Plan form and leave it with your Provider on your child's first day. This gives your Provider the proper consent for the outdoor locations and activities your child will take part in, as well as any restrictions you want to place on your child's outdoor play.

Children will not have access to, nor be permitted to play in the Provider's in-ground, above-ground, hot tub, pond, kiddie wading pool, hot tub, hydro-massage pool, or ponds and lakes. Having discussed with the provider the outdoor area which the provider will use for my child/children, the parent understands and agrees to the following:

STATE YES OR NO IF FOLLOWING AREAS WILL BE USED:

| | |
|--|---|
| | Driveway for children over 10 years |
| | Back yard Play |
| | Local Parks and Walks Around The Neighbourhood |
| | Field trips in the Community of Brampton – Specify: |
| | |

SLEEPING PLAN

CHILD SLEEPS IN:

| | | | |
|--|--------------------------------------|-------------|--|
| | Playpen for children under 18 months | Supplied by | |
| | Cot | Supplied by | |
| | Bed | Supplied by | |
| | Mat | Supplied by | |
| | Other (specify) | Supplied by | |

ELECTRONIC DEVISE: YES _____ NO _____

| | |
|--|-------|
| Parent's Signature: | Date: |
| Parent & Child's Name: | |
| I have read and accept the above Outdoor and Sleep agreement | |
| Provider's Signature | Date: |
| Providers Name: | |
| Home Visitor Signature: | Date |

KIDS KARE HOME DAYCARE AGENCY LTD.

INDIVIDUALIZED PLAN FOR A CHILD WITH MEDICAL NEEDS

(This form must be completed for a child who has one or more acute* or chronic** medical conditions such that he or she requires additional supports, accommodation or assistance)

Child's Full Name: _____

Child's Date of Birth: _____

(dd / mm / yyyy)

Date Individualized Plan Completed: _____

Medical Condition (s):

____ Diabetes ____ Asthma

____ Seizure ____ Other: _____

Photo of Child

Prevention and Supports

STEPS TO REDUCE THE RISK OF CAUSING OR WORSENING THE MEDICAL CONDITION(S):

(Include how to prevent an allergic reaction/other medical emergency; how not to aggravate the medical condition
e.g. Pureeing food to minimize choking)

LIST OF MEDICAL DEVICES AND HOW TO USE THEM (if applicable): (e.g. feeding tube, stoma, glucose monitor, etc.; or not applicable (N/A))

LOCATION OF MEDICATION AND/OR MEDICAL DEVICE(S) (if applicable): (e.g. glucose monitor is stored on the second shelf in the program room storage closet; or not applicable (N/A))

SUPPORTS AVAILABLE TO THE CHILD (if applicable): (e.g. nurse or trained staff to assist with feeding and/or disposing and changing of stoma bag; or not applicable (N/A))

Symptoms and Emergency Procedures

SIGNS AND SYMPTOMS OF AN ALLERGIC REACTION OR OTHER MEDICAL EMERGENCY:

(Include observable physical reactions that indicate the child may need support or assistance e.g. hives, shortness of breath, bleeding, foaming at the mouth)

KIDS KARE HOME DAYCARE AGENCY LTD.

INDIVIDUALIZED PLAN FOR A CHILD WITH MEDICAL NEEDS

(This form must be completed for a child who has one or more acute* or chronic** medical conditions such that he or she requires additional supports, accommodation or assistance)

PROCEDURE TO FOLLOW IF CHILD HAS AN ALLERGIC REACTION OR OTHER MEDICAL EMERGENCY: (Include steps e.g. Administer 2 puffs of corticosteroids; wait and observe the child's condition; contact emergency services/parent or guardian, parent/guardian/emergency contact information; etc.)

PROCEDURES TO FOLLOW DURING AN EVACUATION: (e.g. ice packs for medication and items that require refrigeration; how to assist the child to evacuate)

PROCEDURES TO FOLLOW DURING FIELD TRIPS: (e.g. how to plan for off-site excursion, how to assist and care for the child during a field trip)

ADDITIONAL INFORMATION RELATED TO THE MEDICAL CONDITION (if applicable):

____ This plan has been created in consultation with the child's parent / guardian.

Parent/Guardian Signature:

| | |
|-------------|------------------------|
| Print Name: | Relationship to Child: |
| Signature: | Date: (dd / mm / yyyy) |

Frequency at which this individualized plan will be reviewed with the child's parent/guardian:

The following individuals participated in the development of this individual plan (optional):

First and Last Name: _____

Position/Role: _____

Signature: _____

Special Instructions:

- *Acute: a condition that is severe and sudden in onset that, if left untreated, could lead to a chronic syndrome.
- **Chronic: a long-developing syndrome that can develop or worsen over an extended period of time.
- Each child with medical needs requires their own individualized plan. If significant changes and updates are required to this individualized plan, a new individualized plan must be completed.
- An additional individualized plan is not required for a child with an anaphylactic allergy, if the child does not otherwise have a medical need, as these children must already have an individualized plan under the anaphylactic policy.
- Children's personal health information should be kept confidential.

KIDS KARE HOME DAYCARE AGENCY LTD.

TRAINING AND CONSENT

Individualized Plan and Emergency Procedures for a Child with an Anaphylactic Allergy:

I, _____ (parent/guardian) hereby confirm that:

a) I have trained the individual(s) named in the Trainee Confirmation (Table 1) below on my child's Individualized Plan and Emergency Procedures on (date) _____, and,

b) I hereby give consent to the individual named in the Trainee Confirmation (Table 1) below to train any other persons ordinarily resident or regularly present at the premises (Table 2) to perform the procedures detailed in my child's Individualized Plan and Emergency Procedures.

Parent/Guardian Full Name: _____

Parent/Guardian Signature: _____

Date (yyyy/mm/dd): _____

Table 1: Trainee Confirmation

| Name of Trainee | Position | Signature of Trainee: | Date Training Received (dd/mm/yyyy): | Date Signed (dd/mm/yyyy): |
|-----------------|----------|-----------------------|--------------------------------------|---------------------------|
| | | | | |
| | | | | |
| | | | | |

Table 2: Training Log for Providers and Other Persons

| Name of Individual | Position | Signature of Individual: | Date Training Received (dd/mm/yyyy): | Date Signed (dd/mm/yyyy): |
|--------------------|----------|--------------------------|--------------------------------------|---------------------------|
| | | | | |
| | | | | |
| | | | | |

KIDS KARE HOME DAYCARE AGENCY LTD.

Appendix A: AUTHORIZATION FOR DRUG/MEDICATION ADMINISTRATION

This form must be completed by the parent of a child who is requesting that a drug or medication be administered during hours that the child receives child care, in accordance with the home child care agency's medication administration policy and procedures.

Child's Full Name: _____

Child's Date of Birth (dd/mm/yyyy): _____

Date Authorization Form Completed (dd/mm/yyyy): _____

Date Authorization Form Updated (dd/mm/yyyy): _____

| | |
|---|--|
| Name of Drug or Medication (as per the original container label): | |
| Date of Purchase or Date Dispensed: (dd/mm/yyyy) | |
| Expiry Date: (dd/mm/yyyy) | |
| Authorization Start Date: (dd/mm/yyyy) | |
| Authorization End Date: (dd/mm/yyyy or ongoing) | |

Method of Medication Administration (initial below)

- ☐ _____ The home child care provider is to administer the drug or medication to my child.
- ☐ _____ My child will self-administer the drug or medication (optional, for children who attend school only).

Authorization for Child to Carry Emergency Allergy Medication

- ☐ I authorize my child to carry their own asthma medication.
- ☐ Not applicable (this authorization is not for asthma medication).

Medication Administration Schedule

- ☐ The drug or medication needs to be administered according to the following schedule:

| Day(s) of the Week | Time(s) of the Day / Intervals | Amount/Dosage | Additional Information (where applicable) |
|--------------------|--------------------------------|---------------|---|
| | | | |

Special Instructions:

- This form is required for over-the-counter and prescription medications. For non-prescription skin products, the Authorization to Administer Non-Prescription Skin Products form must be completed.
- A separate form should be completed for each drug or medication that a child requires.
- Children's personal health information should be kept confidential.

KIDS KARE HOME DAYCARE AGENCY LTD.

AND/OR, where drugs are to be administered on an 'as needed' basis:

☐ The drug or medication needs to be administered when the following physical symptoms are observed:

Amount/Dosage:

Parent/Guardian Authorization Statement:

I hereby authorize _____ (name of provider) to administer the above-named drug or medication to my child and handle the drug or medication in accordance with the procedures I have provided on this form.

I understand that expired drugs or medications will not be administered to my child at any time in accordance with the home child care agency's medication administration policy.

I understand that home child care providers are not medically trained to administer drugs and medications.

| | |
|--------------------|----------------------------------|
| Print name: | Relationship to Child: |
| Signature: | Date Signed: (dd/mm/yyyy) |

Received By:

| | |
|--------------------|----------------------------------|
| Print name: | Role: |
| Signature: | Date Signed: (dd/mm/yyyy) |

For Agency/Provider Use Only

Location medication will be stored: _____

Date Medication Returned to Parent / Pharmacy (dd/mm/yyyy): _____

Home Visitor Signature / Date (dd/mm/yyyy) : _____

Special Instructions:

- This form is required for over-the-counter and prescription medications. For non-prescription skin products, the Authorization to Administer Non-Prescription Skin Products form must be completed.
- A separate form should be completed for each drug or medication that a child requires.
- Children's personal health information should be kept confidential.

KIDS KARE HOME DAYCARE AGENCY LTD.

Authorization to Administer Non-Prescription Skin Products

| | |
|---------------------|-----------------------------------|
| Name of Child: | Name of Non-Prescription Product: |
| Time to be given: | Storage: |
| Amount: | Date to be given: |
| Date of Purchase: | Date of Expiry: |
| Comments: | |
| Parent's Signature: | |

| Date Given | Time given | Amount | Providers Signature |
|------------|------------|--------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Comments: | | | |
| | | | |

Authorization to Administer Non-Prescription Skin Products

| | |
|---------------------|-----------------------------------|
| Name of Child: | Name of Non-Prescription Product: |
| Time to be given: | Storage: |
| Amount: | Date to be given: |
| Date of Purchase: | Date of Expiry: |
| Comments: | |
| Parent's Signature: | |

| Date Given | Time given | Amount | Providers Signature |
|------------|------------|--------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Comments: | | | |
| | | | |

KIDS KARE HOME DAYCARE AGENCY LTD.

FOOD ALLERGY OR DIETARY RESTRICTIONS NOTICE

This notice must be posted in the children's eating area at all times. One list must be posted for each child in the home with allergies or special dietary requirements. Please select the following:

- ☐ This notice is to inform the caregiver that my child has the following food allergies.
- ☐ This notice is to inform the caregiver that my child is on a special diet and I will be supplying food supplements for my child that meet Health Canada's Food Guide requirements.
- ☐ This notice is to inform the caregiver that the food listed below is to be restricted from my child's diet due to personal preference and as required I will supply supplements that meet Health Canada's Food Guide requirements.

| | |
|-------------------|--|
| Child's Full Name | |
| Parent's Name | |
| Provider's Name | |

Please refrain from serving my child the following foods:

| |
|--|
| |
| |
| |

Medical attention or action to be taken after exposure to food allergy:

| |
|--|
| |
| |
| |

- ☐ I will notify the caregiver when there is a change in my child's dietary requirements and initial changes on this form as required.

| | |
|----------------------------|--|
| Parents/Guardian Signature | |
| Date | |
| Date of Update | |

KIDS KARE HOME DAYCARE AGENCY LTD.

47 CAPE DORSET CREST, BRAMPTON, ONTARIO L6R 3K9

BACK UP FORM

| | |
|---|---------------------|
| Child's Name: | Usual Nap Times |
| Parent's Names | |
| Address | |
| | |
| Home Phone # | Eating Instructions |
| | |
| | |
| Mother's Work # | Father's Work # |
| Family Doctor | Telephone #: |
| Address | |
| | |
| | |
| Emergency Contact Name: | Phone # |
| | |
| Special Medical or Additional Information | |

CONSENT FORM: FOR EMERGENCY MEDICAL TREATMENT

| | |
|---------------------------|--|
| Name of Child: | |
| Birth Date: | |
| Mother's Name and Work #: | |
| Father's Name and Work #: | |

In the event of an emergency, every possible effort will be made to contact the parents or guardian of the child involved. However if at any time emergency medical treatment is required this may be given by a private Physician or Hospital.

| |
|----------------------------------|
| Date: |
| Signature of Parent or Guardian: |
| Signature of Witness: |