



Parent Handbook



WEE WATCH PARENT HANDBOOK

Welcome to Wee Watch Quality Licensed Home Childcare. We are pleased that you made the choice to entrust us with the care of your child. For over 35 years, Wee Watch has been committed to providing families with affordable, flexible and most importantly, quality **childcare** in a nurturing environment. We want to provide you peace of mind knowing that your child will be cared for in the best possible way. Our Providers are concerned not only with the physical care of your child, but with their emotional well-being and development.

Wee Watch takes pride in delivering a program that is a step above the rest. We not only meet all Ministry of Education standards set out in the CCEYA (2014) – we exceed them! Some of the key components of our program include:

- Rigorous **screening** of all childcare Providers and their families
- Preliminary and on-going **training** and professional development of our Providers
- Regular **unscheduled Home Visits** by a Registered Early Childcare Educator (RECE) who guides and supports our Providers. These visits are above the frequency required by the Ministry of Education.
- Our extensive **educational program** that was designed and created by a team of educational experts, and includes:
 - **Wee Learn Program** – Play and Learn Curriculum, Wee Stages of Development
 - **FUNDamental** themes and worksheets
 - **Together Wee Can** – an annual program that engages all Providers and children in learning and community involvement

We hope that our partnership with you will be a long and rewarding one. We are always available to listen to your ideas or to help you with any concerns you have. We visit Provider’s homes at least once a month, but you will be visiting the home twice a day, so we also rely on you to keep us informed of any issues that may arise. When the Agency, Provider and parents work together, it ensures the needs of the children are being met.

Canada Wide Early Learning Childcare Program Status:	Agency has been approved for CWELCC with the Region. Parents will be updated of the application status via email or on the Agency specific location page.
Waitlist Information	Wee Watch Agencies do not have a waitlist
Ages Served	6 weeks to 12 years (at the discretion of the childcare Provider)
Hours of Operation	Varied hours for each Agency – for specific Agency hours, visit www.weewatch.com and locate your local Agency under the “Locations” tab. Hours also vary by Provider within an agency – as independent contractors, Providers determine their hours of operation individually.
Fees	Vary by Agency - visit www.weewatch.com and locate your local Agency under the “Locations” tab to see Base and Non-Base fees
Services	Full time, Part-time, Before and After school care, extended hours, weekends and overnight care may be offered – each Agency will outline specific services based on their license and availability as posted on www.weewatch.com under your local Agency name in the “Locations” tab Subsidy may be available depending on Agency – visit www.weewatch.com and locate your local Agency under the “Locations” tab

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THE WEE WATCH SYSTEM

Wee Watch is licensed by the Ministry of Education and meets or exceeds all childcare regulations set out in the Child Care and Early Years Act. We carefully screen each Provider, including:

- verification of identity
- in-home interview/observation
- Wee Watch Screening Package
- personal and professional references
- a site safety check of the home
- a fire evacuation plan
- a medical/immunization record for the Provider and each family member
- a Criminal Reference Check with a Vulnerable Sector Screening for the Provider and each family member 19 years and older

Parents are also welcome to carry out any additional checks on the Provider that they deem necessary. All Providers go through an initial training session to ensure that they are aware of the required regulations and procedures. The parent has the comfort of knowing that Wee Watch provides a wide range of services, such as, unannounced, monthly home visits by a qualified Registered Early Childhood Educator as approved by the Ministry of Education, back-up service for the days their Provider is ill or on holidays, and more.

Our Philosophy and Goals

The Wee Watch program is designed to respond to the needs of each child in care and is based on the simple premise that home childcare is one of the most appropriate forms of child care for infants and young children. The home environment, combined with the small number of children, offers the flexibility and personal attention that is needed to ensure that the schedule and activities cater to the individual child's development and well-being.

The Wee Watch approach to childcare is based on our partnership with the parents and Providers. Wee Watch Providers provide a warm, safe and stimulating atmosphere where self-confidence is encouraged and an interest in learning is promoted through play. A program of activities is designed in each home to cater to the needs of the children using Wee Watch resources, such as the exclusive Wee Learn educational program which aligns with the Ministry of Education's preferred pedagogy - How Does Learning Happen?

The partnership between parents and Providers enhances the quality of care the children receive. Parents are encouraged to take an active part in every aspect of their child's care, by contributing ideas for the program in the home, helping to monitor the home, and offering guidance to their Provider in all areas of their child's development, including learning skills, emotional development, discipline, personal hygiene and more. Parents are also expected to take every opportunity to communicate their needs or concerns to their Wee Watch Agency Supervisor.

Wee Watch aims to promote a positive attitude towards home childcare, as well as the professional image of Providers. We believe that caring for children other than one's own is providing a valuable service to the community. As partners, Wee Watch, the parents and the Providers, work together to achieve their common goal to provide the best care possible for children.

WEE WATCH PROGRAM STATEMENT

Our program reflects a view of children being competent, capable, curious and rich in potential. Wee Watch works closely with parents, Providers, and community partners to create a program that encompasses the four foundations of learning as set out in How Does Learning Happen, Ontario's Pedagogy, in accordance with the Child Care and Early Years Act, 2014.

Well Being

Every experience in a child's early life has an impact on their development. Wee Watch believes that parents and families are the first and most powerful influence in children's learning. Our Providers use an emotionally warm and positive approach which helps children to develop a sense of autonomy and leads to positive outcomes for children and families.

Engagement

Children make sense of the world through play. As children investigate and experiment with materials and interact with one another through play they establish skills in problem-solving, social competence, self-regulation, and communication. Children's learning builds on their existing understanding of ideas and concepts. Their natural curiosity inspires them to solve problems and overcome challenges.

Expression

Our Providers provide time, space and materials to encourage children's expression through creative materials that reflect children's capabilities as well as their social and cultural background. Providers initiate, respond to and engage in reciprocal communication with the children.

Belonging

We believe that children are valued and should have a sense of belonging that is fostered as they make meaningful contributions as part of their group. Our Providers provide a flexible program in a small group setting, which allows for personal, individual attention for each child.

Aligned with these foundations, we have set specific goals and the approaches we'll take to achieve them which are described on the next page.

Program Goals and Approaches to achieve them

GOALS	APPROACHES
Promote the health, safety and nutrition and well-being of the children	<ul style="list-style-type: none"> • Children are provided nutritious meals which follow the Canada's Food Guide, Canada's Food Guide-First Nations, Inuit and Metis, and the Nutrition for Healthy Term Infants Guide • All children enrolled in our program have a record of immunization or Statement of Conscience and Religious Belief or Medical exemption, and health history on file before admission and are required to have annual updates • An Initial Site Safety is conducted in the Provider's home before the Provider starts child care in their home. A site safety is then conducted quarterly thereafter to ensure the safety of the home. • All Provider's homes are always smoke free whether children are present or not. This includes the home, garage, front, back and side yards and driveway • All homes adhere to strict sanitary practices • All equipment necessary for a child's care is provided for the home and regularly inspected
Support positive and responsive interactions among the children, parents, child care providers and staff.	<ul style="list-style-type: none"> • Our Providers focus on the unique needs of each child in care as they carefully review the Child's <i>Intake Questionnaire Form</i> with the parents. The Provider learns about the child's likes, dislikes, sleep preferences, food choices, and other pertinent information relevant to the child's care to make sure that the child has a sense of belonging by following a schedule close to their own at home • The Home Visitor visits the home within the first week of care for full time children and within the first two weeks of care for part time children, to ensure the children are adjusting well in the home. Then they are visited every month thereafter for continual support for the children • Children are encouraged to interact in a positive manner with the Provider, other children and parents. This is fostered by the Provider role modeling the appropriate types of interactions, actively listening to the children when there is a problem and encouraging cooperative play to create inclusive and positive learning environment
Encourage the children to interact and communicate in a positive way and support their ability to self-regulate.	<ul style="list-style-type: none"> • Providers role model the use of positive language and behaviours at all times • Children's routines are flexible, and they are encouraged to make choices throughout the day • Children's self-regulation is fostered and supported through positive adult child interactions with their Providers • Children are encouraged to take reasonable risks and test their limits through active play and social interactions.
Foster the children's exploration, play and inquiry	<ul style="list-style-type: none"> • The child is provided with opportunities to explore and make choices in a physiologically safe environment • Children are provided with open-ended materials to engage in meaningful play experiences • Toys and materials in the Provider's home are set up at the child's level • Our Wee Learn Program enables each child to reach goals that are both challenging and achievable • Our Wee Learn Program carefully considers each stage of development as the child moves through the various stages according to their ability
Provide child-initiated and adult supported experiences	<ul style="list-style-type: none"> • Providers will role model positive language and positive interactions in the children's daily routine. Thus, enabling the children to develop communication skills and problem solving skills encouraging them to become competent communicators • Children's self-regulation is developed in an environment where every child feels safe and supported, exploring various ways to express and identify their emotions • Providers support children's learning and interests as they engage children in open-ended questions throughout the daily routine
Plan for and create positive learning environments and experiences in which each child's learning and development will be supported	<ul style="list-style-type: none"> • Our Providers provide developmentally appropriate activities and opportunities for the children to explore and manipulate together with open ended play-based materials • Providers have the resource of our Wee Learn Program to support the development of activities for indoor and outdoor child-initiated/adult-supported learning • Home Visitors help Providers in setting up the environment to suit the needs of all children. Providers complete an Areas not to be Used form, which the Home Visitor inspects and uses it to approve appropriate play areas in the home • Providers work together with Parents and community partners to support each child with an Individual Medical Plan, Individual Support Plan, or any unique needs before enrollment, ensuring the program is structured to accommodate the individualized needs of the child • The child's daily routine is planned in consultation with the parents

<p>Incorporate indoor and outdoor play, as well as active play, rest and quiet time, into the day, and give consideration to the individual needs of the children receiving care</p>	<ul style="list-style-type: none"> • Children may sleep, rest or engage in quiet activities based on their individual needs. • Parents are consulted in respect to their child’s sleep arrangements in their home • Through daily observations and interactions, the Provider will plan indoor and outdoor activities based on the children’s interests and the development of each child in her care • Children in care for 6 or more hours play outdoors 2 hours daily (weather permitting)
<p>Foster the engagement of ongoing communication with parents about the program and their children</p>	<ul style="list-style-type: none"> • Parents are given the opportunity to select their child’s Provider before starting care in our program to make sure they are a good fit with their family’s dynamics • We offer “Interview Guidelines” for the parents who need extra support throughout the interview process • Once the parent selects a Provider and enrolls their child in the program, the Agency sends out a Welcome letter to the parent • Parents are provided with information through newsletters, emails, phone calls, daily, weekly and monthly summaries • Parents are contacted quarterly through phone calls by the Agency • A minimum of two parents are required to be on our Board of Directors. • Parents are encouraged to speak with their Providers at drop off and pick up times • Parents are always welcome to contact the Agency with their questions and concerns about their children, program or Provider
<p>Involve local community partners and allow those partners to support the children, their families and staff</p>	<ul style="list-style-type: none"> • Our Providers often take the children for walks in the neighborhood. This includes libraries, supermarkets, and parks. We support families by working with Resource teachers and Interventionists from the local neighborhood. We set goals, activities, programming strategies all in collaboration with the parents, home visitors and the Providers. • We design goals and programming strategies that allow each child to perform and learn at their optimum potential in an inclusive setting • Some of our Agencies are members of <i>Raising the Bar</i>, which enables them to implement quality assurance practices in the Provider’s homes
<p>Support staff, home child care Providers or others who interact with the children at a child care center or home child care premises in relation to continuous professional learning</p>	<ul style="list-style-type: none"> • Providers are given the opportunity to network with their fellow Providers at workshops held by the Agency throughout the year • The Agency recognizes their Providers by presenting them with “Years of Service” awards • Area supervisors conduct quarterly calls to make sure Providers are doing well and offers them support where needed • Providers, with the help of the Agency, can connect with community partners when support is required for children or themselves • All Agencies conduct an annual Rules and Regulations for all Providers, combined with professional learning opportunities • Our Providers complete 10 hours of Professional Development annually • Home Visitors are qualified Registered Early Childhood Educators, and are required to complete professional development courses in order to renew their membership • The Home Visitors and Agencies share new information and resources with the Providers, and parents, through newsletters and at drop off and pick up times
<p>Document and review the impact of the strategies and our program on the children and their families</p>	<ul style="list-style-type: none"> • We are committed to continuous improvement of our program and implementation of this Program Statement • We engage in encouraging, gathering and documenting regular feedback from parents via quarterly phone calls and through regular meetings and calls with Providers by the Agency • Pictures of children engaging in play that document children’s experiences and comments and experiences of parents and Providers are shared with consent on bulletin boards, newsletters and our website

POLICIES AND INFORMATION

Access to Premises and Child

With specific exceptions, all Providers are required to allow parental access to the premises and their child. If a Provider/Agency has legitimate confirmation that a parent does not have a legal right of access to the child they may prevent a parent from picking up the child. Any alternate person/contact that arrives to pick up a child must show photo identification (i.e., Drivers License).

Adult Supervision

The Provider is responsible for the supervision of the children in their care at all times. No other persons are permitted to supervise the children, which include but are not limited to volunteers and students. Children must never be left without adult supervision. An adult is defined as a person who is 18 years or older. Children must play near the centre of activity in the home, in areas that are visibly connected so that activities can be supervised in more than one area at one time.

During sleep time, the Provider cannot be more than one level away from sleep room unless an electronic monitoring device (i.e. baby monitor) is used (i.e. if the sleep room is in the basement, the Provider cannot be higher than the main floor of the home). **IMPORTANT:** It is always the Provider's responsibility to supervise the children in her care. The children are to be left with another adult only in emergencies, during which the Provider should follow the Wee Watch Serious Occurrence Procedures. If the Provider needs time to go to the doctor, etc., back-up must be arranged ahead of time through the Agency.

Anti-Racism Statement

Wee Watch will not tolerate racism or discrimination in any form (individual, systemic, subtle, overt, conscious, unconscious, passive, or aggressive, verbal or written). Racism impacts the physical, mental, emotional, economic, social and spiritual health of our Providers, staff, children in care and families. Racism conflicts with our values of compassion, respect, inclusion, diversity, and safety and limits our ability to support our Providers and deliver quality childcare. Any instances of racial or ethnic biases will not be tolerated during the selection of a childcare Provider, at any time within the childcare home or in the offices of Wee Watch. Any indication of racial bias in an application for care, during interactions with staff or Providers may result in refusal to process the application or a dismissal from care. Any indication of racial bias or discrimination from the childcare Provider or staff may result in termination of employment or contract. Wee Watch is committed to developing resources, supports, and activities that foster the development of safe and inclusive environments, where everyone feels welcomed, valued, and respected.

Car Travel

Consent for car travel is an arrangement that is made between you and the Provider. You 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 your responsibility to ensure that the Provider is aware of its proper installation and use. Wee Watch has supplied the Provider with a form that you 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. **Note:** not all Wee Watch agencies have car travel as an option, ask the Agency for their procedure (if applicable).

Children's Aid Society

It is the policy of Wee Watch that all cases of suspected child abuse will be reported to the local Children's Aid Society, as required by law.

Communication

It is important to communicate any important issues about your child with your Provider both in the morning and at the end of the day. Any changes in the normal routine at home should be discussed with the Provider to enable her to deal effectively with your child's needs. PLEASE NOTE: Your Provider will not release your child to anyone without the parents permission and only to the Alternate Contacts listed on the Emergency Form and Medical Consent Card. You must advise your Provider in advance if anyone other than the parent is to pick up the child. Any change in your pick-up or drop-off time must be discussed with the Provider in advance.

Equipment

Wee Watch ensures that all necessary equipment for your child's care is in the home. All equipment used by the children in the Provider's home must be approved by the Agency and is inspected regularly by your Provider and the Agency. If you are supplying any equipment (i.e., strollers) it must be inspected by the Agency for safety before it can be used in the Provider's home. PLEASE NOTE: BABY WALKERS ARE NOT PERMITTED for use by Wee Watch children in the Provider's home.

Health & Well-Being

Wee Watch has always focused on providing a safe and healthy environment for the children in our care, and this is reflected in our policies. All our homes comply with the Smoke-Free Ontario Act. To ensure that you are familiar with our health policies, please review the Health Regulations section of this Handbook. Wee Watch also has specific procedures for Providers to follow in the case of emergencies (Serious Occurrence Procedure), and for less urgent incidents (Major or Minor Occurrences). In the case of a Major occurrence, an Accident/Incident Report is filled out by the Agency and a copy is given to you.

These procedures require that the Provider contact you when an incident occurs and under certain circumstances, you will be required to pick up your child. As the primary focus of these procedures is to ensure the well-being of the children in our care, you are expected to cooperate with this policy.

A Serious Occurrence Notification Form is posted in the home location where the serious occurrence has taken place within 24 hours of the agency becoming aware of the incident. This will be posted for a minimum of 10 days in a visible area and will provide you with information about the incident and outline follow-up actions taken and the outcomes, while respecting the privacy of the individuals involved. In the case of the Provider's home being closed the Notice Form will be posted for 10 days once the home re-opens. Long-term actions taken by the agency will also be included to help prevent similar incidents in the future.

Home Visits

Unscheduled, monthly visits to all Provider homes are carried out by our staff RECE. 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 Provider's overall performance;
- to ensure that the children are receiving an age-appropriate program of activities and nutritious meals;
- to offer help and advice in all areas of childcare (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 Quarterly Checklist.

You will receive a **Child Visit Report** after each visit to inform you that we were in your Provider's home, what part of the program was observed, any relevant information about your child's care and progress in all areas of development. **Contact the agency if you have any questions or concerns arising from a Child Visit Report.**

Inclusion Policy

Wee Watch aims to treat every individual with dignity and respect regardless of their race, ancestry, place of origin, colour, religion, gender, sexual orientation, age or intellectual or physical disability. Our program strives to ensure that we are inclusive to all, based on the belief that each person is unique, and they will be given an equal opportunity to learn and grow. In partnership with our staff, Providers, and parents, we are committed to quality care for all children and their families.

Guiding Principles:

- We value the principles of equity, inclusion, diversity and accessibility and as such, we welcome and are inclusive of all children and families
- Our play-based programming is designed to be flexible and reflect the varying needs of children
- Our Providers ensure that each child is supported with equity in mind to ensure they have the opportunity to interact, play, learn and develop
- Operating in community settings, we are reflective of the diversity and unique needs of that community

Procedures: Inclusion and Diversity in our Homes and Workplace

- Applications for admission to care are processed in a fair and equitable manner
- All staff and Providers understand and agree to support inclusive practices and nurture a sense of belonging, engagement, expression, and well-being
- Staff and Providers will affirm and foster children's knowledge and pride in cultural identity and will be positive role models. Parents are encouraged to contribute to educating providers and staff on culture or unique needs of their child
- We make best attempts to have Board Members who reflect the diversity of the community in which we operate, or who understand and support the policy
- Providers and staff are trained on our Inclusion and Supporting Policies, and are provided with ongoing Professional development and resources to support their learning and implementation of these policies
- During monthly visits, Home Visitors ensure that Providers are meeting the unique needs of the children in care and provide coaching and support

Procedures: Promoting Inclusion and Diversity into Programming

- Inclusion is a core component of our curriculum; our program is flexible and adaptive to the learning needs the children
- Physical environments, including toys, books, equipment and resources, reflect a rich and diverse demographic and respond to unique needs and abilities
- Providers observe children to ensure each child's individual needs are met, when a program cannot meet the needs of a child, every effort will be made to accommodate and/or collaborate with diverse community partners and professional services to assist with responding to those needs

Individual Support Plan

We will ensure that an Individual Support Plan (ISP) is in place for each child with specific support needs before enrollment and that a program is structured to accommodate the needs of the child. The plan must be developed in consultation with the parent and a physician and/or community worker. The ISP must be reviewed annually and after any changes that have been made. The ISP should 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 are necessary to achieve care for the child.
- 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.

Meals

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. All meals are prepared in alignment the Canada Food Guide. Special arrangements for any other meals must be made in advance. **Please leave written instructions with your Provider regarding feeding if your child is less than 1 year** (a form for this is available in the Parent Login section at weewatch.com). All bottles and food supplied by parents must be labelled with the child's name, and bottles must be prepared in advance by parents (i.e. filled with formula, juice, milk, etc.). If you choose to supply food for your child who is on regular food, it must be a balanced meal. The Provider can supplement if the meal does not meet the Canada Food Guide's requirements. Menu plans are posted in the house for your viewing and feedback.

Outdoor Play

Your child will be spending two hours outdoors daily, weather permitting. You will complete an **Outdoor Play Plan** form that outlines your 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. Please note that you will be required to complete and sign an Outdoor Play Plan when your child is in back-up care. Children will not have access to, nor be permitted to play in the Provider's in-ground or above-ground pool, kiddie wading pool, hot tub, hydro-massage pool, or ponds and lakes. Children who are under 6 years of age are not permitted to be near or use public swimming pools and public beaches even if a lifeguard is present. If your Provider cares only for children over 6 years of age, they are allowed in a public swimming pool or public beach, but a lifeguard must be present. The Provider must have written permission from the Agency and parent before taking the children to a public beach or public swimming pool. Parents will provide a life jacket for their child.

Outings/Activities Off Premises

In consultation with parents, Providers may plan excursions or field trips with children in care. Any outings are designed to be an enhancement to the programming in the home. Parents must be given 24-hour notice of planned excursions or trips and Parents must provide written consent. There is a **Field Trip Permission Form** available in the Parent Login section of our website (or you can ask your Provider or Agency for one). If you prefer that your child does not participate in an outing, they can be placed in Back-up care or you may keep them home for the day.

Parent Concern Policy

Wee Watch is committed to fostering positive relations with our Providers, children and parents. We are committed to being accountable for our programs and services by responding and resolving parent's complaints or concerns in a timely manner. All complaints will be treated with fairness, integrity and respect. Every issue and concern will be treated confidentially. Issues/concerns can be brought forward verbally or in writing and responses will be provided verbally or in writing upon request.

Conduct

Our agency maintains high standards for positive interaction, communication, and role-modeling for children. Harassment and discrimination will therefore not be tolerated by any party. If at any point a parent/guardian, Provider, and/or staff feels uncomfortable, threatened, abused or belittled, they may immediately end the conversation and report the situation to the agency supervisor.

Parent Concern Policy Procedures

Nature of Issue or Concern	Steps for Parent and/or Guardian to Report Issue/Concern:	Steps for Provider, Staff and/or Licensee in responding to issue/concern:
Program-Related (i.e. scheduling, menus, programming)	Raise the issue or concern to the Provider directly to try and resolve the concern. If the concern is not resolved or is of a nature that requires the attention of the agency – contact them directly.	Provider: <ul style="list-style-type: none"> Address the concern with the parents and ask questions to understand the concern fully. Work to resolve the concern. If you are unable to resolve on your own or need support, contact your HV/agency within 24 hours of the parent discussing with you Agency staff: <ul style="list-style-type: none"> Make initial contact with parents/Providers to respond to the issue/concern within 48 hours, work to resolve in a timely manner. Document the issues/concerns in detail, including the name of the person with the concern, date/time of initial reporting, details of the issue, steps taken to resolve and resolution Provide a resolution or outcome to the parent(s)/guardian(s) who raised the issue/concern verbally or upon request in writing. Note: we, as does anyone in the public have a duty to report suspected cases of child abuse or neglect directly to the local Children’s Aid Society.
Operations-Related (i.e. Fees, Billing)	Raise the issue or concern to the agency directly (not the Provider).	
Provider, Staff, Household Member, Student/Volunteer (i.e. conduct of Provider, concerns about childcare environment)	Raise the issue or concern to the Provider directly to try and resolve the concern. If the concern is not resolved or is of a nature that requires the attention of the agency – contact them directly. All issues or concerns about the conduct of the Provider or staff that puts a child’s health, safety and well-being at risk should be reported to the agency as soon as a parent becomes aware of the situation. If the issue or concern is about the Agency (i.e. not adhering to policy or regulations), the parent can escalate contact to Wee Watch Home Office. Home office cannot assist with any concern related to billing	

Prohibited Practices

There are many ways to guide a child’s behaviour. It is important to remember the age of the child; ensure you have age-appropriate expectations and that the strategy used helps the child learn self-guidance and control. The following disciplinary practices are not permitted:

- corporal punishment of the child;
- physical restraint of the child, such as confining the child to a highchair, 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;
- locking the exits of the home child care premises for the purpose of confining the child, or confining the child in an area or room without adult supervision, unless such confinement occurs during an emergency and is required as part of the licensee’s emergency management policies and procedures;
- use of harsh or degrading 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;
- depriving the child of basic needs including food, drink, shelter, sleep, toilet use, clothing or bedding; or
- inflicting any bodily harm on children including making children eat or drink against their will.

Child guidance practices are monitored when the Home Visitor conducts their visits and is documented on the Provider Home Visit Report. Providers are also responsible to ensure that Prohibited Practices are not committed by members of the household, any individuals regularly on premises, consultants, students/volunteers, etc.

If any contravention of these rules is made by the Provider, student, volunteers, members of the household, and any individuals regularly on premises, the situation will be reviewed by the Agency and the appropriate action will be taken (a written warning and/or immediate disassociation from the Agency). The contravention of these rules by anyone in the child care home may also result in administrative penalties set out in the CCEYA by the Ministry of Education

The contravention of Wee Watch's Prohibited Practices by a Provider, students, volunteers, members of the household, any individuals regularly on premises, or Agency staff is a Serious Occurrence and all Serious Occurrence procedures must be followed by the Agency.

It is important that the Provider, parents, and Agency work together to provide consistent guidelines for the children. A Provider must contact the agency immediately if a parent requests a Provider to use any of the prohibited practices listed above.

Safe Arrival and Dismissal Policy

The safety of the children is one of our top priorities. This policy and the procedures outlined below will help support the safe arrival and dismissal of children receiving care. This policy will outline to Providers, staff (i.e., Home Visitors, Agency Administrators, etc.), students, volunteers and parents the clear steps to be taken when a child does not arrive at the home child care premises as expected, as well as procedures to follow to ensure the safe arrival and dismissal of children. Please take note that you may be asked by your agency to complete a Safe Arrival and Dismissal Form.

Safe Arrival/Dismissal Procedures for Providers:

Accepting a child into care

Parents are responsible for communicating a regular drop-off and pick-up time to the agency and/or Provider. They are also accountable to ensure that they contact the **Provider in advance** if there will be any change to the arrival or pick-up time of the child. Continued failure to report late arrival/pick-up, or absence may result in withdrawal notice being given to the parent.

When a child has not arrived at care as expected:

Where a child does not arrive at their expected time, and the parent/guardian has not communicated a change in drop-off or that the child will be absent, the Provider must:

1. Contact the child's parent/guardian not later than **60 minutes** after their scheduled time of arrival. Providers must contact the parent at least one time and leave a message if they are unable to reach the parent. It is recommended that the Provider record the time of the attempted contact in the logbook.
2. If the child's absence has been confirmed, the Provider will document it on the timesheet.

Releasing a child from care

The Provider can only release the child to their parent/guardian or those listed on the Emergency form. If those people are not available to pick-up the child, the parent can send **one-time** written authorization to the Provider/agency for another **adult** to pick-up the child. That person will be asked to present photo identification to the Provider to confirm their identity. The Provider should note the name of the one-time authorization pick-up in their logbook.

Procedure for when a child has not been picked up as expected:

1. Where a parent/guardian or authorized individual has not arrived within **30 minutes** after their scheduled pick-up time, the Provider will contact the parent/guardian to determine when and who will be picking up their child.
2. If the Provider cannot reach the parent/guardian, they will contact the child's emergency contacts. If unsuccessful at reaching the parent/guardian or emergency contacts, the Provider should inform their agency.
3. If the Provider/Agency is unable to reach the parent/guardian or emergency contacts within **1 hour** after their scheduled pick-up time, the Provider and/or agency shall proceed with contacting the local Children's Aid Society (CAS). The Provider/Agency shall follow CAS's direction with respect to next steps.

Dismissing a child from care without supervision procedures

The Provider will only release children from care to the parent/guardian or other authorized adult. Under no circumstances will children be released from care to walk home alone.

Policy and Procedures for Parents:

Parents are responsible for communicating a regular drop-off and pick-up time to the agency and/or Provider. They are also accountable to ensure that they contact the **Provider in advance** if there will be any change to the arrival or pick-up time of the child.

- If your child will be arriving **15 minutes** later than their scheduled drop off time **or** will not be attending care, you **must** inform the Provider via a call and/or text. If you are unable to reach the Provider, you **must** contact the agency and inform them of your lateness or absence.
- If the Provider has not heard from the parent within **60 minutes** of their set schedule, they will contact the parent and will leave a message if unable to reach them.

Dismissal Policy

The Provider will only release the child to their parent/guardian or those listed on the Emergency form. If those people are not available to pick up the child, the parent can send **one-time** written authorization to the Provider/agency for another individual **adult** to pick-up the child. That person will be asked to present photo identification to the Provider to confirm their identity.

- If you have not arrived within **30 minutes** of your scheduled pick-up time, the Provider will contact the parent/guardian to determine when and who will be picking up their child.
- If the Provider is unable to reach the parents, they will contact the child's emergency contacts listed on the application/emergency form.
- If the Provider or agency is unable to reach the parent/guardian/emergency contacts within **1 hour** after the scheduled pick-up time, the Provider and/or agency will contact Children's Aid Society.

Consistent failure by parents to **communicate** late arrival/pick-up or absences may result in **termination of care** for the child

Sleep Policy

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. Each family is advised of the Agency's Sleep Policy during Parent Orientation. Please refer to our Safe Sleep Practices for the appropriate age of your child that our Providers follow.

- All children will be provided an opportunity to sleep or engage in quiet activities based on their needs
- Children between 18 months and under 7 years of age will have a rest not exceeding 2 hours
- Children unable to sleep must have a quiet time, rest, or quiet activities

Safe Sleep Practices for children younger than 12 months:

All children younger than 12 months, who receive childcare in the home, will be placed for sleep in a manner consistent with the recommendations set out in the document entitled, "Joint Statement on safe sleep: preventing sudden infant death in Canada", published by public health Agency of Canada, unless the child's physician recommends otherwise in writing.

1. Infants, less than one (1) year of age, will always be placed on their backs to sleep.
2. When infants can easily turn from their stomachs to their backs and from their backs to their stomachs, they shall be initially placed on their backs, but shall be allowed to adopt whatever positions they prefer for sleep.
3. Parents will be consulted in respect to the infant's sleeping arrangements at the time the child is enrolled and at any other appropriate time, at the parent's request.
4. Each infant will be assigned to an individual playpen.
5. Parents will be advised of any significant changes in their child's sleeping patterns or behaviours during sleep. The Provider will discuss any changes in the child's sleep pattern with the parents and may result in adjustments to the manner in which the child is supervised during sleep. Parents should also advise the Provider of any significant changes in their child's sleeping patterns that they observe or are advised of when not in the Provider's care.
6. 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.
7. Sleeping infants must be supervised during nap/sleep period.
8. The Provider shall physically check on the sleeping infant within 30 minutes of being put down for a nap, and once more during sleep time. They should remain in close proximity to the infant in order to hear and see if they have difficulty during sleep time or when they awake to check for any signs of distress.
9. The Provider will check for the infant's normal skin colour, normal breathing by watching the rise and fall of the chest, his or her level of sleep, signs of overheating, (e.g. flushed skin colour, increase in body temperature and restlessness.)
10. The infant's checks will be recorded on the Sleep chart.
11. There must be sufficient light in the sleeping area or room to conduct the visual check of each sleeping infant. The lighting in the room 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.
12. Infants are safest when placed to sleep in comfortable clothing at room temperature, avoiding excess bedding and not over-dressing or over-wrapping the infant.
13. 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.
14. Bedding for cribs, playpens, and/or mats will be provided by either the Provider or the parent
15. Children in overnight care will be checked once after they have fallen asleep, once before the Provider goes to sleep themselves.

Safe Sleep Practices for children older than 12 months:

1. Children over 12 months will be placed on their backs and shall sleep in the position they assume during sleep. Sleeping children shall have a supervised nap/sleep period.
2. Parents will be consulted in respect to the child's sleeping arrangements at the time the child is enrolled and at any other appropriate time, upon the parent's request.
3. Each child 12-18 months will be assigned to an individual playpen. Each child over 18 months will be assigned to a cot or bed.
4. The Provider shall physically check on the sleeping child within 30 minutes of being put down for a nap, and once more during sleep time. They should remain in close proximity to the child in order to hear and see if they have difficulty during sleep time or when they awake.
5. There must be sufficient light in the sleeping area or room to conduct the visual check of each sleeping child. The lighting in the room must allow the Provider to see each child's face to view the color of the child's skin and to check on the child's breathing.
6. The Provider will check for the child's normal skin colour, normal breathing by watching the rise and fall of the chest, his or her level of sleep, signs of overheating (i.e., flushed skin colour, increase in body temperature and restlessness).
7. The children's checks will be recorded on the Sleep chart.
8. Parents will be advised of any significant changes in their child's sleeping patterns or behaviours during sleep. The Provider will discuss any changes in the child's sleep pattern with the parents which may result in adjustments to the manner in which the child is supervised during sleep. Parents should also advise the Provider of any significant changes in their child's sleeping patterns that they observe or are advised of when not in the Provider's care.
9. Children are safest when placed to sleep in comfortable clothing at room temperature, avoiding excess bedding and not over-dressing or over-wrapping the child.
10. Sitting devices such as car safety seats, strollers, and other sitting devices will not be used for sleep/nap time.
11. Bedding for cribs, playpens, and/or mats will be provided by either the Provider or the parent
12. Children in overnight care will be checked once after they have fallen asleep, once before the Provider goes to sleep themselves

If electronic sleep monitoring devices are used at the home child care:

1. Each receiver unit of the electronic sleep monitoring device is always actively monitored by the Provider.
2. Each electronic sleep monitoring device is checked daily and recorded on the Daily Baby Monitor Log to ensure it is functioning properly (i.e., it can detect sounds and, if applicable, video images of every sleeping child).
3. Electronic sleep monitoring devices shall not be used in place of direct visual checks while children are napping or sleeping.
4. During sleep time, the Provider cannot be more than one level away from sleep room unless an electronic monitoring device (i.e. baby monitor) is used (i.e. if the sleep room is in the basement, the Provider cannot be higher than the main floor of the home)

Supervision Policy for Students & Volunteers

Students and volunteers may occasionally participate or complete placements at the Provider’s home. Any student or volunteer placements must be approved by the Agency and once approved parents will be notified of their presence. All students and volunteers must also complete a health assessment and immunization prior to starting with the agency. In compliance with guidelines set out by the Ministry of Education, Wee Watch adheres to the following:

- Only Providers will have unsupervised access to children
- Students and volunteers **will not have unsupervised access** to children and are not permitted to be alone at any time with a child receiving care at the home
- Students and Volunteers are required to provide a current Vulnerable Sector Check that is less than 6 months old
- Students and Volunteers may not be counted in the home’s ratio for allowable number of children
- Students and Volunteers are supervised by Agency employees and/or Provider

Roles and responsibilities of Agency and/or Home Visitors	Roles and responsibilities of Providers	Roles and responsibilities for Students and Volunteers
<p>The Agency approves the presence of students and volunteers in childcare homes and ensures that required documentation (Annual Wee Watch Policy Review, VSC, medical, signed consent form) is received from Students/Volunteers and is in good order</p>	<ul style="list-style-type: none"> • Informs Parents of presence of Student/Volunteer in child care home • Supervises the Student/Volunteer • Ensures that Students/Volunteers are not left unsupervised at any time 	<ul style="list-style-type: none"> • Observe the Provider or Home Visitor as part of their learning • Assists Provider with the daily routines in the home • Follows all rules, regulations, policies and procedures as set out by Wee Watch

Supplies for Your Child

The Wee Watch system requires your child to have a complete inventory of supplies, including a change pad at the Provider’s home. Please refer to the **Daily Supply Lists** at the back of this handbook as a guide. 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.

HEALTH REGULATIONS

Wee Watch requires parents and Providers to follow these health regulations to help reduce the incidence of contagious illness in care homes. These policies and procedures are enforced with the sole concern being the well-being of all children in the care home.

Administration of Medication

Medications can be administered by a Provider under the following conditions:

- Medication is provided by the parents and is **IN THE ORIGINAL PHARMACY CONTAINER**
- All prescription drugs and medications must be clearly labelled with the prescription label, child's name, name of drug, dosage, date of purchase and expiry, and instructions for storage and administration of the drug or medication
- Non-prescription medication must also be clearly labelled with the child's name, name of drug, dosage, date of purchase and expiry, as well as instructions for storage and administration of the drug or medication.
- A **Medication Form** for either prescription or non-prescription drugs, must be completed and signed, including parents' consent, name of the medication, dosage, times of administration, and the reason for the medication. **UNDER NO CIRCUMSTANCES CAN THE MEDICATION BE GIVEN WITHOUT PARENTS WRITTEN CONSENT**
- The form must be given to the Provider in advance (for prescription and non-prescription medications, lotions, or creams).
- In the child care home, medication is to be administered by the Provider only.

ALL MEDICATION MUST BE INACCESSIBLE TO CHILDREN and stored according to the instructions on the label (not in a diaper bag or backpack). For children with allergies or other special conditions, refer to the policies under Allergies (for administration instructions).

Allergies & Other Medical Conditions

When a child with a known (or suspected) allergy or other special condition (e.g. asthma) is admitted into care:

1. The parent must complete the *Allergy Notice* and attach an *Allergy/Anaphylaxis Emergency Plan* that is completed by your child's physician outlining what to look for and how to treat the reaction.
2. The *Allergy Notice* and *Allergy/Anaphylaxis Emergency Plan* must be posted in a visible place in the Provider's kitchen and play space. The form is to be updated annually
3. If your child has an acute or chronic medical condition, the parent must complete the *Individual Medical Plan and Physician Individual Medical Plan* that is completed by your child's physician outlining how to treat the condition. The form is to be updated annually.
4. Required medication must be supplied by the parent and stored where it is quickly accessible by the Provider, but inaccessible to the children unless stated otherwise by the parent. The medication must also be carried when the Provider takes the children on outings. The Provider must ensure that the child is not admitted into care without the medication.
5. Parents must supply the Provider with detailed instructions for precautions to be taken to avoid allergic reactions.
6. If an epinephrine injector is required, parent must train the Provider.
7. Parents who bring/send food to the care home must ensure that the food is 'safe' for other children with allergies in the same home. Food or bottles brought into the home must be labeled with written instructions provided (if applicable) and should meet the requirements set out in the most recent and relevant food guide published by Health Canada. Families will be notified by the agency of any food allergies in the home.

Contagious Illness – Signs/Symptoms

Providers and parents should be aware of the following signs and symptoms of possible infectious illnesses, reactions, and infestations:

- an elevated temperature, flushing, pallor
- an acute cold, nasal discharge or severe coughing
- difficult or rapid breathing; sore throat or trouble swallowing
- headache, stiff neck
- vomiting or diarrhea
- red eyelid lining, discharge
- dark, tea-coloured urine; grey or white stools
- earache, discharge from ear
- undiagnosed spots or rashes; severe itching
- lice (pediculosis and scabies)
- unusual behaviour - irritable, fussy, restless, listless, loss of appetite

As part of ensuring the well-being of everyone in the care home, the Provider will conduct a visual check of your child at drop-off, observing for any signs or symptoms noted above. Parents should refer to the **Regulations for Control of Communicable Diseases** chart at the end of this section. *Unwell children with symptoms such as the common cold are expected to stay home when sick. **If the child is too ill to participate in all program activities, they may not be permitted to attend care.** This will help to reduce the spread of infection in the childcare home. In these common situations, the Provider has the discretion to make the choice to exclude a child from care, the agency may refer to their Local Medical Officer of Health for directions, or the Agency has the final decision on excluding children from care. Each case will be handled on an individual basis.*

Procedure for Contagious Illnesses (Suspected or Diagnosed)

1. The Provider must inform the Agency if they themselves or any of their own children experience any of these symptoms so that back-up arrangements can be made.
2. If a child experiences any of these symptoms during the day, the Provider must follow the Major Occurrence Procedure as per their Serious Occurrences Manual.
3. Separate the child from the other children, call Wee Watch office and speak to an agency staff member to report the “occurrence”, and contact the child’s parents to have them pick up their child immediately.
4. Parents must immediately pick up their child once notified by their Provider, and bring the child to their doctor, if deemed necessary.
5. Parents are not to bring their child into the childcare home if any of these symptoms are displayed by the child and inform the Provider that their child will not be attending. Your child should be symptom free as per the guideline of communicable disease before returning to care.
6. A Doctor’s certificate/note, after a complete examination, may be requested before the child can be readmitted into the childcare home.
7. If concerns about diarrhea are expressed by the Provider, the Agency may require that the child seek medical attention.
8. The Agency must notify their local Public Health of reportable cases of communicable diseases.

Diarrhea Management

If there is an outbreak of diarrhea in the childcare home, the Provider is required to notify the agency and the Health Department. Outbreak is defined as 3 or more cases, (a case is defined as 2 or more loose stools in a 24-hour period). Parents should note that if a child has 2 or more loose stools in a 24- hour period, they must pick up their child from care immediately. *The child must be diarrhea-free for 48 hours before returning to care.

Medical/Immunization Records

All parents must submit their child's up-to-date **Immunization Record** before entering childcare and provide all updated immunization-(for children under 2 and children 4+ years of age **NOT** attending school) as soon as they receive it. The Provider must complete an Initial Medical Form for themselves and their Household Members.

If a child, Provider or anyone regularly in the home does not consent to having their immunization done for conscience or religious beliefs, they are required to fill out the standardized, Ministry-issued form (Statement of Conscience or Religious Belief for Individual) which needs to be notarized by a Justice of the Peace or Lawyer. If a child, Provider, or anyone regularly in the home cannot have immunizations due to medical reasons, they are required to fill out the standardized, Ministry-issued form (Statement of Medical Exemption for Child/Individual). It must be completed and signed by a medical professional.

PLEASE NOTE: The requirements for childcare medical and immunization information are set out by the local Medical Officer of Health. Your Wee Watch Area Supervisor or Home Visitor will inform you of any additional requirements.

Pets - Sanitary & Safety Procedures:

Providers must inform the Agency and parents before bringing a new pet into the home and follow our Pet Policy that outlines the types of pets permitted in childcare homes. All allowable pets must be vaccinated, and a vaccination record is submitted to the Agency office. Contact with pets in the home is limited and supervised closely.

Sanitary Practices

Maintaining a clean, healthy environment helps prevent the spread of infectious illnesses. Wee Watch has a Sanitary Practices Policy that ensure that childcare Providers are cleaning and sanitizing equipment and furnishings, as well as ensuring proper hygiene in their homes in alignment with local public health requirements of licensed home childcare.

Smoke Free Environment

The Provider's premises must always remain **smoke free** whether children are present or not. Premises include their home, garage, front, back and side yard as well as the driveway. Smoking is permitted on the sidewalk, road, and public boulevard. All ashtrays or paraphernalia must be removed from the premises. Anyone found smoking on the premises must be asked to leave the premises.

REGULATIONS FOR CONTROL OF COMMUNICABLE DISEASES

For more details, call the child's doctor or the local Health Department

DISEASE	HOW TO RECOGNIZE	WHAT TO DO
CHICKEN POX	<ul style="list-style-type: none"> Slight fever may be present before itchy rash develops. Crops of small red spots turn into fluid filled blisters that crust as they resolve. Usually, lasts about 10 days 	<ul style="list-style-type: none"> No exclusion if the child feels well enough to participate Reportable to local public health Immunosuppressed children (ie. leukemia) should be excluded immediately see doctor
CONJUNCTIVITIS (PINK EYE)	<ul style="list-style-type: none"> Bacterial: yellow drainage from eyes, discharge, sticky eyelids Viral: watery discharge, mild or no pain, not infectious Eyes are red/pink and itchy 	<ul style="list-style-type: none"> Bacterial: exclude until appropriate antibiotic is taken for at least 24 hours Viral: exclude for 24 hours
FOOD POISONING	<ul style="list-style-type: none"> Sudden onset of nausea, vomiting and/or diarrhea 	<ul style="list-style-type: none"> Exclude until symptom-free for 24 hours
IMPETIGO	<ul style="list-style-type: none"> Clusters of red bumps or blisters filled with clear fluid Fluid may develop a honey coloured or grey crust Rash usually appears around mouth, nose, diaper area, arms and lower legs 	<ul style="list-style-type: none"> Exclude for 24 hours after antibiotic has been taken Lesions on exposed skin should be covered
MEASLES	<ul style="list-style-type: none"> Fever, cough, runny nose, watery red eyes for 2-4 days before rash starts Small red spots with white or bluish white centre in the mouth Blotchy rash begins on the face and spreads all over the body and lasts for 4 to 7 days 	<ul style="list-style-type: none"> Exclude for 4 days after beginning of rash appears Reportable to local public health Exclude unimmunized and immunosuppressed child (e.g. steroids, leukemia) and should see doctor for preventative treatment
MUMPS	<ul style="list-style-type: none"> Swollen and tender glands at the jaw line on one or both sides of the face May include fever, malaise, headache, and respiratory symptoms (especially for children aged 5 and under) 	<ul style="list-style-type: none"> Exclude for 5 days from onset of symptoms Reportable to local public health exclude immunosuppressed children (e.g. steroids, leukemia) as for measles
PERTUSSIS (WHOOPING COUGH)	<ul style="list-style-type: none"> Usually begins with low grade fever, runny nose, and mild cough Coughing occurs in spasms, often with high-pitched "whoop". Loss of breath or vomiting after coughing bouts may occur May last 6-10 weeks 	<ul style="list-style-type: none"> Exclude for 5 days after appropriate treatment begins or for 3 weeks after onset of cough if untreated Reportable to local public health
RUBELLA (GERMAN MEASLES)	<ul style="list-style-type: none"> Low grade fever, malaise, tiredness and swelling of the glands in the neck and behind the ears Raised red rash that starts on the face and spreads downwards, rash lasts 3-5 days 	<ul style="list-style-type: none"> Exclude for 4 days after onset of rash Reportable to local public health Susceptible women in early stages of pregnancy should contact doctor immediately

DISEASE	HOW TO RECOGNIZE	WHAT TO DO
SCARLET FEVER	<ul style="list-style-type: none"> Fever, headache, sore throat, vomiting, fine red rash that feels like sandpaper on neck, chest, arms and legs, flushing of cheeks, white around mouth 	<ul style="list-style-type: none"> Exclude for 24 hours minimum after antibiotic treatment begins
COXSACKIE VIRUS (HAND, FOOT AND MOUTH DISEASE)	<ul style="list-style-type: none"> Fever, sore throat and sores in mouth (grayish spots, often with small blisters on top), may have rash on hands, feet and sometimes buttocks. Blisters may persist for 7-10 days 	<ul style="list-style-type: none"> Child can attend if he/she feels well enough to participate and has no fever
FIFTH DISEASE (SLAPPED CHEEK SYNDROME)	<ul style="list-style-type: none"> May have flu like symptoms before rash start Raised red rash on child's cheeks 'slapped cheek' appearance Rash may spread over the rest of the body and may last 1-3 weeks 	<ul style="list-style-type: none"> Child may attend day care if feeling well enough to participate in regular activities Inform pregnant women who may have been in contact with infected child
RINGWORM	<ul style="list-style-type: none"> Itchy, flaky ring-shaped rash on face, trunk, limbs, scalp, groin or feet 	<ul style="list-style-type: none"> Exclude until the appropriate treatment has been started
STREP THROAT (STREPTOCOCCUS PYOGENES)	<ul style="list-style-type: none"> Sore throat, fever and swollen tender neck glands 	<ul style="list-style-type: none"> Exclude until 24 hours after treatment has started and the child is able to participate
COMMON CHILDHOOD CONDITIONS		
PEDICULOSIS (HEAD LICE)	<ul style="list-style-type: none"> Presence of lice or nits (eggs) in hair, head scratching 	<ul style="list-style-type: none"> Inform parents so that child can be treated Child can be in care, but avoid head to head contact with other children
SCABIES	<ul style="list-style-type: none"> Lesions around finger webs, back of wrists, elbows, skin folds, armpits, lower buttocks Itching more intense at night 	<ul style="list-style-type: none"> Exclude for 24 hours after treatment begins

DO NOT USE ASPIRIN (A.S.A.) UNLESS DIRECTED BY A PHYSICIAN

FINANCIAL AND ADMINISTRATIVE POLICIES

Full Time Enrollments

Full time parents are required to pay your regular childcare fee even if your child is off for vacation or due to illness. This includes statutory holidays.

Part Time Enrollments

Part time parents must guarantee a predetermined minimum time. This may be done by indicating set days or providing a schedule in advance. You are required to pay for all booked days, even if your child does not use our service. Part time parents may not substitute days in lieu of statutory holidays or sick days. You will be invoiced for any days booked other than your regular days. The fees for extra time will be charged at (a) your regular day's fee, or (b) the rate applicable to the hours booked. Your Provider may have other plans for the days your child does not usually attend, or she may not have a space available, making it difficult to add extra days. If care is needed on additional days, please contact the Wee Watch office.

Accidents/Incident Reporting

Depending on the nature of an injury or accident that occurs in the home, Providers and the agency follow the Serious Occurrence Policy which outlines the type of incident and reporting requirements under the CCEYA to parents, Ministry and/or CAS or other entities. For accidents/injuries that are classified as 'major' occurrences parents are required to pick up their child from care immediately when called by Provider or agency.

Child's Vacations

Please contact the Agency and your Provider to make them aware that your child will not be attending care. We recommend that you notify the Agency of your intended vacation plans at least two weeks in advance.

N. S. F. / Returned Payments

A fee will be charged for non-sufficient funds (NSF) or returned payments. Refer to your local Agency rate sheet for specific NSF charges, conditions and impacts on discharge/termination of care.

Late Fees

Late fees are applicable when the daily maximum time is exceeded. The local agency rate sheet or Welcome Letter will indicate the amounts charged for late fees or overtime.

Payments

Wee Watch requires that payments be made in advance of using the service in 2-week intervals (some agencies require a monthly payment in advance as outlined in the Parent Welcome Letter if applicable). Payment will be made with an automatic withdrawal from your designated account or other payment method as designated by the agency. Payments made in advance are non-refundable. Other circumstances in which fees are non-refundable are indicated on the individual agency rate sheet.

Provider Days Off / Back-up

In the event that your Provider is sick, on holidays, or requests special days off, the Wee Watch system provides you with alternate arrangements (back-up) for your child as available. If you choose not to use back-up care, a reduced daily rate may be charged.

Receipts

For Income Tax purposes, receipts will be available no later than February 28th, unless special arrangements are made beforehand.

Refunds/Credits

Refunds/credits will be given for account overpayments. Additional refund information is indicated on the individual agency rate sheet, welcome letter, or financial policies.

Statutory Holidays

Your regular fee is payable for all Statutory Holidays, even though care will not be provided on these days. Vacation or sick days do not eliminate the need for payment. If a Statutory Holiday falls on a weekend, a lieu day will be established. **Statutory holidays include:** New Year's Day; Family Day; Good Friday; Victoria Day; Canada Day; Civic Holiday; Labour Day; Thanksgiving Day; Christmas Day; Boxing Day (Easter Monday- applies to Ottawa area agencies only)

Withdrawals by Parents

Wee Watch requires parents to provide a minimum of **2 weeks written notice***** submitted to the agency if they are voluntarily withdrawing their child from care. Written notice from parents will terminate the childcare agreement with the agency (some agencies require 30 days written notice outlined in Parent Welcome letter if applicable)

Discharge/Termination of Care

As an independent contractor, a Provider can decide to end a childcare arrangement for their home at their discretion, in consultation with the agency. This does not terminate the Parent Agreement with the agency. If available, and at the discretion of the agency, an alternate care arrangement may be offered to the family. If no alternate care arrangement is available, the agreement may be terminated.

The agency may decide to discharge or terminate the childcare arrangement and/or agreement with or without notice for a number of reasons, that may include (but are not limited to) non-payment, any behaviour of the parent that does not align with our anti-racism statement, Inclusion Policy, or any policies/conditions set out in the Parent Agreement, including inappropriate treatment of agency staff or Providers by parents. The agreement may also be terminated in the case that there is not a fit between the child and the environment, or it is determined that the specific needs of the child cannot be met.

REQUIRED FORMS FOR ADMISSION TO CARE

In addition to a completed Application Form, Wee Watch must have the following forms completed prior to your child starting in the care home. It is essential that we have this information in order that we may ensure that your child's needs are met and to comply with the regulations set out in the Child Care and Early Years Act (CCEYA).

1. FORMS TO BE COMPLETED AND RETURNED TO AGENCY OFFICE IN ADVANCE OF CHILD STARTING CARE

FORM	INSTRUCTIONS
Parent Agreement	Sign 2 copies – one for Agency and one for your records
Immunization Record	Provide a copy of Immunization record to Agency *children under 2 yrs. of age will need to provide annually
Customer Consent Form A general agreement for consent to Wee Watch Policies and Consent to Disclose (Privacy)	Must be signed, keep a copy for your records
Photo/Video Permission Form	Review and sign. Be specific in your consent for allowing pictures of your child to be taken/leveraged
IF APPLICABLE ONLY: Allergy Notice & Plan, Individual Medical Plan, Individual Support Plan Documents that outline the specific care needs if your child has an allergy, medical condition, or support needs	Must be completed by parent and medical or approved practitioner as per the specific plan. Documents must be received by Agency before a child starts care

2. FORMS TO BE COMPLETED AND GIVEN TO PROVIDER ON FIRST DAY OF CARE

(Your Agency may request that these forms be delivered to them via email or in-person rather than to Provider)

FORM
Intake Questionnaire Gives Provider information about your child that will assist in their transition into the care home (ie sleep patterns, preferences)
Emergency Form and Medical Consent Card Form is kept in Provider's home (or carried with them when outside the home with children)
Outdoor Play Plan Outlines specific areas you give consent for your child to play outdoors or not. Refer to the section of the Handbook that outlines prohibited outdoor play areas
Non-Prescription Consent Form Required on file for the administration of non-prescriptions creams (such as sunscreen that parents must provide) or over the counter medication (such as Tylenol). Note: creams/medications must be labelled with child's name.

3. FORMS TO BE COMPLETED AS REQUIRED (all found on the Parent login section of weewatch.com)

FORM	INSTRUCTIONS
Emergency Information & Schedule for Back-Up Provider Complete if your child is attending care with a Back-up Provider	Complete and bring with you to Back-up Provider's home
Prescription Medication and Creams Consent and Record Used to give permission to a Provider to administer prescription medication. Provider must have completed form as well as medication in its original pharmacy bottle with label.	Bring to Provider with medication
Other forms: Feeding Instructions for children under 1-year, Routine Consent to Travel, Alternate Sleeping Plan, Car Seat Safety Form, Food Restrictions, Parent Wallet Card	Complete as applicable

DAILY SUPPLY LIST

INFANTS	TODDLERS	PRESCHOOL & SCHOOL AGE
<ul style="list-style-type: none"> <input type="checkbox"/> Diapers (at least 6, a full bag is preferred) <input type="checkbox"/> Change Pad & Baby Wipes <input type="checkbox"/> Baby powder/rash ointment (as needed) <input type="checkbox"/> Face cloth, towel and bed linen <input type="checkbox"/> Sun block (labelled) and sun hat <input type="checkbox"/> Separate plastic bag for soiled laundry <input type="checkbox"/> 2 full changes of clothes, including socks, pants/shorts, shirts, dresses, sleepers, booties <input type="checkbox"/> Bedding for crib/playpen <input type="checkbox"/> Extra sweater or coat (weather dependent), hat, mittens <input type="checkbox"/> A few favorite toys <input type="checkbox"/> Sufficient bottles (filled) with daily supply of formula or milk (labeled with child's name) <input type="checkbox"/> Baby food and cereals – sufficient supply for hours in care and labelled with child's name <input type="checkbox"/> 2 bibs – wipeable are preferred <input type="checkbox"/> Baby cookies – ie Arrowroot or teething biscuits (if used) <input type="checkbox"/> Pacifier or teething ring (if used) 	<ul style="list-style-type: none"> <input type="checkbox"/> Diapers (at least 5, a full bag is preferred) <input type="checkbox"/> Change pad & baby wipes <input type="checkbox"/> Sunblock (labelled) and Sun hat <input type="checkbox"/> Training pants or pull-ups (if applicable, 3 pairs recommended) <input type="checkbox"/> Separate plastic bag for soiled laundry <input type="checkbox"/> 2 full changes of clothes, including socks, pants/shorts, shirts, dresses, etc. <input type="checkbox"/> Extra sweater or coat (weather dependent), hat, mittens <input type="checkbox"/> A hat, 2 pairs of mittens, snowpants, shoes and boots in winter <input type="checkbox"/> Bottles (if used), a daily supply filled with milk or juice (labelled with child's name) <input type="checkbox"/> A couple of favorite toys <input type="checkbox"/> Bedding for cots/mat 	<ul style="list-style-type: none"> <input type="checkbox"/> Sun block (labelled) and sun hat <input type="checkbox"/> 1 full change of clothes, including socks, pants/shorts, shirts, dresses, etc. <input type="checkbox"/> Extra sweater or coat (weather dependent), hat, mittens, snowpants and boots in winter <input type="checkbox"/> Couple of favorite toys/books (if necessary) <input type="checkbox"/> Backpack to hold books, papers, artwork etc <input type="checkbox"/> Current schoolwork (if necessary) <input type="checkbox"/> Bedding for cots/mat (if sleeping at Providers home)
<p>Important Reminders for Infants and Toddlers</p> <ul style="list-style-type: none"> • All children must arrive at the Provider's homes fully clothed, including socks and shoes (when applicable) • All food and bottles supplied by parents must be labelled with the child's name • Do NOT store medication in a child's diaper bag. Only carry or send medication that is currently being administered by the Provider and only with a signed Medical Consent form accompanying it. It must be removed from the bag and given to the Provider so it can be made inaccessible to children in the home. It must also be labelled with your child's name and contain the original dosing information, if its prescription medication, it must have the original pharmacy label intact (complete a Prescription Medication Consent Form). 		<p>Important Reminders for Preschool and School age:</p> <ul style="list-style-type: none"> • Advise your Provider each day if your child should be doing specific homework • Do not use your Provider as an Emergency contact at your child's school • Do NOT store medication in a child's bag. Medications must be removed from the bag and given to the Provider so it can be made inaccessible to children in the home.