

Lamont County Regional Family Day Home Program Parent Handbook & Policies

GENERAL INFORMATION

The Family Day Home Standards Manual can be found online at:
http://www.child.alberta.ca/home/documents/childcare/Final_Client_Copy-FDH_Standards_Manual.pdf

Any questions regarding the Lamont County Regional Family Day Home Program can be directed to:

Family & Community Support Services Lamont County Region
Administration Building 5303-50th avenue
Lamont, AB T0B 2R0
780-975-1766, 780-895-7751 or toll-free at 1-877-895-2233

All voicemail messages left on the mailbox of FCSS Lamont County Region are confidential.

Glossary

CFSA – Child & Family Service Authority Region 5
CYM - Intervention Record Check
FCSS – Family & Community Support Services
FCSSA – Family & Community Support Services Association
FDH – Family Day Home
FSLW – Family School Liaison Worker
ICC – Inclusive Child Care

Table of Contents

Service Philosophy & Approach Pg. 22	Meals and Snack Pg. 34
Goals for Service Pg. 23	Infants and Special Needs Pg. 35
Child Placement Pg. 25	Child Guidance Policy Pg. 35
Information Records Pg. 26	Health and Safety Policies Pg. 36
Waiting List & Back Up Care Pg. 27	Communicable Diseases Pg. 37
Cancellation of Alternate Care Pg. 28	Critical Incident & Investigation Procedures Pg. 38
Parent Resources/Involvement Pg. 28	Reporting Child Abuse Pg. 39
Parent Contact Pg. 29	Illness/Injury Pg. 39
Parent Concerns/Suggestions Pg. 29	Complaint/Appeal Process Pg. 40
Fees Pg. 30	Provider Non-Compliance Pg. 41
Holiday Closures Pg. 31	Evacuation Plan Pg. 41
Termination of Care Pg. 32	Medications & Medical Concerns Pg. 42
Weekly Schedules Pg. 32	Smoking Pg. 43
Supervision Pg. 33	



AGENCY PHILOSOPHY AND GOALS

Service Philosophy and Approach

Family & Community Support Services is a partnership that develops locally driven preventive social initiatives to enhance the well-being of individuals, families and communities. FCSS believes that a community's most valuable resource is its people and that we can help build strong communities through positive, caring interaction and mutual respect.

The programs developed are intended to help individuals in their community to adopt healthy lifestyles, thereby improving the quality of life and building the capacity to prevent and/or deal with crisis situations should they arise.

The community is involved with FCSS programming first and foremost through the FCSS board. Community members are encouraged to talk to their community members' at large, and local FCSS staff about initiatives, concerns, and program ideas. These concerns are taken into account when planning for future programming or enhancing current programs.

Our philosophy is that all children deserve to be loved and liked. Children depend on adults to provide safe and nurturing early learning and care that meets their individual developmental needs. It is our belief that children develop to their fullest potential in environments that are stimulating and provide diverse activities through play and true to life experiences that allow them to experience the world. We will provide a program that supports, strengthens and supplements the role of the family.

We will provide programs that are carefully planned taking into consideration knowledge of child growth and development, while still allowing for spontaneity and flexibility that will allow children to develop healthily, in a well-adjusted manner and become contributing members to community and society.

Our agency will aim to create linkages throughout our county, bringing together families, service providers and local resources that will lead to a strong social network within our community. As



an agency, we can help assess a family's needs and place them with an appropriate day home provider.

Our day-homes are an excellent choice for families seeking inclusive, individualized and personalized care that is tailored to their needs. Individuals who prefer small groups in a home-like setting should find family day homes a good fit for their needs. Lamont County Regional Family Day Home Program believes that individual attention and the intimacy of a home setting is important to children whose parents are unable to care for them during the day.

All families, regardless of culture, family dynamics or income are welcome in a quality program that is affordable, and has subsidy available through CFSA Region 5. Families that receive our service will regard the service as beneficial.

Provision of care will be governed by direct use of policies, procedures, practices and standards that are set out in the Family Day Home Standards Manual and the guidance received from the Child & Family Services Authority Region 5. The program is managed by FCSS Lamont County Region which is governed by Lamont County and the FCSS Lamont County Region Board.

Goals for the service

Our goal is to provide our community with safe and quality child care. Our Family Day Homes will offer families the opportunity to seek tailored, safe and nurturing care that can meet the comprehensive developmental needs of all children.

The main goals of the program are to:

1. Provide quality childcare services to children and families residing in Lamont County, which includes five municipalities.
2. To obtain community and local government support in recognition of the importance of quality monitored child care.
3. Provide support to the providers and families utilizing our program

4. Provide support to families with infants and children with special needs or disabilities as needed and available.
5. Provide resources and training to providers as required. I.e. Special needs children, meal planning, etc.
6. Offer parents the option of a formal child care service in a family home setting where care is monitored to ensure it meets established standards, and where parents can access assistance with fees through the Child Care Subsidy program
7. Support parents who are employed, looking for work, going to school or requiring care based on the special needs of the child or parent
8. Ensure that children's health, safety and well-being are protected.
9. Ensure families are confident that their children are receiving high quality, nurturing, safe, and affordable care
10. Provide providers with ongoing support enabling them to provide tailored care that is responsive to the changing needs of children
11. Create a network of like-minded individuals for providers that they can call on for support
12. Better connect FDH providers and families to services within the community
13. Through FCSS programming, FDH families will be invited to participate in activities that will help them to develop relationships with each other and encourage community.
14. Provide sufficient office space for the facilitation of the program.

The agency will assist providers in planning for and carrying out best practice under this philosophy and approach. During bi-monthly home visits the agency will be intentional in assisting the providers in planning for any areas they made need assistance with, particularly in planning for the development and stimulation of children socially, emotionally, physically, creatively and intellectually. The agency will also be available for any questions or assistance needed between home visits.

The agency philosophy, goals and outcomes will be reviewed annually and quarterly as required by CFSA. The providers are given opportunity to comment on their needs and goals during

monthly home visits. Families will be given a survey to fill out annually on the program and when they leave the program. Information received will be reviewed and considered for enhancing our program. All major program changes will be reviewed by CFSA Region 5 and the FCSS Lamont County Region Board before being implemented.

CHILD PLACEMENT

Recruitment for the program is the responsibility of the FDH Coordinator, but may be done through the providers as well. Recruitment is accomplished through, but not limited to, newspaper ads, word of mouth, referrals, and advertisements distributed to local schools and/or posted around local towns.

Initial intake of children will be completed by the FDH Coordinator with the parent or guardian of the child. Together, parents and the coordinator will assess the families' needs for child care by using at least the following information:

1. Days and hours of care needed
2. Number and ages of children
3. Preferred location i.e. Lamont
4. Allergies to pets
5. Special requirements i.e. infant, special needs, etc.

Once needs are established, a list of available providers and respective Approved Family Day Home Provider Profiles will be reviewed with the family, including information regarding home visits, complaints received, and any incidents that may have occurred in the provider's day home program. The FDH Coordinator will assist providers, as needed, in planning pre-placement contact between providers and prospective families, before the child is officially registered in the home.

All necessary forms are to be completed by the provider and/or FDH coordinator before the family begins using the day home service. All forms and family information are to be returned to the agency if service is terminated. All child emergency contacts must be updated yearly. If there are any changes in program policies, parents will be mailed the appropriate information. Parents are responsible to adhere to all policies as outlined in the agency service plan, parent handbook as well as all forms signed.

January 2014

Intake includes:

- Completion of Child Registration Form, which includes health information, immunizations and allergies
- Parents provided with Medical Authorization Form
- Review of policies as stated on the Provider/Parent/Agency Agreement and/or Enrolment Commitment Form (used in the event of a contract change)
- Prepayment covering approximate service to be used in the month following first day of service, based on contract as determined between parent and provider.
- Review of subsidy forms and information, if applicable
- Orientation of the Parent Handbook, to the parents and children (as developmentally appropriate) which parents will be provided with, which includes all pertinent information for parents.
- The family is to meet perspective provider in the provider's home before service is initiated to assess whether the placement is a good fit. The FDH Coordinator may assist in this process.
- All possible avenues will be explored in placing a child who has special needs with an appropriate provider. I.e. relevant supports and services, training etc.
- FDH Coordinator will visit new children within a month of their enrolment.

The day home provider chooses the ages and number of children he/she is willing to care for in accordance with Alberta Family and Social Services regulations. 'Providers may care for a maximum of six children 0-12 years old, including their own children. A maximum of three children may be under 36 months. A maximum of two children may be under 24 months.' (FDH Standard 6) The Provider will inform the FDH Coordinator immediately of any changes or vacancies that arise while participating in the program.

Information records

Once the provider and family have agreed to place a child in the program, a provider/agency/parent agreement is signed and a registration form is filled out. Both the provider and FDH Coordinator must keep in their records an up to date copy of the agreement and registration form. All parent records must include

January 2014

information as listed and stored in compliance with FDH Standard Manual, Agency Standard 6C and Family Day Home Standard 2. They will be stored securely on the agency premises. Providers must submit any changes to children's information records at each month's end with submission of their monthly paperwork on the second day of the month following care. The FDH Coordinator will yearly update all information records within the assistance of the provider's and parents. Parents are responsible to provide the agency with any new information pertinent to their child's registration form.

If a child is removed from the program, the information records will be kept for a minimum of two years, with the exception of all financial records which will be kept for a minimum of ten years, after which they will be shredded.

A set of portable emergency information records must be created by the provider and brought on all outings which must include all information as stated in FDH Standard 3. A template may be supplied from the FDH Coordinator.

Parent Records are available to parents within reasonable notice and are available to CFSA at all times.

This information will be communicated to parents and children, as developmentally appropriate, during the orientation process.

Waiting List

If there are no homes available in the agency, the family will be placed on a waiting list, with their permission, for no longer than one year. After that time, they will need to contact the agency again regarding care as they will be removed from the list. The family waiting will also receive the document 'Choosing Child Care: A Guide to Licensed and Approved Child Care in Alberta.' Families will be referred to other appropriate programs such as other government approved agencies.

Back up care

The Family Day Home Program shall aim to establish a system of alternate care to ensure that there are arrangements available when the regular provider is not available. Alternate care may be

January 2014

provided by the Family Day Home Agency in the following manner:

- i. Approved provider in original provider's home
- ii. Approved provider in another approved provider home
- iii. Family utilizes a different approved provider in the program

In approving a substitute provider for the purposes of backup care, the agency must be satisfied that the individual can meet Ministry standards for family day home providers.

All approved back up providers must follow the same process as regular providers. See 'Provider Recruitment & Monitoring'.

Where there is no established system of alternate care, the parents are responsible for finding alternate care. The Family Day Home Coordinator will assist families, if necessary, by providing all known resources of alternate care. Parents must give written approval for all alternate care arrangements. All providers must be approved by the agency prior to giving care based on ministry standards.

Cancellation of Alternate Care

When alternate care is received through another provider in the Lamont County Regional Family Day Home Program, the parent will be required to give the alternate provider notice by the day prior to canceling. If sufficient notice is not provided to the alternate care provider, the parent will be responsible for a daily fee charged by, and to be determined by, the Family Day Home Program.

The parents must have signed documentation with the alternate provider before receiving backup care.

Parent Resources

Parents may have access to community resources as available through F.C.S.S. Lamont County Region. The FDH Coordinator will refer families to resources as required and/or requested.

PARENT INVOLVEMENT

January 2014

27

28

Prior to placement, all families will receive the parent handbook, which outlines parental involvement, the agency's approach to childcare, and the program expectations.

Providers will post all meal plans, events and scheduled activities weekly, which must be available to parents at all times.

Providers will communicate with parents on an ongoing basis about any needs, progress, etc. of child's experience while in care. Providers will aim to provide individualized care for each child while maintaining a schedule for the group they have in their care. Providers will aim to work with parents in assisting in healthy age appropriate child development, i.e. Potty training, learning to use scissors, etc. Provider will report to FDH Coordinator any needs, issues, areas they may require training, etc. as necessary.

Parents must initial the Child Monthly Hours form at the arrival and departure time of their children each day, including field trip days. Anyone authorized on the Child Registration Form may also initial. Children will be release only to those authorized on the Child Registration Form. If the provider is leaving for a field trip and has made every effort to contact the parent and/or emergency contact to locate the child, the provider has the right to leave for the field trip. If a parent attends a field trip they are responsible for their own child **only**. Once the parent arrives to the field trip, they must sign their child out as they are now responsible for the child.

Providers 'must obtain written consent from the parent for their children to participate in off-site program activities.' (FDH Standard 7B)

Parent Contact

All contact between agency staff, and parents will be documented on the Record of Contact form and filed in the respective parent file, including contact during inquiries or the intake process.

Parent Concerns/Suggestions

During intake, the parents will be orientated to responsibilities of all parties in a placement, i.e. agency, provider, parent, child, via the agency service plan. The agency will circulate information via

letter or the child care provider about additional special events, general information, updated forms, etc.

After a new placement, the agency will initiate contact via telephone after the first week of placement to hear any questions, comments, or concerns that may arise. The parent will always be welcome to call or stop by the agency if they wish. The FDH Coordinator will make every effort to contact parents about concerns within 1-2 business days, and have concerns dealt with, if possible, in a timely fashion.

The agency will do its best to place the family with a day home provider that will best meet their needs. In the event of 'after hours care' the parent will make additional documented arrangements in agreement with the day home provider.

In the event of a parent complaint, the agency will act as a liaison between the parent and the day home provider, if the complaint cannot be dealt with between the parent and provider first. All complaints will be documented on the Complaint Record Form, which is submitted monthly to CFSA.

For additional information see, 'grievance process'.

Any helpful suggestions from the provider, families in care and the greater community are welcomed. Whenever possible and reasonable, suggestions may be put into practice in the agency. The agency welcomes and encourages feedback from all parties involved.

The agency will keep parents informed of all program changes or child development through a letter or the monthly newsletter.

Fees

All fees are agreed upon between the parent and provider.

Providers choose their own fee for service and must explicitly write their fee for service amounts for the agency, which will be kept in their respective provider file. Currently fees per child range from \$30-35 per day or \$600-625 per month. Parents are required to pay the fee as agreed upon in the Parent/Provider/Agency Agreement, which includes an administration fee of \$0.50/per

hour/per child to a maximum of \$25 per child. Providers monthly pay an administration fee of \$5.00 and an insurance fee of \$22, which are both deducted from their paycheck. Providers must pay these fees every month in which they provide care, regardless of the hours of care. In the event of holidays or illness, providers must indicate clearly any days the family will not be charged on the child time sheet.

Parents must prepay at the beginning of each month. Mid-month an invoice will be mailed to parents. Any amount outstanding is due upon receipt of the invoice. There are no late payment fines, however if fees are not paid within two months following service provided, service will be terminated until payment is made or a written payment arrangement accompanied by post-dated cheques is provided by the parent to the agency and the agency approves the arrangement.

Payment can be made by cash, debit or cheque at the Lamont County Administration Building, 5303-50th ave. Lamont, Alberta, T0B 2R0. Cheques can be made out to FCSS Lamont County Region, noting childcare in the memo space.

As needed, the agency will assist parents in applying for subsidy by helping them to fill out subsidy papers or giving them information regarding the online submission process. Parents, providers and the agency must all comply with the agreements set out in the Provider/Parent/Agency agreement.

The parent handbook also outlines the above parent fee information. Fees will be reviewed annually. Parents will be given two months' notice in the event of a fee change or fee policy change.

Holiday closures

Providers are not required to work the following holidays:

New year's day, Family Day, Good Friday, Easter Monday, Victoria Day, Canada Day, Civic Holiday, Labor Day, Thanksgiving Monday, Remembrance Day, Christmas Day, Boxing Day.

It is the provider's responsibility to inform parents and the agency whether they will provide care during the above noted holidays and to inform parents of any other personal holidays they may take. Notice must be given no less than two weeks before the holiday start date, however one month's notice is recommended. Should childcare be required on a statutory holiday, the provider has the right to charge time and a half in addition to the regular contract fees. This must be indicated in the registration form. If provider is not providing care during holidays, and there is no other provider or back up care available, parents are required to obtain their own alternate care, at their own expense.

Termination of care

Parents, Providers and/or Agency are required to provide two weeks' notice to the Parents, Providers and/or Agency to terminate service for a child. All forms and family information held by the provider must be returned to the agency if service is terminated. Any termination letter written by the provider to be given to the parent, must be reviewed by the agency first. Parents will be informed in writing if service is terminated due to payment arrears.

CHILDCARE PROGRAM DETAILS

Weekly Schedules

Providers are required to:

1. Plan and post, and make available to parents, a weekly schedule of daily activities that:
 - a. ensures children's developmental needs are met, including:
 - i. emotional and psychological;
 - ii. physical and nutritional;
 - iii. intellectual; and
 - iv. creative and social.
 - b. ensures there are individual and group activities, and indoor and outdoor activities (weather permitting)
 - c. provides the organization of daily routines for different ages for eating, sleeping, resting, playing, toileting, diapering

- d. includes planned experiences geared to children's interests that builds on their experiences in their families, communities and cultural backgrounds
- e. includes musical experiences which reflect various cultures, and where children can respond in their own way.
- f. Includes experiences where all children can express themselves creatively.
2. Consult with parents regarding development goals as needed, when possible
3. Complete Child Development Monthly Reports and submit to the FDH Coordinator each month for each child in care.
4. The use of computer, TV and video technology is limited, thoughtful and intentional.
5. Accommodate the needs of infants and special needs children, to the standard of, but not limited to, FDH Standards 4B and 7. The agency will assist in any areas possible i.e. training.
6. Provide a completed daily safety checklist form to the FDH Coordinator at the end of every month.
7. Provide completed Weekly Schedules to the FDH Coordinator at the end of every month.
 - a. Children's growth and development will be reviewed at bi-monthly home visits and reported to parents periodically.
 - b. FDH Coordinator will work with each provider to create a way to share children's daily experiences on developmental progress with parents on an ongoing basis.

Providers may take advantage of the agency lending library in providing for their day home program. All items are to be returned as indicated on the lending library form or when contract is terminated. Providers may be charged for lost/broken items.

Supervision

Providers must appropriately supervise the children, meeting their developmental needs, at all times as per FDH Standards Manual, FDH Standard 8. The provider will be effective in observing children's play and behavior by directing and closely monitoring children when carrying out activities that may involve some risk,

such as playing near water, near doorways, or during transition times when children may gather in larger groups; observing play and anticipating what may happen next in order to provide the opportunity to assist children and intervene in the event of potential danger; listening closely to children, even those who are not in the provider's direct line of sight (such as those in outdoor play spaces or areas where children nap); positioning themselves to allow for the supervision of the entire group of children; monitoring children's health to identify early signs of fever, illness, or unusual behaviour; and watching and participating in children's play to ensure that children are playing in a safe manner. All children must be accounted for both on and off provider's residence, when arriving or leaving the provider's residence or entering or leaving a vehicle.

Should a provider transports children between school and provider residence, and a child fails to show up at the arranged pick up time or location, providers must contact school administration, contact parent(s) or emergency contact if parent not available. If child is not found, the provider should follow the incident procedures as this is now an unexpected absence of a child from the program.

The agency will review the supervision policy during bi-monthly home visits. The FDH Coordinator will review the safety checklists submitted monthly by the provider to ensure providers have ensured their house is safe prior to supervising children.

Meals and Snacks

Providers are required to provide snacks and meals as stated in FDH Standards Manual, FDH Standard 12, with proper reference to the most recent version of the Canada Food Guide. All meals must include one serving from each of the four food groups. Each snack must include at least 1 serving from at least two of the four food groups. All weekly menus will be documented on the Weekly Schedule and available for parents to review. All providers will review and document menus daily as part of their Weekly Schedule to ensure that they meet the changing nutritional guidelines of research and Canada Food Guide to support children's healthy development. The cost of these snacks and meals are the responsibility of the providers unless otherwise

noted. All allergies must be recorded in the child registration form. In the event of a special diet or allergies, the provider will work with the parent to create a meal plan for that child and will document the plan. The parent may need to provide special diet items i.e. specialty foods. Infants will be fed as specified in writing by the parent. Parents of infants will provide all food required. The provider will encourage parents to follow the recommendations of the most recent version of the *Canada Food Guide* when providing meals and snacks. The provider will supplement the child's meals and snacks when the food provided by the family does not meet the requirements of the most recent version of the *Canada Food Guide*.

Infants and Special Needs

Before placement of an infant, providers must have:

1. All furnishing and equipment in place as listed in FDH Standard 4B
2. Received updated information in regards to, but not limited to, proper diapering, proper sleeping arrangements and SIDS, from the agency.

Before placement of a child with special needs, a provider must be have proper training to ensure the provider will be able to take proper care of the child's individual needs. If possible, the agency will provide resources for available training to the provider, in agreement with the provider. Special needs children will not be placed if adequate training is not available, to ensure the child receives proper care. This training must be documented in the provider's file.

Child Guidance Policy

The agency believes that children depend on adults to provide safe and nurturing early learning and care that meets their individual developmental needs. It is our belief that children develop to their fullest potential in environments that are true to life experiences. We aim to provide a program that supports, strengthens and supplements the role of the family. A part of promoting the role of family in the day home program is through consistency in child guidance.

Providers will treat the children in their care with understanding, consideration, and sensitivity at all times. The methods of care and discipline will be discussed with the children, parents, and the FDH Coordinator on an ongoing basis to create consistency between their home and day home, if at all possible. **AT NO TIME IS ANY FORM OF CORPORAL PUNISHMENT TO BE USED.**

Providers will guide children's behavior and set limits in an age-appropriate manner. In the event that more individualized child guidance is required, providers will communicate with parents through verbal conversation and in a written document. Providers will work with parents to provide consistent guidance for each child, while keeping within the framework of the FDH Standards. Acceptable child guidance methods to be used include, but are not limited to, distraction, substitution, redirection, problem solving and changing the environment.

Providers will inform FDH Coordinator of any child guidance issues that may arise. The FDH Coordinator, as required, will assist providers in creating a child guidance plan and as necessary, will provide training, and encourage providers to work with the parents. The FDH Coordinator is required to document this process. This process will be shared with the Provider during orientation with reference to the agency service plan. The FDH Coordinator will monitor this process during bi-monthly home visits.

'Providers must use a positive approach to child guidance. The approach is discussed with the child's parents. The child guidance methods used by the provider are consistent with both the parent handbook and agency policies and are explicitly communicated in a written statement to the: parents; and children, when developmentally appropriate. Any child guidance action taken is to be reasonable given the circumstances and must never: inflict or cause to be inflicted any form of physical punishment, verbal or physical degradation, or emotional deprivation; deny or threaten to deny any basic necessity; or use or permit the use of any form of physical restraint, confinement or isolation.' (FDH Standards Manual, FDH Standard 9)

HEALTH & SAFETY POLICIES

All FCSS Staff are required to follow all health and safety standards in accordance with Lamont County Policy. The FDH Coordinator is required to also adhere to all health and safety standards as listed in the FDH Standards Manual.

Providers are required to adhere to all health, hygiene and safety standards as stated in the FDH Standards Manual, with particular reference to FDH Standard 5A, and in the Lamont County Regional Family Day Home Program Service Plan. These will be discussed with the providers prior to the placement of children. If there are any areas that require training, the FDH Coordinator, wherever possible will offer training and/or resources to the provider.

As part of the provider application process, providers must provide verification of First Aid Certification in Childcare and Child CPR. Providers must obtain first aid certification before they are accepted into the program. Providers must re-new their certification to keep it up to date. Failure to do so will result in the termination of services until certification is up to date.

The following emergency numbers must be posted visibly in each family day home:

Emergency Medical Services
Poison Control Centre
Fire Department
Ambulance Services
RCMP
Nearest hospital or emergency medical facility
Child Abuse Hotline
CFSA contact
FCSS Lamont County Region (Lamont County Regional Family Day Home Program)

A first aid kit MUST be taken on all outings and must include all supplies as recommended by the local health authority.

If a child in care required first aid treatment, an incident form must be filled out, signed by the parent, and a copy must be given to the FDH Coordinator.

Communicable Diseases

Children with a communicable disease are not to enter the day home until the illness is no longer communicable, the child has been symptom free for 24 hours and the family provides a doctor's note stating the person no longer poses a risk to others. The provider's home must close in the instance that anyone residing in the home has a communicable illness. The FDH Coordinator will provide the FDH provider's with an updated list of communicable diseases as applicable but no less than semi-annually. All communicable diseases must be reported to Alberta Health Services. All communicable diseases in a provider's home must be reported by the provider to the agency within 24 hours. This procedure is also followed in the instance of other communicable health concerns such as lice or bed bugs. The provider must appropriately sanitize all areas that were possibly contaminated.

Critical Incident and Investigation Procedures

Procedure for reporting:

The following policy is to be used during both regular and extended hours of care. The FDH Coordinator may be reached at **780-975-1766** during regular and extended hours.

In the instance of critical incidents, emergencies or communicable diseases FDH Provider's must:

1. If necessary, immediately notify emergency services.
2. Then immediately notify the child's parent or emergency contact if parent is unavailable.
3. Then immediately notify the agency and complete an incident report.
4. Report any communicable diseases to Alberta Health Services.
5. Participate in investigations as required by the agency, CFSA or other law enforcement agencies as required.

6. Return incident form to FDH Coordinator within 24 hours of the incident (by the next business day if during extended hours).

'If the incident involves a serious injury of a child, death of a child or allegations of abuse or neglect of a child (including the provider's own children) by a provider or another resident of the home, the agency must immediately contact the local police service and/or Child Intervention Services and the provider's home must be closed for child care immediately until the completion of the investigation.' (FDH Standards Manual, Agency Standard 8)

"If the CFSA requests that the agency investigates an incident, the investigation must be completed within two to five working days and the final written report must be completed and submitted to the CFSA within 12 working days of the incident's occurrence." (FDH Standards Manual, Agency Standard 8) The FDH Coordinator will complete the investigation report, a review of the incident and follow up as applicable.

All incidents as described in FDH Standard Manual, Agency Standard 8, must be reported to CFSA by the FDH Coordinator immediately. During business hours, call 780-608-1809, and during extended hours, call the KIDS Hotline 1-800-387-5437 (KIDS).

In the event that a day home is closed for any reason, the FDH Coordinator will assist providers and parents in coordinating backup care as needed and available.

Reporting Child Abuse

Providers and agency staff are required by law under the Child, Youth and Family Enhancement Act to report suspected child abuse to the CFSA Region 5 or the child abuse hotline 1-800-387-5437. Providers are given information in regards to reporting child abuse prior to providing care.

Illness/Injury

'If a provider notices that a child exhibits any of the signs or symptoms listed below, the provider must ensure that:

January 2014



- the child's parent(s) arranges for the immediate removal of the child from the program premises; and
- the child does not return to the program premises until the provider is satisfied that the child no longer poses a health risk to others in the program(e.g., the parents provide a physician's note, the parents declare that the child has been symptom-free for at least 24 hours.

Signs or symptoms of illness exhibited by a child include:

- a child vomiting, having a fever, diarrhea or a new unexplained rash or cough;
- a child requiring greater care and attention than can be provided without compromising the care of the other children in the program; or
- a child having or displaying any other illness or symptom the staff knows or believes may indicate that the child poses a health risk to persons on the program premises.' (FDH Standards Manual, FDH Standard 10C) Symptoms may be assessed using the "Healthy Child Care, Healthy Child" document. Providers must provide complete in full an Illness Form and submit this to the agency at each month end with their monthly paperwork. The Illness Form includes the name of the child who was ill, the date the child was observed to be ill, name of the provider who identified the ill child, the time the parent was contacted, name of the individual who contacted the child, the time the child was removed from the program and the date the child returned to the provider residence.

In the event of a minor injury to a child during day home hours, the provider must complete the Incident Report Form, sign it and have the parent review and sign it at the time the child is picked up. These forms must be submitted to the FDH Coordinator with their monthly paperwork that month.

Complaint Process

All complaints must be in writing and forwarded to the Family Day Home Coordinator.

All complaints will be documented on the Approved Family Day Home Provider Complaint Record form, which will be submitted monthly to CFSA. Complaints will be followed up through a home

January 2014



visit or interview with the provider. At the conclusion of the investigation, the outcome will be given in writing to the complainant and the parents of any children involved.

For additional information see, 'parent concerns/suggestions'.

Appeal Process

If the FDH Coordinator is unable to resolve the issue, it is to be forwarded, in writing the FCSS Director and/or the CFSA licensing officer. If the Director is unable to resolve the issue it will be forwarded to the FCSS board who will then make an informed decision. The FCSS board will then provide the final decision in writing to all parties.

The Family Day Home Coordinator is responsible to document all grievances received and follow up completed. All appeals must be in writing and will be dealt with within 14 days of the written notice given.

Provider Non-Compliance

When areas of concern are identified: non-compliance of the program standards, needs of children are not being met, lack of care of the children, change in personal home situation, attitude change towards the program or a complaint has been made, the following steps will be taken:

1. The FDH Coordinator will discuss and document a plan and timeline with the provider to resolve the issue.
2. The provider may be put on probation or receive more frequent home visits for a determined period of time depending on the severity of the non-compliance.
3. Should the provider not resolve the issue outline in a timely fashion as documented, the provider's contract will be terminated.

Child Abuse concerns or complaints will be directed immediately to CFSA region 5 and their protocol will be followed.

Non-compliances reported by CFSA will be corrected by following the steps as indicated in FDH Standards Manual, Child and Family Services Authority Standard 1.

January 2014



41

Please note: Providers that do not successfully complete their six (6) month probation period will automatically have their contract terminated.

Evacuation Plan

Providers must provide FDH Coordinator with a copy of their written evacuation plan prior to signing their contract. This evacuation plan is practiced monthly, as required with their fire drill sheet. The completed fire drill form is to be provided to the FDH Coordinator at each month's end. The fire drill and evacuation plan are to be completed including the sound of the fire alarm, so that children can learn to recognize the sound and connect it with the practiced evacuation plan. The completed monthly fire drill forms will be stored in the providers file.

A copy of the providers' evacuation plan will be provided by the agency to the parent upon placement.

Medications & Medical Conditions

'Providers must consult with the parent about special handling of children with medical conditions (e.g., allergies, diabetes, asthma, eczema, epilepsy); and may require special instruction or training from medical personnel on how to handle certain conditions or medical emergencies (e.g., asthma attack, administering insulin);' (FDH Standards Manual, FDH Standard 10E) The FDH Coordinator will assist to ensure the provider responsible for a child who requires health care (additional to giving medication) is trained in the proper method of administering the type of health care required by the child and documentation of training received is placed on both the provider and child's file.

In all cases where medications are administered by provider:

- Parents must fill out and sign a Medication Authorization Form in full, prior to bringing their child into the day home.
- Providers must provide a copy of the signed and completed Medication Authorization Form to the FDH Coordinator.
- All medications must be stored in their original container and administered by label directions.

January 2014



42

- Provider must record the name of the medication and time and dose administered on the Medication Authorization Form and submit this form to the FDH Coordinator at the month's end.
- All medications must be returned after authorized period has ended.

In all cases where medications are administered by parents prior to care:

1. Parents must fill out and sign a Medication Authorization Form prior to bringing their child into the day home or update current form if using the same medication.
2. Providers must provide the signed Medication Authorization Form to the FDH Coordinator at each month's end.

All medications must be stored under lock and key, excluding emergency medications (such as an EpiPen®) that must be stored in an area that is inaccessible to children.

When emergency medications are used to treat allergies (ie. EpiPen®), providers must be able to recognize the allergy symptoms and know how and when to administer the medication. Emergency medications must be available for the child at all times, including on outings.

Approved, written, parental consent is required to provide or allow for any and all health care.

Medical conditions including immunization status and allergies, are to be listed on the Child Registration Form.

Smoking

'Smoking is not permitted on the premises of the family day home during hours that children are being cared for. Smoking is not permitted at any time or in any place where children are being cared for, including off-site areas and during field trips or other program related activities.' (FDH Standards Manual, FDH Standard 11)

Providers who smoke may not smoke while service is being provided. The premises must be free of all second-hand smoke before children enter the home each day. No staff member shall smoke at any time or place where child care is being provided.

