

# **Provider Application Form**

Date Application Form Received:	
Start Date:	
Home Visitor:	

T TO VIGOT / Application T Offin	Home Visitor:_		
	Provider contact	information	
Full Legal Name:		Preferred Name:	
Home Address (Include Postal Code and main	ntersection)		
Languages spoken:			
Major Intersection:			
Email Address:			
Primary Phone Number:			
Are you over the age of 18 years and legally eli	gible to work in (	Canada?	
Hours you provide childcare services.			
Persons over the	age of 18 years	that Live in your	home:
Name:	age of 10 years	Relationship:	nome.
Name:		Relationship:	
Will there be other adults in the home during chil  If yes please list persons name, days and times to		ent.	
Persons under	the age of 18 ve	ears living in the h	ome
Name:	J J	Date of Birth	
Name:		Date of Birth	
Name:		Date of Birth	
Name:		Date of Birth	
List Privately Placed Children			
First Name:	Date of Birth		Days and Hours



# Immunization Records:

- All persons residing or regularly on the premises are required to submit an up to date immunization record. If
  the choice has been made not to immunize a Statement of Medical Exemption or a Statement of Conscious
  or Religious Belief (Affidavit) must be submitted to the agency. Forms can be found on Ministry of Education
  website or by contacting Peel Health.
- TB Test is required for all persons residing or regularly on the premises that are over the age of 18 years.

Have you had a TB Test in the last 6 months?  Are there pets in the home? If yes please attach a copy of your pets health records.  Note: Cats and dogs must have up to date immunizations and rabies vaccinations.  Childcare experience: working/volunteering/educational placement  Location	Date of your last Tetar	nus & D vaccination:	D	Pate of last MMR:
Are there pets in the home? If yes please attach a copy of your pets health records.  Note: Cats and dogs must have up to date immunizations and rabies vaccinations.  hildcare experience: working/volunteering/educational placement  ocation Position Age of children Contact Info.  lease list any training programs you have taken that will support your childcare program:  ferences:  Please list 3 persons that have observed you working with children.  Please notify your references that they will be required to complete a questionnaire and the agency vereview the reference form.  Relationship Contact Number  nerable Sector Police Check:  All persons residing or regularly on the premises over the age of 18 years are required to submit a Visector Police Check dated no later than 6 months prier to this application form. The VSPC must be sector Police Check dated no later than 6 months prier to this application form. The VSPC must be sector Police Check dated no later than 6 months prier to this application form. The VSPC must be sector Police Check dated no later than 6 months prier to this application form.				
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Note: Do you or anyone living in your home have a criminal record?

Smoke Free Act Ontario: https://www.ontario.ca/page/where-you-cant-smoke-or-vape-ontario - section-3

Places providing home child care must be smoke-free and vape-free at all times, even if children are not present. This includes any outdoor spaces that children use. (Includes- e-cigarettes & Marijuana)

Do you respect and comply with the smoke free act of Ontario?

Standard First Aid and CPR Level "C" (2 days program): a copy of your valid certification is required before children are placed.

Please list the expiration date of you First Aid and CPR - L "C" -

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How did you hear about licensed home childcare (Childspec)?
Are you willing to make changes to your home to meet the licensing requirements?
Please list the indoor and outdoor area you will be using for childcare.
Is your yard fenced?
Are there any guns or other weapons in the home?
Do you rent or own your home?
Are there tenants or other renters in the home? If yes do they have a separate entrance?
Additional Liability insurance on your home is required. Are you willing to activate this insurance once children are placed?
Will you take children to local schools, parks, and community centres/library etc Please list:
When will you be available to start caring for children?
Do you agree to attend a minimum of 8 hours of provider training programs per year?

I certify that the above information I have supplied on Caregiver Application Form is both complete and correct. I agree that the agency may further investigate this information and contact the references listed above to inquire about my work history with children. I understand that my personal information will be shared with the Ministry of Education, Health Department, Region of Peel and clients upon request for the purpose of obtaining childcare services.

Signature of Applicant:	Date:
End of Contract Date:	



# Privacy Policy

CHILDSPEC Licensed Home Day Care Services has adopted the following privacy policy to establish strict guidelines governing the collection, use and disclosure of personal information. As we evolve, the agency may update this Privacy Policy to reflect changes in the manner in which we deal with personal information, whether to comply with then-applicable regulations and self-regulatory standards or otherwise.

### Privacy Policy and its Exceptions:

Except as set forth below, personally identifiable data collected by CHILDSPEC is not made available or distributed to third parties, except with your express consent or at your express direction. In particular, CHILDSPEC will not give, sell or provide access to your personal information to any company, individual or organization for its use in marketing or commercial solicitation or for any other purpose, except with your express consent, at your direction, as is necessary for the operation of the agency, or pursuant to one of the exceptions listed below.

#### Exceptions to the Privacy Policy:

There are limited exceptions to the CHILDSPEC privacy policy. When required by law to comply with any valid legal process such as a search warrant, subpoena, statute, regulation or court order, CHILDSPEC will supply such information as it reasonably determines, based on the advice of counsel, it is legally required to supply. In addition, CHILDSPEC may release specific information relevant to special cases, such as a physical threat to you or others.

# The Personal Identifying Information We Collect:

CHILDSPEC collects personal identifying information from you including, but not limited to, your name, date of birth, address, e-mail address, telephone number, medical information and for caregivers and those regularly at the childcare location over the age of 18 years a Vulnerable Sector Police Check, Declaration and or attestation, and such additional information as you choose to include in your user profile or are required to provide.

See Vulnerable Sector Police Check Policy for information about VSPC, and Declaration

Ways in Which Personal Identifying Information may be used:

CHILDSPEC understands the importance of protecting personal information. To help you understand our process we have outlined how our office uses and discloses information.

This office will collect, use and disclose information for the following purposes:

- To complete applications for admissions.
- To identify and ensure continuous high quality service
- To establish and maintain communication.
- To complete and maintain licensing requirements as set out by the provincial government.
- To complete and maintain purchase of service requirements as set out by the Region of Peel (Social Services).
- To assist this office to comply with all regulatory requirements.
- To help families choose a child care provider, the caregiver's name, address, phone number, references and personal family information will be shared.
- Family information will be shared with the caregiver to help meet the child care needs of each family and for emergency purposes.

Only necessary information is collected about clients and providers. We only share this information with their consent. The agency is required by the government to collect specific personal information regarding providers and clients. Only the government required information would be shared with the Ministry of Education, Children's Services and the Health Department upon request.



#### \*\*\*Children's Records:

72(1) Up to date records must be available for inspection by an inspector or program advisor at all times in respect of each child receiving care at a premises where it oversees the provision of home child care:

- An application form for enrolment signed by a parent of the child.
- The name, date of birth, and home address of the child,
- The name, home address and telephone number of the parent of the child,
- The address and telephone number at which a parent of the child or other person can be reached in case of emergency during hours when the child received child care.
- The name of persons to whom the child may be released.
- Date of admission, Date of discharge.
- Child's previous history of communicable diseases, conditions requiring medical attention and, in the case of
  a child who is not in attendance at a school or private school within the meaning of the Educational Act,
  immunization or required form completed by a parent or legally qualified medical practitioner as to why the
  child should not be immunized.
- Any symptoms indicative of ill health, 9-1 A copy of any individualized plan.
- Written instruction signed by a parent of the child for any medical treatment or drug or medication that is to be administered during the hours the child receives child care.
- Written instruction signed by a parent of the child concerning any special requirements in respect to diet, rest or physical activity.
- A copy of any written recommendations referred to in section 33.1 (1) from a child's physician regarding the placement for sleep.
- \*\*72(2) The records listed in subsection (1) shall be kept, as the case be, Omitted- refers to child care centres
- At the home child care premises where the child received child care and at the home child care agency overseeing the provision of such care.

\*\*72(3) The licensee shall ensure that a record is kept of the daily attendance of each child receiving child care in each premise where it oversees the provision of home child care showing the time of arrival and the time of departure of each child or if the child is absent.

Attendance records must be available at each premise and include actual time of arrival and departure for
each child listed in attendance or a record that the child is absent. Information required is each child's name,
their time of arrival and time of departure or weather they were absent.

\*\*Where a child may arrive or depart from a home child care premise by themselves it is recommended that the licensee obtain this information and consent in writing from the parent. It is recommended that a safe arrival process be activated which specifies that if a child does not arrive within a pre- determined time period, missing child or other procedures will be initiated to find the child. These procedures may include checking the child's normal path to the home child care [remises and calling the child's parents.

Under the Child Care and Early Years Act 2014 the agency shall ensure that an up-to-date list is kept with the home child care providers name and address and an up-to-date list of the children in the homes the agency oversees that includes their names and addresses. This list is to be kept at the agency office and a copy at the child care locations. A copy of the Parent Agreement and Provider Agreement will also be kept in a secured cabinet at the agencies head office.

Failure to collect and maintain accurate records may result in a fine up to \$750.00.

\*\*Release of Information (subsection 10.4): The licensee confirms parents are not required to provide consent to the release of personal information concerning their child as a condition for the provision of care for their child.

<sup>\*\*</sup>Protection of privacy principles:



Information collected is only to serve the purpose of the service provided

Every child and family has the right to privacy this is recognized and protected to the greatest extent possible. Parents have access to their child's records and are informed of who may have access to the child's records on an internal basis eq: providers, volunteers, bookkeeper.

Written consent of a parent is required prior to the release of personally identifiable information to third parties, this includes any information through social media, eg: posting pictures of Facebook.

Written consent of a parent must be obtained before a child's personally identifiable information is released to an outside research and or a child participates in any research project conducted at the home child care premises.

\*\*Access to records without parental consent may only be given to officials of the following:

- Corner's office
- Courts in response to a warrant or court order
- Ombudsman
- Authorities vested in provincial or federal statues
- The Minster of Education and officials to whom they have delegated the authority eq: program advisor.

Storage, retention and destruction of personal information comply with existing legislation and privacy protocols. Children's records are to be kept for a minimum of 3 years from date of discharge. The agency is committed to collecting, using and disclosing personal information responsibly.

\*\* The agency shall ensure that an up-to-date register that lists the addresses of each premises where it oversees the provision of home child care lists name and address of the children receiving care, and the name and address of the home child care provider in each premises and a copy is kept at the agency.

Home child care providers are required to notify the agency of all children receiving care at the premises and privately placed children must be accurately reflected in the register.

#### Compliance Indicators:

- There is a list of addresses of each premise that is kept at the agency head office.
- The list is up to date.
- The list includes the names and addresses of all children receiving care at each premise.
- The list includes the name of each provider.

I, give permission for personal information regarding family and myself to be disclosed b agency for the above purposes.				
Provider				
Signature:				
Date:				