



Health & Safety

Home Child Care Assessment for Quality Improvement

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1. Basements

This section discusses specific requirements with respect to the Provider's home to promote optimal health and safety. The environment needs to ensure the physical health and well-being of children. While it is assumed that most of the Provider's home will be accessible for child purposes, it may be necessary for health and safety reasons to restrict the use of some areas. This decision may also be influenced by the ages and abilities of the children in care.

Intent: An assessment of the basement space, if it is being used for child care, should be completed at the time of the home assessment and periodically thereafter.

Basement requirements: there is more than one way out of the basement, basement is finished with proper insulation, walls, flooring; the temperature and humidity are suitable, and there is adequate lighting

Additional amenities: washroom, permanent emergency lighting, kitchenette, fridge, security/intercom system

Permanent way to access the window: sturdy piece of furniture always under the window, step-stool

Section Two: Health and Safety	Does Not Meet Expectations	Meets Expectations	Exceeds Expectations	Score
	1	2	3	
	<input type="checkbox"/> Basement space does not meet requirements to use for play or sleep The basement does not meet requirements for the children to use or sleep.	<input type="checkbox"/> Bi-monthly health & safety assessments are completed There is a health and safety assessment completed every other month on the basement.	<input type="checkbox"/> Bi-monthly health & safety assessments is signed and dated by both the Provider and Home Visitor The bi-monthly health and safety assessment that is completed every other month is signed by the provider and the Home Visitor.	1
	<input type="checkbox"/> There is not more than one escape route out of the basement The basement does not have a second exit for an escape route.	<input type="checkbox"/> Bi-monthly health & safety assessments are documented The health and safety assessment that is completed is recorded. For example on a separate sheet, or on a visit report.	<input type="checkbox"/> Additional amenities are available There are additional amenities available in the basement such as a washroom, kitchenette, fridge, emergency lighting or security system.	2
				3
				NA

2. Exterior Balconies/Raised Deck Areas

Intent: As per the Child Care and Early Years Act, balconies may only be used if an adult is present at all times. An assessment of the balcony should be completed at the time of the initial home assessment. A balcony may be completely enclosed with a permanent fixture such as siding and/or glass. If this is the case it is not considered a balcony and will be assessed to ensure it meets requirements related to windows etc.

Raised deck: any area not at ground level

Note: Only assess if used while present.

Section Two: Health and Safety	Does Not Meet Expectations	Meets Expectations	Exceeds Expectations	Score
	1	2	3	
	<input type="radio"/> Large or hazardous equipment is on the balcony when in use by children There is large or hazardous equipment on the balcony such as washer/dryer.	<input type="radio"/> Adult is present at all times while balcony in use by children The provider remains with the children at all times when out on the balcony.	<input type="checkbox"/> Balcony/raised deck only used for emergencies The provider only uses the balcony/raised deck when there is an emergency.	1
		<input type="checkbox"/> Balcony/raised deck is assessed monthly The balcony/raised deck is assessed on a monthly basis to ensure it is safe for children to use.	<input type="checkbox"/> Balcony is completely enclosed with permanent fixture The balcony is fully enclosed for example, it has fitted windows.	2
				3
				N/A

3. Lighting, Windows & Exit Doors

Intent: Provider's home must have adequate sources of natural lighting. Children must not be restricted to rooms with only artificial light sources. Windows, particularly on the second floor or above, must be properly fitted with screens that fasten securely to prevent children from falling out window openings. Windows must meet local by-law requirements. Any windows higher than 198m/6'6" above ground have no openings larger than 100mm/4 inches. Curtains/blinds strings are inaccessible to children. All exit doors have a working lock and are maintained in good repair.

Exit door: screen door, patio door, and main door.

Windows above ground: any windows higher than 198m/6' 6"

Note: If repairs cannot be completed within 24hrs, a contingency plan is put into place to ensure all exit doors and windows can be securely locked.

Section Two: Health and Safety	Does Not Meet Expectations	Meets Expectations	Exceeds Expectations	Score
	1	2	3	
	<p><input type="checkbox"/> Provider's home does not have sources of natural light There is no natural light from windows in the areas that are used with the children.</p> <p><input type="checkbox"/> Windows not properly fitted with screens and/or fastened securely There is no screen on the windows/doors or the screen is in a poor state of repair. For example, hole or tear, screen is bent or not secured in the window.</p> <p><input type="radio"/> Curtains/blind strings accessible to children Strings from the curtain or blinds are hanging within children's reach.</p> <p><input type="checkbox"/> Exit doors do not have a working lock The lock on the door does not have a lock or it is in a poor state of repair.</p> <p><input type="radio"/> Balcony and/or screen doors are not locked The balcony or screen door is not locked, or there is not a child safety mechanism on doors to ensure children cannot access.</p>	<p><input type="checkbox"/> Provider's home has adequate sources of natural light with some artificial lighting The environment that the children are using has light coming in from windows/skylights with some additional artificial lighting such as lamp or overhead lighting.</p> <p><input type="radio"/> Above ground windows do not open more than 4 inches When windows in a home are higher than 198m/6'6" they cannot open more than 4 inches. A child safety lock can be used to ensure this, or the window is kept locked at all times.</p> <p><input type="checkbox"/> Exit doors are checked monthly The exit doors are checked monthly to ensure the locks are working.</p> <p><input type="checkbox"/> Working flashlight accessible There is a working flashlight that is easily accessible in the area the children are using</p>	<p><input type="checkbox"/> Natural lighting is always accessible to children throughout the day There is natural lighting from windows/skylights in all areas of the home throughout the day.</p> <p><input type="radio"/> Documentation that Home Visitor checks above ground windows for safety The Home Visitor checks above ground windows for safety and records it. This could be done on a separate sheet, visit report, log book.</p> <p><input type="checkbox"/> Documentation that Home Visitor checked exit doors monthly The Home Visitor checks all the exit doors on a monthly basis and records it. This could be done on a separate sheet, visit report or log book.</p>	<p>1</p> <p>2</p> <p>3</p>

4. Equipment

Equipment requirements designed to enhance both child and Provider safety are outlined for the following:

- a) Smoke and Carbon Monoxide Detectors & Fire Extinguishers
- b) Safety Hazards

Intent: Provider's home must have working smoke and carbon monoxide detectors to ensure the safety of the children and adults in the home. These devices must be checked on a regular basis to ensure they are in good working order. Provider's home is equipped with a suitable fire extinguisher as recommended by the local fire department. Extinguishers are kept in working order and checked regularly. Fire extinguishers should be easily accessible to adults but not to the children

Carbon monoxide detectors: are required in apartment buildings two floors above and below fuel burning appliances and on all levels of homes.

Section Two: Health and Safety	Does Not Meet Expectations	Meets Expectations	Exceeds Expectations	Score
	1	2	3	
a) Smoke and Carbon Monoxide Detectors & Fire Extinguisher	<p><input type="checkbox"/> Provider's dwelling is not equipped with a working smoke detector on every floor There is not a smoke detector on every floor of the home that is in working condition.</p> <p><input type="radio"/> No carbon monoxide detector on premises There is not a working carbon monoxide detector in the home.</p> <p><input type="checkbox"/> No fire extinguisher There is not a fire extinguisher in the home.</p> <p><input type="checkbox"/> Fire extinguisher not checked and/or not kept in working order The fire extinguisher is not checked or it is not in working condition. For example, the dial on the extinguisher is not in the green or the pressure pin is not popping out to test.</p>	<p><input type="radio"/> One or more carbon monoxide detectors are installed There is at least one or more working carbon monoxide detectors installed in the home.</p> <p><input type="checkbox"/> Smoke detectors are tested monthly The smoke detectors are tested each month.</p> <p><input type="radio"/> Carbon monoxide alarm tested monthly The carbon monoxide detector is tested each month.</p> <p><input type="checkbox"/> Documentation on file indicating detectors are tested When detectors are tested it is recorded. For example, on a separate sheet or in log book.</p> <p><input type="checkbox"/> Evidence that fire extinguisher is checked monthly When the fire extinguisher is checked each month it is recorded. This can be done on a separate sheet or log book.</p> <p><input type="checkbox"/> Fire extinguisher accessible to adults The fire extinguisher is accessible to the provider in the area that is used with the children. It should be easy to access. The provider should be aware of the fire extinguisher location.</p>	<p><input type="checkbox"/> Hard wired smoke detector installed There is a working smoke detector that does not depend on batteries and is wired into the home.</p> <p><input type="radio"/> Hard wired carbon monoxide detector installed There is a working carbon monoxide detector that does not depend on batteries and is wired into the home.</p> <p><input type="checkbox"/> More than one fire extinguisher There is an additional fire extinguisher in the home.</p> <p><input type="checkbox"/> Evidence Home Visitor checks fire extinguishers monthly The Home Visitor is checking the fire extinguishers in the home each month and records it. This can be done on a visit report, separate sheet or log book.</p>	<p>1</p> <p>2</p> <p>3</p>

Intent: The provider must ensure the play area is safe for children. All hazardous materials are kept away from children and large appliances are inaccessible to children or are locked. If portable heating appliances are used, they are used with appropriate supervision and are inaccessible to children.

Heating appliances: fireplaces, heaters, radiators, and space heaters

Large heating appliances: furnace, water heater

Chest freezer locked: the chest freezer is locked or the unit can be located in a locked room

Section Two: Health and Safety	Does Not Meet Expectations	Meets Expectations	Exceeds Expectations	Score
	1	2	3	
b) Safety Hazards	<p><input type="checkbox"/> Hazardous materials are accessible to children There are materials accessible to the children within their reach such as chemicals, cleaning products.</p> <p><input type="checkbox"/> Electric outlets are not covered The electric outlets that are in the areas the children are using are not covered with child safety covers.</p> <p><input type="checkbox"/> Heating appliances are accessible to children There are heating appliances in the areas the children are using such as heaters, radiators, space heaters, working fire place.</p> <p><input type="radio"/> Chest freezer is not locked The chest freezer does not have a lock or child safety mechanism on it.</p> <p><input type="checkbox"/> Washer/dryer are accessible to children The washer/dryer is in the area that the children are using and can access.</p>	<p><input type="checkbox"/> Hazardous materials are stored in their original containers and/or in a labeled container All types of hazardous materials are kept in the original container or clearly labeled. For example, if bleach and water are mixed together in a separate container it is labeled as "bleach and water"</p> <p><input type="radio"/> Stand-alone freezer is locked The stand-alone freezer is locked or has a child safety mechanism on it so children cannot access.</p> <p><input type="radio"/> Working fireplace is inaccessible to children The working fireplace is not on or children do not have access to it. Measures are put into place so that children are not coming in contact with the fireplace when used.</p> <p><input type="radio"/> Portable fan/air-conditioner units are used with supervision The portable fan/air conditioner is in an area that can be monitored and supervised so that children are not coming into contact with it.</p>	<p><input type="radio"/> All large heating appliances are in a locked separate area from the play area Any large heating appliances such as a furnace or water heater are locked and in a separate area from where the children have access. This can be done with a working lock or child safety mechanism.</p>	<p>1</p> <p>2</p> <p>3</p>

5. Policies and Practices

The following policies/practices are followed by the Provider:

- a) Fire/Safety Plan
- b) Medication
- c) Sanitary Procedures
 - i. Toileting/Diapering
 - ii. Hand Washing for children
 - iii. Hand Washing for Providers
 - iv. Toys and Play Equipment

Intent: The Provider has an evacuation plan and conducts monthly fire drills to ensure in the event of a fire or other emergency that everyone is aware of the procedures and are able to exit the home in a calm and safe manner.

Evidence: can be achieved through the monthly visit report.

Section Two: Health and Safety	Does Not Meet Expectations	Meets Expectations	Exceeds Expectations	Score
	1	2	3	
a) Fire/Safety Plan	<input type="checkbox"/> No evidence of fire drills being conducted There is nothing recorded to show evidence that provider is practicing fire drills with the children. <input type="checkbox"/> Evacuation plan not available There is not a plan of action to evacuate the home in case of an emergency.	<input type="checkbox"/> Fire drills are conducted and documented monthly The fire drills that are completed each month with the children are recorded. This can be done on a separate sheet or log book. <input type="radio"/> Evidence fire drills are conducted for all areas of the home used in the provision of child care When fire drills are completed, they are done from all areas of the home. This is recorded to show evidence. This can be done on a separate sheet or log book. <input type="checkbox"/> Evidence fire drills are conducted at different times throughout the day The fire drills that are completed with the children are done at different times of the day. This is recorded to show evidence. This can be done on a separate sheet or log book.	<input type="checkbox"/> Evidence Home Visitor participates in fire drills annually The Home Visitor participates in a fire drill at least once a year. This is recorded to show evidence. This could be done on a separate sheet, visit report or log book. <input type="checkbox"/> Evacuation plan is conducted and documented annually The plan of action created for an emergency evacuation is practiced with the children. This is recorded to show evidence. This could be done on a separate sheet or log book.	1 2 3

Section Two: Health and Safety	Does Not Meet Expectations	Meets Expectations	Exceeds Expectations	Score
	1	2	3	
a) Fire/Safety Plan		<input type="checkbox"/> Evacuation plan is posted A plan of action has been completed and posted for cases of emergency and/or evacuation.		
		<input type="checkbox"/> Evacuation plan includes alternate location The evacuation plan has the alternate location written on it.		

5. Policies and Practices (continued)

Intent: All medication must be stored in a locked container away from the children. This includes the providers/family personal medication. Parents are always notified when non-prescription medication, which is accompanied by a Doctor's note, is given to a child.

Exceptional medical requirements: G-tube feeding, seizures, Epi-pens

Section Two: Health and Safety	Does Not Meet Expectations	Meets Expectations	Exceeds Expectations	Score
	1	2	3	
b) Medication	<p><input type="checkbox"/> No procedure for medication administration The provider does not have a procedure in place for giving medication to children.</p> <p><input type="checkbox"/> Medication does not come in original containers, labeled with the child's name, date and dosage Any medication that a parent brings for the provider to give to a child in care is brought in the original container and labeled with the child's name, date and dosage.</p> <p><input type="checkbox"/> Consent forms not completed for medication administration The provider does not have the parent complete a medical consent form when medication is required</p> <p><input type="checkbox"/> Medication is accessible to children There is medication that the children can access. For example, medication left on the table/counter, or left in child's bag.</p> <p><input type="checkbox"/> Safe storage of medication not followed The provider does not safely store medication.</p>	<p><input type="checkbox"/> Prescription medication administered according to written procedure The prescription medication is given to child according to the instructions on the written procedure.</p> <p><input type="checkbox"/> Agency consent forms completed with time, amount and name of child prior to administering medication The consent forms the parent signs includes the amount of medication to be given and the name of the child receiving it.</p> <p><input type="checkbox"/> Locked medication container available for refrigerated and non-refrigerated medication There are two locked medication containers. One for refrigerated and one for non-refrigerated medication.</p> <p><input type="checkbox"/> Non-prescription medication is only administered when accompanied with a Doctor's note Any non-prescription medication a parent brings for the provider to give a child is only given if there is a Doctor's note specifying details.</p> <p><input type="checkbox"/> Epi-pen(s) on site and accessible Any Epi- pen that a child is required to have is always with the provider and child and is easy to access.</p>	<p><input type="checkbox"/> Date of completion on medication form The medication form completed by parent includes the date of completion the child stopped using it.</p> <p><input type="checkbox"/> Unused medication is returned to parents If there is unused medication, the provider gives it back to the parent to discard.</p> <p><input type="checkbox"/> Training provided on exceptional medical requirements The provider receives training for any exceptional medical requirements. For example, Epi pens, G-tube feeding, seizures.</p>	<p>1</p> <p>2</p> <p>3</p>

5. Policies and Practices (continued)

Intent: As per the Child Care and Early Years Act, the Agency is required to establish sanitary practices/procedures. It is expected that regular spot-checks include an assessment of sanitary procedures

Section Two: Health and Safety	Does Not Meet Expectations	Meets Expectations	Exceeds Expectations	Score
	1	2	3	
c) Sanitary Procedures i. Toileting/Diapering	<p><input type="radio"/> Diapering is done in the food preparation area Children's diapers are changed in the kitchen or in an area where food is prepared.</p> <p><input type="checkbox"/> Current Regional Public Health procedure for toileting/diapering is not posted Current Regional Public Health toileting/diapering procedures are not posted.</p> <p><input type="checkbox"/> Running water is not available close to diapering/toileting area There is no running water close to the area where diapering/toileting is being done.</p> <p><input type="radio"/> Potties are not disinfected after each use Potties are not cleaned and disinfected after each child uses them.</p>	<p><input type="radio"/> Diapering surface and/or individual change pads are sanitized The diapering surface being used with each child is sanitized after every use.</p> <p><input type="checkbox"/> Posted current Regional Public Health procedure for toileting/diapering is followed During observation of a toileting/diapering routine, the provider consistently follows the posted procedures.</p> <p><input type="radio"/> Soiled diapers are disposed in a separate covered garbage bin or individual bag. This applies to disposable and cloth diapers A separate covered garbage container or individual bag is being used for soiled diapers and other supplies related to the diaper change. This applies to disposable and cloth diapers.</p> <p><input type="checkbox"/> Toilets are disinfected daily or if they become soiled The toilets are disinfected each day or when it is visibly soiled.</p>	<p><input type="radio"/> The Provider supplies extra diapers when required The provider has extra diapering supplies if a child runs out of items. These supplies are not being borrowed from other families.</p> <p><input type="checkbox"/> Picture symbol schedule depicting toileting/diapering routine is accessible A visual depiction of the toileting/diapering routine is posted at children's eye level in a place where children can see it while being changed on the diaper table or using the toilet. For example, on a wall by the change table, or directly in front or on the side wall of the toilet. Providers use the Visual Schedule to support children as needed. It is observed that the Visual Schedule is being used as a teaching tool for children who are learning to use the toilet or to indicate what will happen next in the diapering routine.</p> <p>Real photos depicting children using toilet/potty or being diapered are not considered appropriate.</p>	<p>1</p> <p>2</p> <p>3</p>

5. Policies and Practices (continued)

Intent: As per the Child Care and Early Years Act, the Agency is required to establish sanitary practices/procedures. It is expected that regular spot-checks include an assessment of sanitary procedures.

Supplies: liquid soap, paper towel, individual cloth towels

Section Two: Health and Safety	Does Not Meet Expectations	Meets Expectations	Exceeds Expectations	Score
	1	2	3	
c) Sanitary Procedures ii. Hand Hygiene for Children & Adults	<input type="checkbox"/> Current Regional Public Health hand hygiene procedure is not posted Current Regional Public hand washing procedures are not posted. <input type="checkbox"/> Insufficient supplies for hand hygiene There is not enough soap, paper towels, hand towels and/or hand sanitizer to ensure proper hand washing can occur. <input type="checkbox"/> No running water available for hand hygiene There is no running water for the provider to follow through with hand hygiene practices.	<input type="checkbox"/> Current Regional Public Health hand hygiene procedure is followed During observation of a hand hygiene routine, the provider consistently follows the current Regional posted procedures. <input type="checkbox"/> Provider models hand hygiene as per posted procedure The provider is able to model hand hygiene steps to the children as outlined in the posted procedures. <input type="radio"/> A step-stool or alternate is used to make the sink accessible to all children Adaptations have been made to meet the needs of individual children. For example, there is a step stool for children who cannot reach a sink/faucet. <input type="checkbox"/> Disposable gloves accessible The provider has disposable gloves ready to use and are aware of where they are stored. <input type="radio"/> Hand sanitizer is available for use If the provider chooses to use hand sanitizer, it is available in the home or in the emergency bag if needed.	<input type="checkbox"/> Visual schedule for hand hygiene is accessible There is a visual depiction of the hand hygiene procedures at the children's eye level. <input type="checkbox"/> A sink is available on the same floor where the main program is offered There is a sink for the provider and children to use on the same level or floor of the home that the provider uses with the children. <input type="checkbox"/> Home Visitor monitors and documents Provider hand hygiene quarterly The Home Visitor observes the hand hygiene routines of the provider in the home and documents four times a year. This can be done on a separate sheet or log book.	1 2 3

Intent: The provider ensures the home child care setting is a clean and sanitary environment for children.

Soft surface: couch, sofa, carpets

Cleaned: floors swept and disinfected, carpets are vacuumed

Soiled: objects are dirty, children have sneezed on or mouthed

Bed linens: blanket, sheets, fitted sheets

Cots/mats/cribs: Any cot/mat/crib that is being used by a child is always fitted with a bed linen.

Section Two: Health and Safety	Does Not Meet Expectations	Meets Expectations	Exceeds Expectations	Score
	1	2	3	
c) Sanitary Procedures iii. Toys & Play Equipment, Furnishings and Linens	<input type="checkbox"/> Toys and Play equipment are not washed weekly The toys and play equipment are not washed each week. <input type="checkbox"/> Floors/carpets are not clean The floor/carpet is visibly soiled. <input type="checkbox"/> Floors/carpets are not in good repair The floors/carpet is not in good repair. For example the tiles are broken or the carpet is fraying, rolling or torn. <input type="radio"/> Bed linens are not washed The bedding that is used for the children is not cleaned or washed. <input type="radio"/> Bed linens are not in good repair For example the bed linen is ripped, stained or torn. <input type="radio"/> Additional bed linen is not available The provider does not have any extra bed linen for the children to use if the children soil the one they are using. <input type="checkbox"/> Toys and play equipment is not in a state of good repair For example toys are broken or have sharp edges.	<input type="checkbox"/> Toys and play equipment are consistently washed as they become soiled The toys and play equipment are always washed when they become soiled. For example if child puts a toy in their mouth the provider washes it right away or puts it in a container to wash as soon as they have time. <input type="radio"/> Soft surfaces are deep-cleaned minimum of two times per year or if soiled Any soft surfaces such as a couch, sofa chair or carpet are deep cleaned at least two times each year. <input type="radio"/> Bed linens are used for cots, cribs and playpens <input type="radio"/> Bed linens are washed weekly The bed linens the children use are washed each week.	<input type="checkbox"/> Toys and play equipment washing is documented The provider records the toys and play equipment that have been washed. This could be done in a log book or separate sheet. <input type="checkbox"/> Home Visitor monitors toy and play equipment washing quarterly The Home Visitor monitors and checks that toys and play equipment are being washed four times each year. <input type="radio"/> Deep cleaning of soft surfaces is documented Any deep cleaning of soft surfaces in the home are recorded. This can be done in a log book or separate sheet. <input type="checkbox"/> Home Visitor reviews replacement plan of toys and/or equipment annually The Home Visitor has a discussion with the provider about a plan of action for replacing toys and or equipment when needed. This review is completed at least once a year.	1 2 3