



Children's Services

Home Child Care Assessment for Quality Improvement



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1. Daily Routine

Intent: Provider gives thought to the children's daily routine to ensure a balance of structure and flexibility that meets the needs of children in care. Scheduling includes plans to meet individual needs within a consistent outline for the day.

Inspiring Pedagogy: "Creating opportunities throughout daily experiences that enable children to explore, wonder about, care for, and make connections to the natural environment." (HDLH, p 27)

Daily routine: A written routine that lists when activities and events will occur during the day and is posted in a place accessible to parents.

Visual routine: Real photos showing when activities and events will occur during the day. The visual routine is accessible to children. This can be achieved by displaying on a wall, on a ring holder and/or in a photo album.

Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<ul style="list-style-type: none"> <input type="checkbox"/> Daily routine does not include time for individual and group <input type="checkbox"/> Daily routine does not include time for indoor and outdoor <input type="checkbox"/> Daily routine does not include time for active and quiet <input type="checkbox"/> Daily routine does not include time for child and provider-initiated activities 	<ul style="list-style-type: none"> <input type="checkbox"/> Daily routine is accessible There is a daily routine posted within the home accessible to the families. <input type="checkbox"/> Daily routine is followed The provider is following the daily routine that is posted. <input type="checkbox"/> Daily routine balances between structure and flexibility The daily routine is adjusted to meet the circumstances of the day or to meet the individual needs of the children. 	<ul style="list-style-type: none"> <input type="checkbox"/> Daily routine is seasonally adjusted Evidence the daily routine is changed to reflect the seasons. For example, the posted daily routine is labeled with the current season. Fall, Winter, Spring or Summer. <input type="checkbox"/> Visual routine is accessible to the children The visual routine is accessible to the children and reflects the main routines and transitions for the complete day using real photos. <input type="checkbox"/> Visual routine is used with children The visual routine is referred to with individual and/or groups of children. The provider uses the visual routine to support children. <input type="checkbox"/> Photographs in Visual routine include children in the program Children currently enrolled in the program are included in the visual routine.

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2. Planned Learning Experiences

Intent: Activities and experiences are planned based on the developmental level and interests of the children in care. Activities and experiences promote choice and encourage independence. Activities are adapted when required to ensure all children in care are able to participate.

Inspiring Pedagogy: "Every child is an active and engaged learner who explores the world with body, mind, and senses." (HDLH, p. 12)

External agencies/professionals: Additional Support Resource Educator, Additional Support Resource Consultant

Learning goals: skills children potentially will develop participating in the learning experience

Documentation: written notes/observations of what children are doing while in the providers home

Planned learning experiences: Learning experiences are documented on the Program Plan. This can be done before or after the learning experience happened

Current: within the week

Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<p><input type="radio"/> External agencies/ professionals do not attend meetings to plan appropriately for children with individual support needs External professionals and/or specialists do not provide support or share suggestions on how the provider can support the needs of individual children.</p> <p><input type="checkbox"/> No Program Plan There is no evidence of purposeful planning.</p> <p><input type="checkbox"/> No evidence that learning experiences are adapted to ensure all children can participate The provider does not modify activities, learning experiences and routines to allow all children to participate. For example, painting experience is planned however the infants are not given opportunity to participate.</p> <p><input type="checkbox"/> Learning experiences are not planned for the whole day Planning does not cover all hours of operation in the home. For example, when the provider and the children go out for a walk in the community in the morning, nothing is planned in the afternoon.</p>	<p><input type="checkbox"/> Learning experiences are planned based on children's interests Learning experiences are planned based on observations of children's interests, cues or suggestions.</p> <p><input type="checkbox"/> The current Program Plan includes two or more planned learning experiences daily</p> <p><input type="checkbox"/> Weekly Program Plan accessible The current Program Plan is posted in a place that is accessible at all times. For example, posted by the entrance to home.</p>	<p><input type="checkbox"/> The current Program Plan includes three or more planned learning experiences daily</p> <p><input type="checkbox"/> One of the daily planned experiences is a cognitive learning experience On the current Program Plan, one activity per day is a cognitive experience. For example, materials that encourage sorting, counting and problem solving (sorting game, puzzle, counting game).</p> <p><input type="checkbox"/> Evidence the provider participates in annual professional learning related to curriculum and/or program development To support ongoing professional learning of current early learning practices the provider attends workshops, training and/or sessions related to curriculum and program development.</p> <p><input type="checkbox"/> Current documentation of individual children's observations are available Documentation of each individual child's learning is completed monthly. This can be achieved through written notes, photo documentation, portfolio or learning stories.</p>

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Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
		<p><input type="checkbox"/> Evidence that individual goals of children are incorporated into the Program Plan</p> <p>This can be accomplished in any of the following ways:</p> <ul style="list-style-type: none"> • Through observation notes, • Individual Program Plans • Directly on the Program Plan <p><input type="checkbox"/> The current Program Plan includes a daily learning goal for planned learning experiences</p> <p>There is one goal each day identified for the activities planned. This could be accomplished in the following ways:</p> <ul style="list-style-type: none"> • Describe the learning experience and include the skill children will potentially learn by participating in the learning experience. For example: Shape sorting toys - Coordination. • List materials with a direct reference to the number and root skill within the Early Learning for Every Child Today (ELECT) Continuum of Development which describes the learning opportunities, for example: finding hidden object using blanket - 4.6 Object Permanence.

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3. Space and Furnishings

Intent: It is important to establish a balance between the provider's family needs and the requirements of child care. The following key areas should be taken into consideration when arranging the environment:

- Play areas created to promote independence by children
- A variety of surfaces/spaces available for the children to use
- Provider has storage space that is organized to promote optimal Health & Safety
- Safety gates to be used with children up to 30 months or as needed based on the developmental needs of the children and safety considerations. For example, if an older child is a runner.
- Provider's home must have adequate sources of natural lighting. Children must not be restricted to rooms with only artificial light sources

Inspiring Pedagogy: "Provide environments and experiences to engage children in active, creative, and meaningful exploration, play, and inquiry." (HDLH, p.13)

Natural light: it is acceptable to have window coverings closed, however, some natural light still needs to filter through the curtains.

Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<p><input type="checkbox"/> Furniture is not safe for children Furniture is in not in good and stable condition.</p> <p><input type="checkbox"/> Space/area is not available to meet children's needs The areas the children are using are not arranged to meet their individual needs. For example, with infants and toddlers the furniture is not arranged so they have space to crawl, cruise and move around safely.</p> <p>Space/area is not available for:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Toileting <input type="checkbox"/> Resting <input type="checkbox"/> Eating <input type="checkbox"/> Active play <input type="checkbox"/> Personal belongings 	<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 or any additional artificial lighting such as lamp or overhead lighting.</p> <p><input type="checkbox"/> Play materials/equipment are stored safely The play materials/equipment are stored in a manner where children can easily access items and are secured in a way where they are not going to fall on the children.</p> <p><input type="checkbox"/> The temperature in the space/area is adapted The temperature in the area of the home used by the children is not lower than 20 degrees or higher than 26 degrees. For example, during an extreme heat alert the indoor temperature does not exceed 26 degrees.</p> <p><input type="checkbox"/> Natural lighting is always accessible to children throughout the day</p>	<p><input type="checkbox"/> Space/area is organized in learning areas Similar equipment, props and materials are grouped together and arranged in an inviting manner on shelves.</p> <p><input type="checkbox"/> Children have access to two different spaces/areas within the home. For example, the living room and the bedroom.</p> <p><input type="checkbox"/> A permanent mirror is accessible to children A mirror at children's eye level is accessible for children to use in play space. Mirrors should always be free of obstruction, child safe and in good repair. This is above and beyond mirrors that are part of dramatic play furnishings, for example, hair salon unit.</p> <p><input type="checkbox"/> Individual storage space is accessible to children The children have access to their personal belongings.</p>

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Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
	<p>There is natural lighting from windows/skylights in all areas of the home throughout the day.</p> <p><input type="radio"/> Strollers are not accessible to children Children are not able to access strollers in the play space.</p> <p><input type="checkbox"/> Individual storage space for children's personal belongings Each child has their own individual storage space for their personal belongings. For example, individual hooks, cubbies, baskets.</p>	<p><input type="checkbox"/> Children have access to at least four learning areas For example, construction area, language and literacy area, art area and dramatic area.</p>

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4. Books, Language & Literacy

Intent: Children have access to a variety of developmentally-appropriate books and language and literacy resources and materials. Books, fiction and non-fiction should include various topics, be current and include images of real people and objects. Adults need to model the appropriate use of books, teaching respect for books.

Inspiring Pedagogy: "Opportunities for children to explore language and literacy through play contribute to their development of strong language and cognitive abilities in both the short and long term." (HDLH, p. 42)

Books: need to have a front & back cover, home-made books & repaired books are acceptable

Soft seating: cushions, child-size chair/sofa, sofa

Language and Literacy materials: puzzles/blocks with letters, word games, story starters

Book accessories: puppets, felt board, audio player, musical instruments

Infant and toddler: flap books, cloth books, books with real images

Preschool: magazines, short stories, real images, audio books

School age: factual books, magazines, chapter books, dictionary, audio books, word-search

Community literacy experience: library, community visitor, book mobile, book store

○ **Note:** applicable for Before & After School children September through to June

Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<ul style="list-style-type: none"> <input type="checkbox"/> Books are in poor condition Books that are accessible do not have a front/back cover, are missing pages, or the words and pictures are not legible. <input type="checkbox"/> Books do not include three different topics Books only include two topics. For example, only books about food and transportation. <input type="checkbox"/> Provider does not spend time with children daily looking at books and/or listening to stories The provider does not sit with children individually or as a group to look at books. <input type="checkbox"/> Language and literacy materials are not accessible 	<ul style="list-style-type: none"> <input type="checkbox"/> Two or more books which include diverse people/cultures are accessible Two or more books that include images of children and adults from around the world are accessible to the children. The books are inclusive and bias-free. <input type="checkbox"/> Two or more books per child are accessible For example, if three children are enrolled, there are six books accessible. <input type="checkbox"/> One book accessory is accessible in the play space For example, puppets, felt board, musical instruments, audio player. <input type="checkbox"/> Three or more books with images of real people/objects are accessible 	<ul style="list-style-type: none"> <input type="checkbox"/> Three books for each age group enrolled accessible For example, if toddler and school age children are in care, there are at least three books for toddlers and three for school age. <input type="checkbox"/> Three different types of language and literacy materials are accessible For example, keyboards, phones, word builders/games, puzzles/blocks with letters. <input type="checkbox"/> Children and provider participate in a community literacy experience monthly For example, the provider and children visit the library, book store or lending library. <input type="checkbox"/> Bins and/or shelves are labelled with words and/or pictures

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Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<p>There are no language and literacy materials accessible in the environment for the children. For example, keyboards, phones, word builders/games, puzzles/blocks with letters.</p> <p>❑ Books are not developmentally-appropriate Books do not meet the needs of all the children in the program. For example, age appropriate for infants, toddlers, preschool and school age if all ages enrolled in home.</p> <p>❑ Soft seating is not accessible The area does not include a comfortable place for the children to sit. For example, a sofa, soft chairs, or cushions.</p>	<p>Three or more books portray real people or objects. For example, books with images of actual food items, animals, people, or children's families.</p> <p>❑ Two or more books reflecting people with additional support needs are accessible Two or more books that reflect people with additional support needs participating in everyday activities or using different types of assistive devices are accessible to the children. The books are inclusive and bias-free.</p> <p>❑ Two different types of language and literacy materials are accessible For example, keyboards, phones, word builders/games, puzzles/blocks with letters.</p>	<p>More than half of the bins and/or shelves are labeled with words and/or pictures. For example, the book shelf is labelled with the word or with a picture of a book.</p> <p>❑ Homemade books are accessible Books made by the provider/children are accessible to the children and are included in the home environment. For example, photo albums, binders with photos.</p>

5. Electronic Media Usage

Intent: The Provider monitors all screen time to ensure it is developmentally-appropriate. Screen time can be used to support learning opportunities. It is recognized that some screen time is appropriate to allow for food preparation. If a child is accessing more than 30 minutes of screen time daily due to individual goals and strategies, there is documentation from a Special Needs Resource Consultant.

Screen time: includes television, computer, iPad, tablet, game systems, phone and hand-held devices

Appropriate television: children's programming, such as, TVO, PBS, Discovery Kids

Inappropriate screen time: YouTube, news channel, snapchat, Facebook, YouTube Kids

Note: Devices for children with additional support needs can be allowed only if it was a recommendation by a specialist. For example, an iPad is recommended by a speech language pathologist to help a child with autism communicate. For younger children, the 30 minutes of screen time should not be in one sitting but spread throughout the day to support routines where needed. Please refer to the Ontario Public Health guidelines related to the recommended Canadian screen time for additional information.

Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<ul style="list-style-type: none"> <input type="radio"/> All games are not "E" rated <input type="radio"/> Three educational games are not available There are less than three different types of educational games and programs. For example, only one number game or one word building game. <input type="checkbox"/> Alternate activity is not provided The children do not have a choice of another activity to do if they are not interested in participating in screen time. <input type="checkbox"/> Provider does not monitor all screen time The provider needs to be aware of what children are listening to, watching or playing. For example, turning off Wi-Fi access or blocking access to inappropriate content. 	<ul style="list-style-type: none"> <input type="radio"/> All movies are "G" rated <input type="radio"/> Games and/or movies are developmentally-appropriate Any games and/or movies that the children have access to need to be age-appropriate. <input type="radio"/> Children view appropriate content during all screen time Children only view content that is age-appropriate. <input type="checkbox"/> TV/Movie watching is documented on the Program Plan <input type="checkbox"/> Screen time does not exceed 30 minutes daily Children use hand held devices or watch TV/Movies for less than 30 minutes per day. 	<ul style="list-style-type: none"> <input type="checkbox"/> Evidence that parents are aware of all screen time There is documentation for parents to see and be aware of what the child is accessing. This could be recorded on a separate form, on the Program Plan or in a log book. <input type="checkbox"/> Focus of screen time is to extend the children's learning For example, children are interested in butterflies and the provider looks up information or finds a video clip to share with children. <input type="checkbox"/> Information accessible to Parents/guardians on safe and effective use of media learning There is information for parents regarding safe and/or effective use of media learning. This may include pamphlets, brochures, or website links. <input type="checkbox"/> Evidence the provider participates in annual professional learning on media usage To ensure the provider is knowledgeable about media related topics, they participate in annual

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Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
		training/ workshops on media usage and how to use media in an effective way.

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6. Dramatic/Pretend Play

Intent: To provide children an opportunity to explore imaginative play. Materials, props, and accessories are provided to enhance the indoor and outdoor learning areas. Children develop a sense of self and of others in their social interactions through open-ended play.

Inspiring Pedagogy: "Every child is a capable communicator who expresses himself or herself in many ways." (HDLH, p.12)

Infant and toddler: dolls, stuffed toys, play foods and dishes, phone, clothing.

Preschool: dolls, puppets, phone, play foods, dishes dress up clothing, toy appliances/furniture such as stove, table/chairs, washer/dryer, play money, toy vehicles, small world play items such as houses and farm animals.

School age: dress up clothes, puppets, dishes, food, toy appliances/furniture such as stove, table/chairs, washer/dryer, play money.

Inclusive: materials are bias free, multi-cultural, reflective of children's families, communities, cultures and includes adaptive equipment.

Note: It is not appropriate to use empty medication bottles, cleaning product bottles and/or laundry detergent bottles/boxes.

Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<ul style="list-style-type: none"> <input type="checkbox"/> Materials are in poor condition Some accessories for dramatic play are broken, missing pieces, or visibly soiled. <input type="checkbox"/> Materials are not developmentally-appropriate Props and materials that children have access to are not appropriate. For example, empty medicine containers, items that may read "keep out of reach of children". <input type="checkbox"/> Materials offered are not adapted to ensure all children can participate Props and materials offered are not developmentally appropriate for children currently enrolled. For example, dress up clothes that only toddler age children could try on. 	<ul style="list-style-type: none"> <input type="checkbox"/> Materials are accessible Props and materials are stored within children's reach or in a container that children are able to open independently. <input type="checkbox"/> Materials are organized The props and materials are stored in containers or bins of similar categories. <input type="checkbox"/> Designated dramatic/pretend play space/area is accessible There is an area that is set up to encourage play. For example, play kitchenette set up with materials and props, or an area set up with play materials. <input type="checkbox"/> Two or more types of materials are inclusive Two or more types of the dramatic/pretend play props and materials are inclusive. For example, foods from various cultures, dishes, utensils, dolls, adaptive types of equipment, bias-free materials, or materials that reflect the families, community and children enrolled. 	<ul style="list-style-type: none"> <input type="checkbox"/> Three or more types of materials include real items accessible Three or more types of the dramatic/pretend play props and materials are real. For example, oven gloves, plastic measure cups/spoons, placemats, clothes, purses/wallets, empty food containers. <input type="checkbox"/> Materials are rotated bi-weekly to reflect children's interests Dramatic/pretend play props and materials are changed and rotated every other week and are based on the children's interests. <input type="checkbox"/> Three or more types of materials are inclusive Three or more types of the dramatic/pretend play props and materials are inclusive. For example, foods from various cultures, dishes, utensils, dolls, adaptive types of equipment, bias-free materials, or materials that reflect the families, community and children enrolled <input type="checkbox"/> Children create props and accessories for the dramatic/pretend play area

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Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
	<p><input type="checkbox"/> Mirror is accessible to children in dramatic/pretend play area A mirror at children's eye level is accessible for children to use in play space. For example, a hand-held mirror is in the play space for the children to use.</p>	<p>Children create props for the dramatic/pretend play area. For example, they make food flyers for the grocery store focus, adaptive equipment for the hospital focus, or a washing machine for the home centre.</p>

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7. Art

Intent: Providing experiences through different art materials allows children to explore creative art, promote self-expression and individuality. Non-toxic art materials/equipment are not accessible to the children and are developmentally-appropriate. Materials and equipment are adapted to promote participation and independence for all children. Materials reflecting diverse skin tones are placed in an inclusive manner. For example, skin tone markers are accessible in the same bin as the other markers.

Inspiring Pedagogy: "Providing a wide variety of interesting objects and open-ended materials for children to explore with their senses, manipulate, and investigate." (HDLH, p. 37)

Process-oriented: the focus is how the artwork is created by the child, not the finished product.

Displayed: artwork can be displayed on a fridge, shelf, wall and/or portable display board.

Current artwork: within the last two months.

Adapted materials/equipment: pencil grips, thick handled paint brushes, loop scissors.

Drawing tools: crayons, pencil crayons, markers, chalks, pastels, paint.

Art materials: feathers, glue, wooden pieces, pipe cleaners, paper, googly eyes, stickers, straws.

Recycled materials: paper towel rolls, tissue boxes, food containers.

Natural Materials: shells, pinecones, sand, branches, leaves and rocks.

Product-oriented: worksheets, colouring books, cut-outs.

Note: when offering art experiences keep in mind children's allergies and choking hazards when determining the materials that will be offered.

Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<ul style="list-style-type: none"> <input type="checkbox"/> Materials are in poor condition The art and/or mark making materials that the children are using are not in good condition. For example, broken crayons, dried out markers, or items with sharp corners. <input type="checkbox"/> Artwork is not displayed Children's art work is not displayed. <input type="checkbox"/> Children have access to toxic art materials For example, bingo dabbers, permanent markers or any item that states, "keep out of reach of children". 	<ul style="list-style-type: none"> <input type="checkbox"/> Current artwork is displayed All art work that is displayed is current within the last two months. <input type="checkbox"/> 50% or more artwork displayed is process-oriented Half of the art work on display is open ended and the children's own creative expression. <input type="checkbox"/> A minimum of 5 pieces of artwork is displayed There are at least 5 pieces of art displayed within the home. For example, on a display board, on the fridge, wall, door, toy shelf. <input type="checkbox"/> Art materials are accessible 	<ul style="list-style-type: none"> <input type="checkbox"/> Five or more types of developmentally-appropriate art materials are accessible Five or more types of art materials are accessible for the children to choose from on their own. For example, markers, crayons, paper, college materials, printmaking materials. <input type="checkbox"/> Three-dimensional and/or recyclable art materials accessible For example, paper towel rolls, small boxes for structures, cups, yogurt containers. <input type="checkbox"/> Three or more types of skin tone art materials are accessible In three or more types of art materials there are four natural skin tone shades. For example,

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Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
	<p>Art materials are accessible to the children.</p> <p><input type="checkbox"/> Three or more types of developmentally-appropriate art materials accessible Three or more types of art materials are accessible for the children to choose from on their own. For example, markers, crayons, paper.</p>	<p>crayons, markers, paper. All have four shades of natural skin tones.</p>

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8. Sensory

Intent: Materials reflecting sensory encourage children to explore through cause and effect experimentation and observation. Continual exposure to these materials and experiences allow children to learn more about their environments. Children learn through playful experiences using all their senses.

Inspiring Pedagogy: "Providing a wide variety of interesting objects and open-ended materials for children to explore with their senses, manipulate, and investigate."
(HDLH, p. 37)

Sensory materials: cornmeal, goop, playdough, plasticine, water, sand, rice, pasta, ice, cotton balls, buttons, sensory bottles.

Sensory equipment: cups, funnels, buckets, shovels.

Modeling materials: playdough, clay, plasticine, modeling beads.

Music: musical instruments (drums, cymbals, xylophones, triangles, bells, piano, shakers) tapes/CD, audio players, homemade instruments.

Musical props: streamers, scarves, ribbons, hoops, finger puppets.

Note: when offering sensory experiences keep in mind children's allergies and choking hazards. Ensure that all musical experiences are appropriate. For example, ensuring that the radio is not played, and that music the children listen to is developmentally appropriate. Please note that playing music on YouTube is not appropriate as the commentary content cannot be controlled.

Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<ul style="list-style-type: none"> <input type="checkbox"/> Materials are in poor condition The sensory materials that the children are using are not in good condition. For example, broken cups or shovels, or items with sharp corners. <input type="checkbox"/> Music is not appropriate for the age group Music and/or lyrics are not appropriate for the age group of the children in the home. <input type="checkbox"/> Sensory materials not available There are no sensory materials available for the children. <input type="checkbox"/> Provider does not sing to Children The provider does not sing with children on a daily basis, whether it is with an individual child or small group. 	<ul style="list-style-type: none"> <input type="checkbox"/> Sensory learning experiences are offered daily The children are offered a sensory opportunity each day. For example, water play, sand play, goop, playdough. <input type="checkbox"/> Two or more types of sensory materials are accessible There are two or more types of sensory play materials accessible to children. For example, playdough, sensory bottles, sensory mats. <input type="checkbox"/> One music material accessible per child There is one music material for each child in the home that they can freely choose from. For example, music instruments, homemade shakers, audio player with CDs. 	<ul style="list-style-type: none"> <input type="checkbox"/> Modeling materials are accessible at all times There are modeling materials for the children to freely choose from. For example, playdough, goop, clay, plasticine, modeling beads. <input type="checkbox"/> Three or more types of musical instruments are accessible to children Three or more types of musical instruments are accessible which children can use independently during free play. For example, tambourine, xylophone, shakers. <input type="checkbox"/> The provider sing/play songs from different cultures The provider incorporates music into the environment by either singing or playing music from different cultures.

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Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<p>❑ Radio is played when the children are present The radio is played while children are in attendance. This is not appropriate as the commentary and content cannot be controlled.</p>	<p>❑ Three or more types of music are available to be played to children Three or more types of music is available to be played to children. For example, classical, jazz, blues, children's music.</p>	<p>❑ Props are used to enhance music experiences Children are observed using props while engaging in music play and/or it is documented on the program plan. For example, finger puppets, scarves, musical instruments, streamers.</p> <p>❑ Sensory learning experiences are planned and/or documented weekly to reflect different senses More than one learning experiences reflects different senses. For example, texture mats taped to the floor, containers with different smells.</p>

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9. Cognitive & Manipulative and Science & Nature

Intent: Cognitive and manipulative opportunities can be found in many different experiences. It is important to provide a variety of different materials for children to explore, discover and extend their learning and the development of fine motor skills and play experiences

Inspiring Pedagogy: "Through their play, children explore materials that support an increasing awareness and understanding of concepts associated with literacy and numeracy" (HDLH, p. 37)

Cognitive and manipulative materials: problem solving, sorting, counting, categorizing, puzzles, cause & effect toys, lacing.

Construction materials: Duplo blocks, Lego, wooden blocks, connects, cardboard blocks.

Construction Accessories: cars/trucks, farm house, airport, car garage, animals, people.

Science & nature: bottles filled with coloured water, magnifying glass, coloured lenses, sea shells, stones, pinecones, planting, cooking activities.

Does Not Meet <small>Expectations</small>	Meets Expectations	Exceeds Expectations
<ul style="list-style-type: none"> ❑ Cognitive and manipulative materials are not accessible Materials are not accessible for the children to freely choose from. For example, puzzles, memory games, sorting games, sequencing cards, lacing cards are all in closed cupboards. ❑ Materials are in poor condition Materials are not in good condition. For example, toys are chipped, have sharp edges, visibly soiled. ❑ One cognitive and manipulative material is not accessible per child There is not one cognitive material for each child in the home that they can freely choose from. For example, puzzles, counting game, sorting games, lacing cards. 	<ul style="list-style-type: none"> ❑ Two or more types of construction accessories are accessible For example, farm house, people or animals. ❑ Two or more types of construction materials are accessible For example, Duplo blocks, wooden blocks. ❑ Cognitive and manipulative materials are developmentally-appropriate The materials are developmentally-appropriate for all children in the home. The cognitive and manipulative materials reflect the age and developmental level of the children in the room. 	<ul style="list-style-type: none"> ❑ Additional cognitive and Manipulative materials are available for rotation There are extra cognitive and manipulative materials that can be rotated within the home. ❑ A Science & Nature learning experience is offered daily There is a science and nature learning experience that the children can participate in each day. For example, children looking at items with the magnifying glass. ❑ Two or more materials reflecting numeracy accessible for each age group enrolled Different numeracy play materials are accessible for each age group. For example, Infants; pop up toys with numbers, Toddlers; blocks with numbers, Preschool; puzzle with numbers and School age; flash cards.

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10. Physical Play Learning Experiences

Intent: Daily opportunities for outdoor physical play are scheduled, weather permitting. When outdoors, flexibility is demonstrated when planning. For example, in warm weather, more time is spent outdoors and in very hot or cold weather, shorter time is spent outdoors. Public Health advisories should be considered. For example, heat, smog and wind-chill advisories. If children are unable to go outside due to the weather, indoor physical play must be offered. Outdoor equipment may need to be adapted to ensure all children are able to participate in physical play learning experiences.

Inspiring Pedagogy: "Activities in outdoor spaces that are designed to inspire investigation with bodies, senses, and minds improve children's physical health and emotional well-being and enhance their capabilities for self-regulation, creative problem solving, and communication." (HDLH, p. 36)

Infants and toddlers: tunnels, ball pit, push/pull toys, sand toys, balls, parachute, seasonal, riding toys

Preschool and school age: balance pads/beams, tetherball, velcro mitt and balls, scoop and ball set, hula hoop, hockey sticks, golf clubs, badminton rackets, bikes, bowling pins/balls, scooters, soccer balls, basketballs, toboggans.

Safety check: look for hazards such as broken glass, needles, broken equipment, garbage.

Standing body of water: swimming pools, ponds, portable/kiddy/inflatable pools, hot tub.

Outdoor space: local parks, woods, forest, backyard, school playgrounds, raised deck.

Note: stroller walks are not considered physical play.

Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<p><input type="radio"/> On-premise standing bodies of water are accessible to children If there is a standing body of water on the premise, children have access to it. For example, a pool in the backyard is not fenced in.</p> <p><input type="checkbox"/> No developmentally-appropriate physical play equipment is available Physical play equipment is not available.</p> <p><input type="checkbox"/> Safety check of outdoor space is not completed A safety check when going outside is not done prior to the children playing in the area.</p>	<p><input type="checkbox"/> Developmentally-appropriate outdoor/physical play learning experiences are planned to ensure all children are able to participate All the children are able to be a part of the physical play. For example, infants and toddlers are not left in stroller or on a blanket without any materials.</p> <p><input type="checkbox"/> Provider is engaged in learning opportunities during physical play experiences The provider is able to balance interactions and supervision while participating in the experiences with the children. For example, the provider plays catch with child.</p> <p><input type="checkbox"/> Outdoor/physical play equipment is accessible</p>	<p><input type="checkbox"/> Three or more types of physical play equipment are accessible There are three or more types of physical play equipment that the children can freely choose from. For example, balls, bean bags, hula hoops, riding toys.</p> <p><input type="checkbox"/> Evidence that safety checks are completed for outdoor space prior to use The safety checks that are completed before children are playing are recorded. For example, on a separate sheet or log book.</p> <p><input type="checkbox"/> Physical play learning experiences are planned for both the morning and afternoon There is an outdoor/physical play learning experiences that is planned and documented on program plan for both the morning and</p>

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Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
	<p>There is outdoor/physical play equipment for the children to freely choose from. For example, balls, bean bags, bowling, hula hoops, riding toys.</p> <p><input type="checkbox"/> Provider has extra clothing for children For example, a child has no gloves, the provider has extra ones for the child to use.</p> <p><input type="checkbox"/> Daily planned outdoor/physical play learning experience There is an outdoor/physical learning experience that is planned and documented on program plan. For example, playing catch with the ball, game of tag, obstacle course, parachute games, riding toys, kicking a ball.</p>	<p>afternoon. For example, playing catch with the ball, game of tag, obstacle course, parachute games, riding toys, kicking a ball.</p>

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11.Field Trips

Intent: Field trips are planned in advance in partnership with the Home Visitor. The children's safety is a priority. This is achieved by ensuring the provider is familiar with the destination of the field trip, the children are supervised at all times, they have all the children's emergency information and if applicable, designated medication. The children's interests should be taken into account when planning field trips, ensuring all children will be able to participate in the field trip.

Inspiring Pedagogy: "Working with families and community partners to ensure that environments and experiences provide equal learning experiences for all children." (HDLH, p. 38)

Field trip: anywhere that is not part of the daily/weekly routine.

Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<ul style="list-style-type: none"> <input type="checkbox"/> Home Visitor is not informed of field trips The Home Visitor is not aware when field trips are planned. <input type="checkbox"/> First aid kit is not taken on field trips A first aid kit is not with the provider when on a field trip. <input type="radio"/> Children's medication is not taken on field trips The provider does not take the children's medication with them when on a field trip. <input type="checkbox"/> Children's emergency information is not taken on field trips The provider does not take all of the children's emergency information with them when on a field trip. 	<ul style="list-style-type: none"> <input type="checkbox"/> All field trips are planned in-advance All field trips are planned ahead of time, not the day of the trip. <input type="checkbox"/> Permission forms are signed in advance All permission forms for the field trip are signed by parent/guardian before leaving for the field trip. <input type="checkbox"/> Provider has access to a cell phone during field trips The provider has a cell phone with them when on a field trip. 	<ul style="list-style-type: none"> <input type="checkbox"/> Focus of the field trip is to extend the children's learning Field trips are planned to extend children's learning. For example, children talking/learning about animals and then the provider plans a trip to the zoo. <input type="checkbox"/> Field trips are planned in partnership with the Home Visitor and parents/guardians The provider plans any field trip with the Home Visitor and parents, so they are aware. <input type="checkbox"/> Home Visitor accompanies the provider and children on at least one field trip annually The Home Visitor is able to go on at least one field trip with the provider within the year.

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12. Community Experiences

Intent: Accessing resources directly in the child's own community allows for community capacity building and the opportunity for children to make connections directly in their own neighbourhood/community. Having access to community resources on a regular basis expands on the children's learning opportunities.

Inspiring Pedagogy: "Connecting with families and communities and inviting their participation to ensure that environments and experiences reflect and are relevant to children's everyday lives." (HDLH, p. 37)

Community experience: within walking distance. For example, Library, Recreation Centre, Fire Station, trip to the local grocery store, parks, neighbourhood walks, community visitors.

Documented on the program: daily/weekly schedule, program plan.

N/A only applies for Before & After School children during non-instructional days.

Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<ul style="list-style-type: none"> <input type="radio"/> Children's medication is not taken on community experiences The provider does not take the children's medication with them when on a community experience. <input type="checkbox"/> Children's emergency information is not taken on community experiences The provider does not take all of the children's emergency information with them when on a community experience. <input type="checkbox"/> Safety check is not completed prior to accessing community parks/splash pads The provider does not complete a safety check before the children use any community parks or splash pads to confirm all areas are safe for the children. <input type="checkbox"/> Community experiences do not occur weekly The provider does not take the children out for a community experience each week. 	<ul style="list-style-type: none"> <input type="checkbox"/> Community experiences occur at least twice per week The provider does not take the children out into the community for an experience at least two times each week. For example, the children only go to the local park on Mondays. <input type="checkbox"/> First aid kit is taken on community experiences A first aid kit is taken with the provider when out on a community experience. <input type="checkbox"/> Provider has access to a cell phone The provider has a cell phone with them on a community experience with children. 	<ul style="list-style-type: none"> <input type="checkbox"/> Community experiences occur at least three times per week The provider takes the children out into the community for an experience at least three times each week. For example, the provider takes the children to the EarlyON program on Tuesdays and Thursdays and goes to the local park on Friday. <input type="checkbox"/> Community experiences are documented on the program plan The provider records all the community experiences they do with the children on the program plan each week. <input type="checkbox"/> Community experiences are used as an opportunity to extend children's learning Community experiences are planned to extend children's learning. For example, children talking/learning about fruits and vegetables and the provider plans an experience with the children to go to the local market.

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13. Routine Care Practices

Intent: The child's interactions and/or experiences are documented as well as shared with parents/guardians, so they are aware of their child's experiences and accomplishments throughout the day. Each child under two years has an individual schedule that is respectful and reflective of their needs and/or the family's requests. Provider follows the individual cues of the children and is aware that children adapt to situations and environments in individual ways. Provider document all snacks, meals and beverages consumed throughout the entire day. This information is used as a communication tool for parents/guardians. The exchange of information builds ongoing rapport between the provider and the families.

Inspiring Pedagogy: "Gaining knowledge about children from multiple perspectives helps educators ensure that programs also value the unique and diverse characteristics of the children's families and the communities in which they live. It's not a "one-size-fits-all" approach." (HDLH, pg. 18)

Daily Information Chart: Individual documentation which includes the following information:

- All foods consumed
- Time and duration of sleep
- Information regarding interactions and/or specific experiences they were engaged in, and
- Time/type of diaper changes (wet/soiled) and/or toileting

Individual documentation: Daily written observation for each child under two years regarding their interactions or learning experiences. This can be done in the children's communication book/journal that is accessible to families. Observations on daily information sheets that relate to learning experiences can be used for programming.

Individual schedule: Written schedule that outlines at least two pieces of specific information related to the child's individual needs. For example, eating habits, sleep routine, toileting information, likes/dislikes or special care routines.

Note: This domain is applicable to all children in the home under two years. The daily information chart is completed on a daily basis. This can be done on a daily information chart that can be taken home each day or it can be done on a sheet that includes information for the whole week and can be taken home at the end of the week. This information can also be documented on a write-on/wipe-off board.

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Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<ul style="list-style-type: none"> <li data-bbox="113 293 695 472"> <p>❑ Daily information chart is not completed for each child An information chart is not completed for each child or is missing information. For example, snack is not documented, or fruit eaten is not identified.</p> <li data-bbox="113 496 722 797"> <p>❑ No evidence of documentation of each child's interactions and/or learning experiences during the day There is no documentation on the daily information chart or in a separate place for each child about their interactions and/or specific experiences they were engaged in during the day. Documentation of observations on daily charts that relate to learning experiences can be used for programming.</p> <li data-bbox="113 834 716 1073"> <p>❑ The provider repeatedly does not follow children's physical cues The provider does not pay attention to children's individual physical cues. For example, during lunch a child is starting to fall asleep; the provider does not take the child and place them on their cot, or staff interrupt a child during play to complete a scheduled diaper routine.</p> 	<ul style="list-style-type: none"> <li data-bbox="753 293 1346 440"> <p>❑ The provider is following children's physical cues For example, provider recognizes when a child needs to use the washroom or when a child is tired and needs to sleep.</p> <li data-bbox="753 480 1356 716"> <p>❑ Evidence of written individual schedule Individual written schedules are kept by the provider for each child under two years. The individual schedules should include information that is child specific. For example, eating habits, sleep routines, toileting information, likes/dislikes, general disposition, or special care routines.</p> <li data-bbox="753 756 1356 902"> <p>❑ Daily information chart is reviewed with parents/guardians The provider does not review the daily information charts with the parents/guardians on a daily basis.</p> 	<ul style="list-style-type: none"> <li data-bbox="1394 293 1990 383"> <p>❑ Individual schedules are followed Provider follows the children's individual schedules to ensure their needs are being met.</p> <li data-bbox="1394 415 1997 659"> <p>❑ Daily information chart is available to be taken home The daily information chart can be either the original or a photocopy. It can also be e-mailed to families. If a provider is using a write-on/wipe-off board as a daily information chart, a photograph of the board could be taken and/or emailed to the parents.</p> <li data-bbox="1394 691 1997 870"> <p>❑ Individual schedules are reviewed with parents/guardians based on the child's cues and stages of development There is evidence that individual schedules are reviewed with parents/guardians every four months, or more often as required.</p>

14.Toileting and Diapering Routines

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.

Picture symbol schedule: Real photos depicting children using toilet/potty or being diapered are not considered appropriate.

Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<ul style="list-style-type: none"> <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. <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. <input type="radio"/> Current Regional Public Health procedure for potty use is not posted Current Regional Public Health potty procedures is not posted. <input type="radio"/> Potties are not disinfected after each use Potties are not cleaned and disinfected after each child uses them. <input type="checkbox"/> Washroom is not adapted for use by all children Adaptations have not been made to meet the needs of individual children. For example, there is no step-stool for children who cannot reach a sink or the adult-sized toilet. <input type="radio"/> No change table/mat available 	<ul style="list-style-type: none"> <input type="checkbox"/> Toilets are disinfected daily or if they become soiled The toilets are disinfected each day or when it is visibly soiled. <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. <input type="checkbox"/> Diapering and/or toileting is viewed as an opportunity to encourage self-help skills Provider uses the time to encourage self-help skills. For example, holding the clean diaper or child washing their own hands. <input type="radio"/> Soiled diapers are disposed in a separate covered garbage bin or individual bag. 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. <input type="radio"/> Current Regional Public Health procedure for toileting/diapering is posted <input type="radio"/> 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. 	<ul style="list-style-type: none"> <input type="checkbox"/> Toilets are accessible on the same floor where the main program is offered Children are independently able to access the toilet on the floor the program is offered. <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. <input type="checkbox"/> Picture symbol schedule depicting toileting and/or 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.

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15.Meals and/or Snack Times

Intent: Meal times are viewed as an opportunity for interaction and socialization between the provider and children. It is important the children's individual needs and schedules are being met. For example, if a younger child is falling asleep during lunch time, save the child's lunch and allow the child to nap.

Inspiring Pedagogy: "Educators can create contexts to support children's health and well-being by providing healthy meals and snacks and establishing positive eating environments that are responsive to children's cues of hunger and fullness." (HDLH, p.32)

Meal/snack routines: setting the table, handing out napkins, scraping their own plate at the end of the meal.

Note: Napkins/paper towels are used for dry foods only. There is sufficient serving and eating utensils which are developmentally-appropriate for the number, and ability of, children in care. Any cultural observances are considered.

Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<ul style="list-style-type: none"> <input type="checkbox"/> Children are not encouraged to try foods The provider does not encourage the children to try new foods. A child is never forced to try or finish their food. <input type="checkbox"/> Food is used as a reward or punishment Food is used to reward, to acknowledge performance, to punish or to control children's behaviour. <input type="checkbox"/> No conversations and/or interactions occur during meal and/or snack time Less than two conversations and/or interactions occur between children and the provider during meal and/or snack times. <input type="checkbox"/> Eating utensils are not developmentally-appropriate The eating utensils that the children are using are not appropriate for their age and ability. For example, infants using forks instead of spoons. <input type="checkbox"/> Insufficient developmentally-appropriate eating utensils for all children 	<ul style="list-style-type: none"> <input type="checkbox"/> Sufficient meal time furnishings for all children There are enough furnishings for the children to sit and eat together. For example, if there are five children in the home there are five chairs for the children to sit on at the table. <input type="checkbox"/> Furnishings arranged so children are able to interact with one another The furnishings are arranged so that the children can talk to one another during meal times. For example, all children are in the kitchen together, not half the children in the kitchen and half in the living room. <input type="checkbox"/> Meal time furnishings are developmentally-appropriate The furnishings the children are using are appropriate for their age and ability. For example, a school age child is sitting in a larger size chair than the toddler or preschool children are using. <input type="checkbox"/> Food is always served on dishes and/or napkins 	<ul style="list-style-type: none"> <input type="checkbox"/> Provider sits with children at meal times as much as possible The provider sits with the children during meal times. For example, the provider can serve food directly from the table while sitting with the children. <input type="checkbox"/> Children assist with meal/snack routines The children are able to help or assist with the routine. For example, the children can hand out the napkins to all the children, set the table or they can bring their plates to the kitchen when they are finished. <input type="checkbox"/> Meal times are viewed as an educational and social experience Meal time is an opportunity to talk with all the children and socialize. For example, the provider sits with the children and has back and forth conversations about what the children did on the weekend. <input type="radio"/> Toddler and Preschool children self-serve at least two food items

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Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<p>There are not enough developmentally-appropriate eating utensils for the children to use at meals.</p>	<p>Food is served on dishes or napkins/paper towels, and not placed directly on a table. Napkins/paper towels are used for dry foods only.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Socialization opportunities occur during meal times There are conversations with the children when they are eating. For example, the provider has a conversation about the food they are eating. <input type="checkbox"/> Individual children's needs are met during meal and/or snack time For example, serving utensils are used or a child is not left sleeping at the table. 	<p>Provider gives opportunity for the children to serve themselves two or more different types of foods. It is acceptable to assist using hand over hand help as needed.</p> <ul style="list-style-type: none"> <input type="radio"/> Kindergarten and School age children self-serve all foods Children serve themselves all foods during first serving with the exception of soups and stews. It is acceptable for the provider to assist using hand-over-hand help as needed.

16.Cribs/Cots/Playpens and Bedding

Intent: Each child has their own designated crib/cot/playpen that is hygienically maintained. Providers show flexibility with regards to the routine of the program and the cues of the children.

Cribs/cots/playpens: All children should have the opportunity to rest in a crib, cot or playpen.

Bedding: All cribs/ cots/playpens must have a sheet provided to sleep on. A blanket/sheet to cover children may be offered by the provider or parents/guardians.

Bed linens: blanket, sheets, fitted sheets

Note: this sub-item would be considered *not applicable* if all the children in care are aged 4 years and above.

Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<ul style="list-style-type: none"> <input type="checkbox"/> Bed linens are not washed The bedding that is used for the children is not cleaned or washed. <input type="checkbox"/> Bed linens are not in good repair For example, the bed linen is ripped, stained or torn. <input type="checkbox"/> 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. 	<ul style="list-style-type: none"> <input type="checkbox"/> Sleeping area is monitored The sleeping area is monitored by the provider when children are resting. A baby monitor may be used if the sleeping area is separate from the main room. <input type="checkbox"/> Bed linens are washed weekly The bed linens the children use are washed each week. <input type="checkbox"/> Cribs/cots/playpens are disinfected weekly Mattresses/cribs/cots or playpens are disinfected at least once a week. <input type="checkbox"/> Bed linens are used for cots, cribs and playpens Provider always uses linens for equipment children rest on. Children do not rest directly on cot, mat, or playpen. <input type="checkbox"/> Cribs/cots/playpens are designated Cribs/cots/playpens are assigned to a particular child and labelled with the child's name. For example, they could be labelled with the children's names or with numbers that are associated to each child. If using numbers, this information would be written out and posted somewhere in the home. 	<ul style="list-style-type: none"> <input type="checkbox"/> Children are allowed to bring a soft toy and/or bedding from home. <input type="checkbox"/> Cribs/cots/playpens are not used for storage Cribs/cots/playpens are not used to store toys, equipment or personal items at any time. <input type="checkbox"/> Resting environment includes soft music and dimmed lighting There is soft music playing in the background during the entire rest time. The lights are turned down or dimmed and/or the curtains/blinds are closed.

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17. Health & Safety

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

Inspiring Pedagogy: "A safe environment that offers consistency and continuity as well as graduated support for children's growing independence and capacity for self-care enables children to tackle challenges, learn to persevere and explore ways to cope with manageable levels of positive stress." (HDLH, pg.30)

Hazardous materials: chemicals, cleaning products, alcohol, firearms.

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

Large appliances: freezer, washer, dryers, air-conditioning units, portable fans.

Large heating appliances: furnace, water heater.

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

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

Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<ul style="list-style-type: none"> <input type="radio"/> Stand-alone freezer is not locked The stand-alone freezer is not locked or does not have a child safety mechanism on it so children cannot access. <input type="radio"/> Portable fan/air-conditioner units are not supervised The portable fan/air conditioner is not supervised or monitored, and children may come into contact with it. <input type="radio"/> Working fireplace is accessible to children The working fireplace is on or children have access to it. Measures are not put into place so that children are not coming in contact with the fireplace when used. <input type="radio"/> There is not more than one escape route out of the basement The basement does not have a second exit for an escape route. If the second exit is a window, there needs to be a permanent way to access the window. 	<ul style="list-style-type: none"> <input type="radio"/> Electric outlets are covered The electric outlets that are in the areas the children are using are all covered with child safety covers or are tamper resistant. Note: If there are only 6-12-year old's in care, this sub-item is not applicable. <input type="checkbox"/> Cords are used in a safe manner For example, extension cords do not pose tripping hazards, and are not hanging within the children's reach. <input type="checkbox"/> Hazardous materials are inaccessible to children There are no chemicals or cleaning products accessible to the children or within their reach. <input type="checkbox"/> Washer/dryer is located in a separate area away from children or are locked The washer/dryer is in a different room or area of the home which children cannot access or the they are locked. 	<ul style="list-style-type: none"> <input type="checkbox"/> Monthly health & safety checks completed A health and safety check is completed every month on the space used by the children. <input type="checkbox"/> Monthly health & safety checks are documented For example, on a separate sheet, visit report, log book. <input type="checkbox"/> Safety-related resources available for families Provide resources to families on safety-related topics. For example, recalled toys, developmentally-appropriate toys.

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Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<ul style="list-style-type: none"> <input type="checkbox"/> Heating appliances are accessible to children Children are coming into contact with any heating appliances being used such as space/portable heaters, radiators and portable fire places. <input type="checkbox"/> Hazardous materials are not stored in their original containers and/or in a labeled container All types of hazardous materials are not kept in the original container or clearly labeled. For example, if bleach and water are mixed together in a separate container it is not labeled as "bleach and water." <input type="checkbox"/> Working flashlight is not accessible There is not a working flashlight that is easily accessible in the area the children are using. <input type="checkbox"/> All areas of the home are not in a state good repair All areas of the home used by the children are not in good repair. For example, furniture is broken, carpets are worn or frayed, damaged walls, chipping paint, or broken tiles. <input type="checkbox"/> Bi-monthly health & safety checks are not completed A health and safety check is not completed every other month on the space used by the children. 	<ul style="list-style-type: none"> <input type="radio"/> Child safety gates are used on all stairs When children have access to stairs, appropriate child safety gates are used to ensure safety. The gates are secured and/or in working condition. Safety gates to be used as needed based on the developmental needs of the children and safety considerations. For example, if an older child is a runner. <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. <input type="radio"/> Chest freezer is locked The chest freezer has a lock or child safety mechanism on it. <input type="checkbox"/> Bi-monthly health & safety checks are documented For example, on a separate sheet, visit report log book. <input type="checkbox"/> All areas of the home are safe All areas of the home used by the children are safe. For example, children are observed walking around with food or there are tripping hazards within the home. 	

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18.Windows & Exit Doors

Intent: 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".

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

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. Balconies are only used for emergencies and not as an additional play space.

Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<ul style="list-style-type: none"> <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. <input type="checkbox"/> Exit doors do not have a working lock All exit doors do not have working locks. <input type="radio"/> Curtains/blind strings are not installed for a safe children's environment Strings from the curtains or blinds are at children's reach. No safety devices such as cleats or wind ups are used to keep cords/strings away from children. 	<ul style="list-style-type: none"> <input type="radio"/> Balcony and/or screen doors are locked The balcony or screen door is always locked when children are in attendance in the home. <input type="checkbox"/> Exit doors are checked monthly The exit doors are checked monthly to ensure the locks are working. <input type="checkbox"/> Exit doors are locked when children are in attendance All exit doors are kept locked while children are in the home. <input type="radio"/> Above ground windows only open 4 inches or less 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. 	<ul style="list-style-type: none"> <input type="checkbox"/> Child height windows in doors/walls to see out Within the home, windows and/or doors are at child's height to allow for children to see out. <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. <input type="radio"/> Documentation that provider checks above ground windows for safety monthly The provider checks above ground windows for safety monthly and records it. This can be done on a separate sheet or log book. <input type="checkbox"/> Evidence there is a system in place that alerts when an exit door is opened To ensure the provider is aware any time an exit door is opened there is a system in place. For example, a security/alarm system is activated which identifies when an exit door is opened, or a bell is attached to an exit door.

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19.Fire/Safety Plan

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.

Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<p><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.</p> <p><input type="checkbox"/> Fire drills are not conducted and documented monthly The fire drills that are completed each month with the children are not recorded. This can be done on a separate sheet or log book.</p> <p><input type="checkbox"/> Evacuation plan not available There is not a plan of action to evacuate the home in case of an emergency.</p> <p><input type="checkbox"/> Evacuation plan does not include alternate location The evacuation plan does not have an alternate location written on it.</p>	<p><input type="checkbox"/> Evacuation plan is posted A plan of action has been completed and posted for cases of emergency and/or evacuation.</p> <p><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.</p> <p><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 can be done on a separate sheet or log book.</p>	<p><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.</p> <p><input type="checkbox"/> A floor plan draft of all potential emergency exits is posted The provider has a floor plan draft clearly marking all doors and windows used for exits. Colours could indicate different routes that can be used within the home.</p> <p><input type="checkbox"/> Evacuation plan is conducted and documented annually The provider and the children go to the alternate location indicated on the evacuation plan at least once a year. This is recorded to show evidence. This could be done on a separate sheet or log book.</p>

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20. Fire/Safety Equipment

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 that are gas heated or have a woodstove.

Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> No fire extinguisher There is not a fire extinguisher in the home. <input type="checkbox"/> No carbon monoxide detector on premises There is not a working carbon monoxide detector in the home. <input checked="" type="checkbox"/> Smoke detectors are not tested monthly The smoke detectors are not tested each month. 	<ul style="list-style-type: none"> <input type="checkbox"/> One or more carbon monoxide detectors are installed There is at least one or more working carbon monoxide detectors installed in the home. <input type="checkbox"/> Carbon monoxide alarm tested monthly The carbon monoxide detector is tested each month. <input checked="" type="checkbox"/> Provider's dwelling is equipped with a working smoke detector on every floor There is a smoke detector on every floor of the home that is in working condition. <input checked="" type="checkbox"/> Fire extinguisher is 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 on the same level or floor. The provider should be aware of the fire extinguisher location. <input checked="" type="checkbox"/> Fire extinguisher is checked and kept in working order The fire extinguisher is checked and is in working condition. For example, the dial on the extinguisher is in the green and/or the pressure pin is popping out to test. 	<ul style="list-style-type: none"> <input checked="" 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. <input checked="" 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. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> More than one fire extinguisher There is an additional fire extinguisher in working condition in the home.

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Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
	<ul style="list-style-type: none"> <li data-bbox="751 277 1365 430"> <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. <li data-bbox="751 464 1365 586"> <input type="checkbox"/> Documentation on file indicating detectors are tested When detectors are tested, they are recorded. For example, on a separate sheet or in log book. 	

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21. Medication

Intent: All medication must be stored in a locked container away from the children including vitamins, medicated ointments and over the counter medications. 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

Emergency medication: Epi pens, puffers

Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<ul style="list-style-type: none"> <input type="checkbox"/> Medication does not come in original containers, labeled with the child's name, date and dosage Medication that a parent/guardian brings for the provider to give to a child in care is not brought in the original container and labeled with the child's name, date and dosage. <input type="checkbox"/> No procedure for medication administration The provider does not have a procedure in place for giving medication to children. <input type="checkbox"/> Prescription medication is not administered according to written procedure The prescription medication is not given to child according to the instructions on the written procedure. <input type="checkbox"/> Consent forms not completed for medication administration The provider does not have the parent/guardian complete a medical consent form when medication is required to be given to a child. <input type="radio"/> No training provided on exceptional medical requirements The provider does not receive training for any exceptional medical requirements. For example, Epi pens, G-tube feeding, seizures. <input type="radio"/> Epi-pen(s) not on site or accessible 	<ul style="list-style-type: none"> <input type="checkbox"/> Agency consent forms completed with time, amount and name of child prior to administering medication The consent forms the parent/guardian signs includes the amount of medication to be given and the name of the child receiving it. <input type="checkbox"/> All medication is locked safely Any medication in the home is locked. This can be done in a locked container/room or by using a safety mechanism on cupboard doors. Except for emergency medication. <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. 	<ul style="list-style-type: none"> <input type="checkbox"/> Unused medication is returned to parents/guardians If there is unused medication, the provider gives it back to the parent/guardian to discard. <input type="radio"/> Documentation of emergency medication expiry dates The provider has a record of all emergency medication expiry dates, so they are able to inform families when replacement medication is needed. <input type="checkbox"/> Date of completion on medication form The medication form completed by parent/guardian includes the date of completion the child stopped using it.

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Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
Epi- pen that a child is required to have is not always with the provider and child or cannot easily access it.		

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22.Hand Hygiene

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

Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<p><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.</p> <p><input type="checkbox"/> Home Visitor does not monitor or document provider hand hygiene quarterly The Home Visitor does not observe the hand hygiene routines of the provider in the home. Documentation of hand hygiene is not recorded four times a year by the Home Visitor.</p> <p><input type="checkbox"/> Disposable gloves are inaccessible The provider does not have disposable gloves ready to use or they are not aware of where they are stored.</p> <p><input type="radio"/> A step-stool or alternate is not used to make the sink accessible to all children Adaptations have not been made to meet the needs of individual children. For example, there is no step stool for children who cannot reach a sink/faucet.</p>	<p><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.</p> <p><input type="checkbox"/> Sufficient supplies for hand hygiene There is soap, paper towels, individual hand towels and/or hand sanitizer to ensure proper hand washing can occur.</p> <p><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.</p> <p><input type="checkbox"/> Hand sanitizer is available for use when water is not accessible There is hand sanitizer available in the home or emergency bag when going on community and/or field trips.</p> <p><input type="checkbox"/> Current Regional Public Health hand hygiene procedure is posted</p> <p><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.</p>	<p><input type="checkbox"/> Children demonstrate the awareness of hand hygiene practices Children are observed following hand hygiene practices with minimal direction.</p> <p><input type="checkbox"/> Mirror is accessible in the washroom area A mirror is accessible and at an appropriate eye level for all children in the washroom area.</p> <p><input type="checkbox"/> Current Regional Public Health hand sanitizing procedure is posted</p> <p><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.</p>

23.Sanitary Practices

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.

Toy and play equipment washing: combined age groups follow the younger age group expectations.

Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<p><input type="checkbox"/> Home Visitor does not review replacement plan of toys and/or equipment annually The Home Visitor does not have any discussions with the provider about a plan of action for replacing toys and or equipment when needed.</p> <p><input type="radio"/> Toys and Play equipment for Kindergarten and/or school age children are not washed monthly All toys and play equipment accessible to Kindergarten and/or school age children are not washed each month.</p> <p><input type="checkbox"/> Toys and play equipment are not consistently washed as they become soiled The toys and play equipment are not always washed when they become soiled. For example, if child puts a toy in their mouth the provider does not wash it right away or does not put it in a container to wash as soon as they have time.</p>	<p><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.</p> <p><input type="radio"/> Toys and Play equipment for younger age groups are washed weekly Toys and play equipment accessible to infant through to preschool are washed each week.</p> <p><input type="checkbox"/> Space/area is maintained in a hygienic manner The areas in the home used by the children are kept clean. For example, the walls are not visibly soiled, floors are swept or vacuumed, free from debris build up, there is no dust build up on shelves or mold by windows or doors.</p>	<p><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.</p> <p><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.</p> <p><input type="checkbox"/> Health-related resources available for families Provide resources to families on health-related topics. For example, illness prevention, head lice information.</p>

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24.Attendance and Transitions

Intent: Providers are aware of the individual children's cues while children further develop their self-regulation and self-help skills. Interactions during transitions reflect a positive learning environment. Props and visuals are used to help facilitate smooth transitions Children are not waiting for extended periods with minimal waiting/rushing. Providers are aware at all times of the number of children present. It is the responsibility of the provider to ensure all arrival and departure times are accurately documented on the Main Attendance Record in pen.

Transitions: When children move from one learning experience to another.

Main attendance record: A permanent method of recording children's daily arrival and departure times. The main attendance is completed in pen. The main attendance record must always stay with the group at all times.

Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<ul style="list-style-type: none"> <input type="checkbox"/> Extended waiting during transitions For example, children wait beyond what is developmentally appropriate. <input type="checkbox"/> Positive interactions do not occur between the provider and children during transitions Provider does not support and encourage children during transitions by using positive gestures and language. <input type="checkbox"/> Children's arrival and departure times are not recorded on the Main Attendance Record The Main Attendance Record does not show that all children's arrival and departure times are recorded. A review of previous attendance records shows that not all children in attendance were signed in and out of the providers care. 	<ul style="list-style-type: none"> <input type="checkbox"/> Transitions are conducted in a smooth and seamless manner Provider consistently supports children's transitions, ensuring they are carried out in a way that children are not waiting. <input type="checkbox"/> Provider prepares children prior to transitions Provider prepares children ahead of time for upcoming transitions. For example, provider uses songs, verbal cues or visual routine to signal an upcoming transition. <input type="checkbox"/> Provider records children's arrival and departure times on the Main Attendance Record Providers record the children's arrival and departure times to ensure all children are always signed in and out. 	<ul style="list-style-type: none"> <input type="checkbox"/> Arrival and departure times are completed in pen <input type="checkbox"/> Provider facilitates transitions to meet individual children's needs For example, transitional cards, a timer, a bell, stop and go signs or routine songs sung to indicate the next transition. <input type="checkbox"/> Transition play materials and/or props are available Play materials and/or props are available for children to support the transition process. Transition play materials and/or props are specifically used for transitions. For example, a basket of toys, books, or puppets.

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25.Positive Atmosphere

Intent: Provider is positive and supportive to all children, peers and other adults in the home. The provider is continually role modeling appropriate social skills throughout the day.

Inspiring Pedagogy: "Conversations can happen with children of all ages and abilities." (HDLH, p. 43)

Empathy: Empathy is the ability to take another person's perspective and understand their feelings about the situation.

Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<p><input type="checkbox"/> Provider shouts at children The provider is observed shouting at others or from across the program space at others.</p> <p><input type="checkbox"/> Provider uses sarcasm, mocking or harsh words The provider uses sarcastic, mocking or harsh words that would negatively affect any individual or be considered demeaning.</p> <p><input type="checkbox"/> Provider is not welcoming The provider does not show pleasure when welcoming individuals into the environment. Not everyone is greeted in a hospitable manner.</p> <p><input type="checkbox"/> Provider does not model appropriate positive social behaviour The provider interacts with others in an inappropriate manner. Positive social skills are not role-modeled with all individuals in the environment. For example, not speaking in a respectful manner to others or not reinforcing positive social interactions.</p>	<p><input type="checkbox"/> Provider maintains a positive tone of voice The provider uses a friendly tone of voice with any individuals in the environment. The provider interacts with others in a supportive and encouraging manner. This includes provider to child, provider to parent/adult communication.</p> <p><input type="checkbox"/> Provider is patient The provider remains calm and composed during all situations.</p> <p><input type="checkbox"/> Provider directs positive attention to all children The provider speaks and interacts with children in a positive and supportive manner.</p>	<p><input type="checkbox"/> Provider models positive non-verbal communication skills The provider is able to assess the cues of the individual children in the space and role-model positive non-verbal communication skills. For example, mimicking and turn-taking with a toddler, attempting to press buttons on a cause and effect toy or role-modeling appropriate use of play materials with a child.</p> <p><input type="checkbox"/> Provider uses teachable moments to further develop positive social behaviours The provider is able to reinforce the positive social behaviours of the children by encouraging The children "in the moment". For example, the provider supports the development of self-regulation in children.</p> <p><input type="checkbox"/> Provider displays empathy For example, the Provider acknowledge the situation by rephrasing what is said or has happened and adjust their tone of voice and body language to reflect the emotions of the child.</p>

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26. Supervision of Children

Intent: The Provider is aware at all times the location of all children in care. They balance interactions with the children while ensuring their safety.

Note: If children are sleeping on a different floor, there must be a monitor for supervision.

Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<ul style="list-style-type: none"> ❑ Provider is unable to balance supervision with interactions The provider is unable to manage between supervision and interactions. The provider either focuses on interactions with a small group of children or solely supervising and not interacting with any children. ❑ Provider is unable to scan the area at all times The provider does not scan the room to ensure the safety of all the children. ❑ Supervision is conducted in a disruptive manner The provider is unable to supervise the children without disrupting their play. For example, the children are asked to stop what they are doing so that the provider can prepare lunch. ❑ No evidence the Home Visitor reviews supervision requirements annually There is no documentation recorded that the Home Visitor reviews the supervision expectations each year. 	<ul style="list-style-type: none"> ❑ Provider reacts quickly to remedy unsafe conditions and/or situations The provider is able to address and support children's well-being. ❑ Provider is aware of the location of the children The provider is aware of what the children are doing at all times. ❑ Provider positions themselves so all children are supervised The provider always positions themselves so that they have a view of all the children. 	<ul style="list-style-type: none"> ❑ Provider avoids carrying out tasks that distract their attention away from active supervision of the children. For example, cleaning, using the phone, texting, reading. ❑ Provider anticipate situations to support children's interactions and activities The provider is aware of the children's behaviours and is able to anticipate situations. The provider is observed supporting the children's individual needs to ensure positive interactions and outcomes. ❑ Provider seamlessly engages with all the children, balancing support while monitoring supervision Supervision is maintained as provider interacts with all children and monitors individual needs.

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27.Children's Independence

Intent: The Provider observes children throughout the day. The cues of the children are followed, and interactions encourage children to extend their learning with activities that interest them. Children are provided choices, time and materials so they may follow their own learning goals.

Inspiring Pedagogy: "Being attuned and responding to children's varied cues and communications." (HDLH, p. 43)

Appropriate Risk Taking: It is important for children to learn to take appropriate risks and how the Provider can facilitate this in a safe manner. When children learn how to take developmentally-appropriate risks, they also learn to problem solve, think independently and build confidence.

Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<p>❑ Provider does not allow children to make their own decisions The provider makes all decisions for the children. For example, the provider decides which learning experience the child will participate in or the provider does not allow a child to leave the small group activity.</p> <p>❑ Provider does not encourage developmentally- appropriate self-help skills The provider does not encourage children to try and complete tasks on their own. For example, the provider does not let the child put on their own coat or does not encourage children to feed themselves with a spoon/fork.</p>	<p>❑ Provider allows time for children to complete tasks The provider allows children the time to complete tasks and activities. Children are not rushed through routines and are allowed to complete activities at their own pace.</p> <p>❑ Children are provided with choices The provider gives children the opportunity to make their own choices. For example, children can play freely with floor toys or participate in an art activity.</p> <p>❑ Provider consistently follow the children`s cues The provider follows the children's cues. The provider is aware of the children's verbal and non-verbal requests for help.</p>	<p>❑ Provider creates opportunities for self-help skills For example, the provider provides dress-up clothes for children that would allow them to practice getting dressed and undressed.</p> <p>❑ Provider responds to children`s interests The provider responds to children's interests. The provider can provide resources that further enhance the children's skills and/or interests. For example, the provider has made different types of toy trains and vehicles for the children interested in trains or provided different materials that a child can bang like a drum.</p> <p>❑ Evidence children are provided with the opportunity to lead experiences. Provider builds and supports leadership skills. For example, children are able to lead learning experiences or a school age child reading a story to a younger child. This is above and beyond helping with the lunch routine.</p>

28.Supporting the Development of Self-Esteem

Intent: The Provider interacts with children in a way that fosters self-esteem. They use the child's name to support self-identity. The Provider supports the children as they learn to self-regulate their emotions and to recognize empathy. For example, when a child is crying the Provider says "I see that you are upset" and not "stop crying you are fine". They help children to identify and label their emotions, listen respectfully, model openness to new ideas, and encourage children to consider alternative ways of thinking.

Inspiring Pedagogy: "Facilitating successful communication between children by helping children listen to and express themselves to one another." (HDLH, p. 43)

Inclusive practice: all children in care should be able to participate in all activities. For example, a non-inclusive practice would be to sit a child with a food allergy away from the rest of children.

Real name: using an alternate name for the child other than their given name is acceptable, however, terms of endearment such as honey, sweetie or baby is not appropriate

Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<ul style="list-style-type: none"> <input type="checkbox"/> Provider does not demonstrate inclusive practice The provider is segregating or excluding children from the group. For example, a child eating on their own due to allergies or behaviours, or children being excluded based on physical needs. <input type="checkbox"/> Provider gives too many directions for a child to follow successfully The provider gives multi-step directions that are not developmentally-appropriate and too difficult for the child to follow. <input type="checkbox"/> Provider repeatedly do not acknowledge children's emotions appropriately The provider is observed dismissing the children's emotions. For example, the provider telling the child there's no reason to cry, or ignoring the child's joy at completing a task 	<ul style="list-style-type: none"> <input type="checkbox"/> Provider demonstrates encouragement The provider encourages the children and/or shows support for the children. <input type="checkbox"/> Provider role-models how to accomplish tasks The provider shows children how to succeed at completing tasks without doing it for the children. For example, the provider steps back to allow the child to put on their own coat and models the steps for the child. <input type="checkbox"/> Provider addresses children by their preferred name The provider should address children by the name identified by the parent. General terms of endearment such as "Baby", "Sweetie", or "Honey" are discouraged. 	<ul style="list-style-type: none"> <input type="checkbox"/> Provider supports children to express their own emotions The provider supports the children to understand their emotions. For example, the provider comforts and acknowledges the emotions of a child who lost a toy or comfort item and discusses the different feelings of sadness and anger. <input type="checkbox"/> Provider encourages children to identify the emotions of others The provider labels the emotions as well as role-model support for the children. For example, the provider explains to an inquiring child why one of the children is crying. <input type="checkbox"/> Provider encourages positive well-being Provider supports a positive sense of self, spirit and belonging and helps children to become resilient and encourages positive healthy choices. For example, supporting separation anxiety when a parent is leaving, celebrating when a child has successfully

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Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
		completed a task or challenge, and demonstrates resiliency by treating problems as a learning process.

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29. Behaviour Guidance

Intent: The Provider uses developmentally-appropriate strategies to support the behaviour management of the children. They role-model positive guidance strategies and encourage children to problem solve. They are aware of the individual behaviours of the children in their care and can anticipate potential situations.

Inspiring Pedagogy: "Educators can support developing self-regulation skills by, for example, responding in a calming manner to an infant's distress and supporting self-soothing behaviours; helping toddlers use language to express their wants and needs; and helping older children to recognize stressors and develop the ability to manage their own arousal states." (HDLH, p. 33)

Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<ul style="list-style-type: none"> ❑ Provider does not explain consequences in a calm manner The provider explains consequences in an abrupt, harsh manner. For example, speaking to a child in an angry tone regarding an incident with another child. ❑ Provider does not reinforce positive behaviour The provider is not reinforcing, acknowledging or supporting positive behaviours exhibited by the children. ❑ Provider does not follow through with strategies The provider is not following through with strategies. For example, children are fighting over an object and the provider tells them to share and take turns and then moves on to another activity and is not monitoring the situation. ❑ Provider is physically abrupt with children For example, the provider is observed grabbing children, using threatening body language or pushing children. 	<ul style="list-style-type: none"> ❑ Provider uses developmentally- appropriate strategies The provider uses developmentally-appropriate re-direction strategies. For example, when a child is taking dolls from other children, the provider will take the time to problem solve with the child and explore other choices. ❑ Provider models turn taking/sharing The provider role-models turn taking and/or sharing. The provider stays with the children while role-modeling the strategies to ensure the children understand the process and are successful. ❑ Provider responds to all children involved in an incident, to resolve the issue in a calm manner 	<ul style="list-style-type: none"> ❑ Provider adapts expectations based on the individual needs of the children The provider is able to adapt expectations based on the individual needs and personalities of the children. For example, shortened wait times or steps for younger children, or longer wait times for the children who have a stronger ability at self-regulation. ❑ Provider encourages children to problem solve to resolve peer conflict Children are encouraged and supported to problem solve conflict situations with one another and express why they are upset so that they may come to a resolution with the support of the provider. ❑ Provider monitors group dynamics to anticipate situations The provider is aware of the different personalities within the group and is able to anticipate situations before they arise.

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30.Supporting Communication and Extending Children's Learning

Intent: The Provider balances verbal/non-verbal interactions with children, providing experiences and opportunities to assist in extending learning with all children. They role-model and engage in positive social interactions with the children.

Inspiring Pedagogy: "Support children's language and literacy development throughout the environment (e.g., recall and retell past events; revisit documentation with children; place familiar print materials and books in different areas to spark ideas for play and exploration)." (HDLH, p. 44)

Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<ul style="list-style-type: none"> ❑ Provider solves the children's problems immediately The provider solves problems for the children. For example, two children fighting over the same object and the provider always steps-in and resolves the issue. ❑ Provider is not observed participating in play with all children The provider does not actively participate in the children's play experiences. For example, the provider is standing and not engaged while the children play on the floor with blocks. ❑ Provider does not communicate clearly Provider does not use specific, age appropriate and supportive language for the children to understand. ❑ Provider misses opportunities to build on children's knowledge Provider ignores opportunities to extend children learning. 	<ul style="list-style-type: none"> ❑ Provider builds on opportunities to extend all children's knowledge The provider uses opportunities to extend children's learning. The provider is sensitive to what the children know and/or understand. For example, breaking down tasks, giving simple directions or labelling while a child is playing with a shape sorter, the provider identifies shapes that may be around the child in the environment. ❑ Provider extends all children's vocabulary The provider uses language wherever possible to extend children's vocabulary. For example, when a child gestures to an object the provider names the object. ❑ Provider supports all children's learning The provider supports children's learning. For example, engaging in the children's play experiences and offering new vocabulary and/or materials to extend the learning opportunity. 	<ul style="list-style-type: none"> ❑ Provider extends verbal/non-verbal interactions with props and materials The provider uses props and materials to extend language opportunities. For example, using finger puppets while singing songs. ❑ Provider recalls past experiences to extend current learning opportunities The provider recalls past activities or experiences and links them to new learning opportunities. For example, while playing in the sandbox with diggers and other construction props, the provider recalls the time they went for a walk in the community and encountered some construction occurring on a local street. ❑ Provider is responsive to learning opportunities with all children Provider is responsive to all children's inquiries, new learning opportunities, and cues. They take advantage of these new learning opportunities by using language, materials and children's natural curiosity to enhance the children's play experiences.