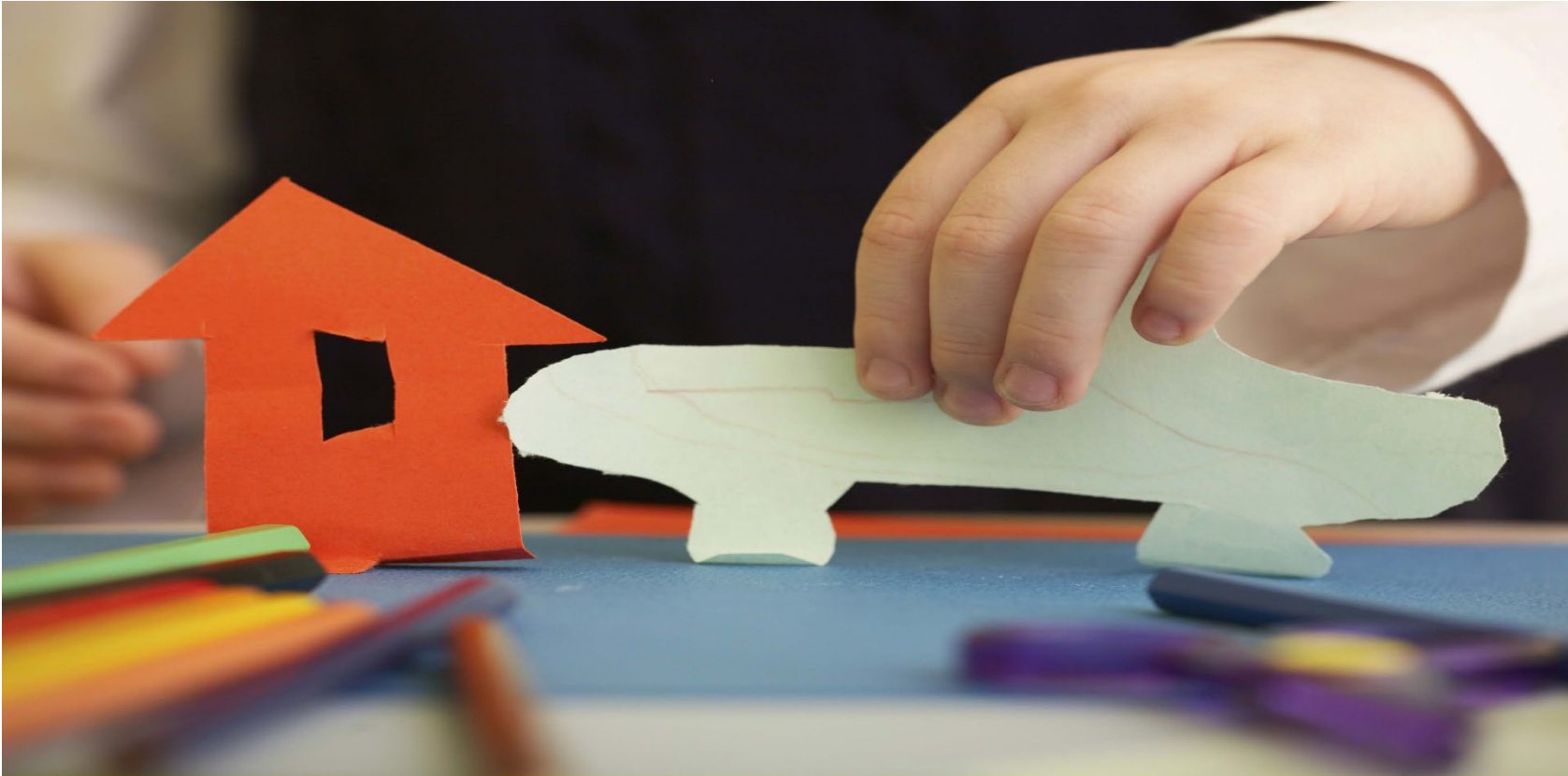


# Assessment|Home Child Care



## Children's Services Home Child Care Assessment for Quality Improvement



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# Assessment|Home Child Care

## 1. Daily Routine

**Intent:** The provider considers the daily routine to maintain a balance between structure and flexibility. A structured routine provides predictability and consistency, which supports children's sense of belonging. At the same time, flexibility within the routine allows the provider to respond to the individual needs, interests, and well-being of each child. The daily schedule is thoughtfully designed to include opportunities for play, learning, meals, rest, and transitions. While the overall outline of the day remains consistent, adjustments are made when necessary to support children's varying ages, developmental stages, and unique requirements. This approach ensures that all children experience a stable, nurturing, and engaging environment that promotes both individual growth and positive group experiences.

**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.

**Auditory routine:** An auditory schedule is a way of helping children understand the sequence of daily activities using spoken cues or sounds, rather than visual aids like pictures or written words.

Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<ul style="list-style-type: none"> <li>❑ <b>Daily routine does not include time for individual and group</b></li> <li>❑ <b>Daily routine does not include time for indoor and outdoor</b></li> <li>❑ <b>Daily routine does not include time for active and quiet</b></li> <li>❑ <b>Daily routine does not include time for child and provider-initiated activities</b></li> </ul>	<ul style="list-style-type: none"> <li>❑ <b>Daily routine is accessible</b> There is a daily routine posted within the home accessible to the families.</li> <li>❑ <b>Daily routine is followed</b> The provider is following the daily routine that is posted.</li> <li>❑ <b>Daily routine balances between structure and flexibility</b> The daily routine is adjusted to meet the circumstances of the day or to meet the individual needs of the children.</li> </ul>	<ul style="list-style-type: none"> <li>❑ <b>Daily routine is seasonally adjusted</b> 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.</li> <li>❑ <b>Visual/Auditory routine is accessible to the children</b> The visual/auditory routine is accessible to the children and reflects the main routines and transitions for the complete day using real photos.</li> </ul>

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Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
		<div><div><input type="checkbox"/> <b>Visual/Auditory routine is used with children</b></div><div>The visual/auditory routine is referred to with individual and/or groups of children. The provider uses the visual/auditory routine to support children.</div></div> <div><div><input type="checkbox"/> <b>Photographs in Visual/Auditory routine include children in the program</b></div><div>Children currently enrolled in the program are included in the visual routine.</div></div>

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## 2. Planned Learning Experiences

**Intent:** Activities and experiences are carefully planned to reflect both the developmental levels and the interests of the children in care. This means the provider considers each child's age, abilities, and stage of growth when preparing learning experiences, while also paying attention to what children are curious about and enjoy. By doing so, the experiences are meaningful, engaging, and supportive of learning. The planned experiences are designed to offer children choices, giving them opportunities to make decisions and explore their own ideas. This encourages independence, confidence, and problem-solving skills. When necessary, experiences are adapted or modified so that every child, regardless of ability or need, can participate fully. This inclusive approach ensures that all children feel valued, supported, and able to benefit from the experiences provided.

**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
<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>External agencies/ professionals do not attend meetings to plan appropriately for children with individual support needs</b> External professionals and/or specialists do not provide support or share suggestions on how the provider can support the needs of individual children.</li> <li><input type="checkbox"/> <b>No Program Plan</b> There is no evidence of purposeful planning.</li> <li><input type="checkbox"/> <b>No evidence that learning experiences are adapted to ensure all children can participate</b></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Learning experiences are planned based on children's interests</b> Learning experiences are planned based on observations of children's interests, cues or suggestions.</li> <li><input type="checkbox"/> <b>The current Program Plan includes two or more planned learning experiences daily</b></li> <li><input type="checkbox"/> <b>Weekly Program Plan accessible</b> The current Program Plan is posted in a place that is always accessible. For example, posted by the entrance to home.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>The current Program Plan includes three or more planned learning experiences daily</b></li> <li><input type="checkbox"/> <b>One of the daily planned experiences is a cognitive learning experience</b> On the current Program Plan, one activity per day is a cognitive experience. For example, materials that encourage sorting, counting and problem solving.</li> <li><input type="checkbox"/> <b>Evidence the provider participates in annual professional learning related to curriculum and/or program development</b></li> </ul>

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## Does Not Meet Expectations

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.

### ☐ 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.

## Meets Expectations

## Exceeds Expectations

To support ongoing professional learning of current early learning practices the provider attends workshops, training and/or sessions related to curriculum and program development.

### ☐ 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.

### ☐ Evidence that individual goals of children are incorporated into the Program Plan

This can be accomplished in any of the following ways:

- Through observation notes,
- Individual Program Plans
- Directly on the Program Plan

### ☐ The current Program Plan includes a daily learning goal for planned learning experiences

There is one goal each day identified for the activities planned. This could be accomplished in the following ways:

- Describe the learning experience and include the skill children will potentially learn by participating in the learning experience. For example: Shape sorting toys - Coordination.

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Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
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- 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 create a balance between the needs of the provider's family and the requirements of quality Home Child Care. When arranging the home environment for children, the following key areas should be carefully considered:

- Learning areas should be designed in ways that encourage children to make choices and act independently. This supports their confidence and development.
- A variety of surfaces and spaces should be available, such as soft areas for rest, open spaces for active play, and tables or other surfaces for creative experiences. This variety allows children to explore different types of play and learning.
- Storage space should be organized and maintained to promote health and safety. Materials should be stored in a way that is easy to access for the provider, but safe for children.
- Safety gates must be used for children up to 30 months of age, or whenever safety concerns require it. For example, a gate may be needed for an older child who tends to run unexpectedly, to ensure they remain safe.
- Natural lighting is essential in the Home Child Care environment. The provider's home must have enough windows or other sources of natural light. Children should not be limited to rooms that only rely on artificial light sources, as natural light is important for well-being and healthy development.

By considering these factors, the provider ensures that the environment is safe, supportive, and responsive to the needs of all children, while still maintaining balance within the home.

**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"/> <b>Furniture is not safe for children</b> Furniture is in not in good and stable condition.</p> <p><input type="checkbox"/> <b>Space/area is not available to meet children's needs</b></p>	<p><input type="checkbox"/> <b>Provider's home has adequate sources of natural light with some artificial lighting</b> 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"/> <b>Play materials/equipment are stored safely</b></p>	<p><input type="checkbox"/> <b>Space/area is organized in learning areas</b> Similar equipment, props and materials are grouped together and arranged in an inviting manner on shelves.</p> <p><input type="checkbox"/> <b>Children have access to two different spaces/areas within the home.</b> For example, the living room and the bedroom.</p>

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## Does Not Meet Expectations

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.

**Space/area is not available for:**

- ☐ **Toileting**
- ☐ **Resting**
- ☐ **Eating**
- ☐ **Active play**
- ☐ **Personal belongings**

## Meets Expectations

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.

- ☐ **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.
- ☐ **Natural lighting is always accessible to children throughout the day**  
There is natural lighting from windows/skylights in all areas of the home throughout the day.
- ☐ **Strollers are not accessible to children**  
Children are not able to access strollers in the play space.
- ☐ **Individual storage space for children's personal belongings**  
Each child has their own individual storage space that is labeled for their personal belongings. For example, individual hooks, cubbies, baskets.

## Exceeds Expectations

- ☐ **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.
- ☐ **Individual storage space is accessible to children**  
Each child has access to their own storage space, which is labelled to support independence and a sense of belonging.
- ☐ **Children have access to at least four learning areas**  
For example, construction area, language and literacy area, art area and dramatic area.

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## 4. Books, Language & Literacy

**Intent:** Children should have access to a wide variety of books, language resources, and literacy materials that are responsive to the developmental needs of the children. These materials should include a range of topics that are current, meaningful, and engaging. Books should feature images of real people, places, and objects to help children make connections between stories and the world around them. It is also important that the collection of books and literacy materials reflects and respects the diverse sociocultural identities of the children, families, and communities represented in care. Resources should promote inclusion and be free of stereotypes or bias, offering positive and authentic portrayals of different cultures, family structures, abilities, and life experiences. This helps children feel seen, valued, and respected while also learning about the wider world. Adults play an essential role in modeling the appropriate use of books, showing children how to handle them with care and teaching respect for shared materials. By reading with children, asking questions, and encouraging conversation, adults support the development of language, literacy skills, and a lifelong love of learning..

**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

**Sociocultural Identities:** Experiences that represent Indigenous peoples and cultures, different ethnicities, races, languages, sexual orientations, and diverse gender identities.

**Gender Identity:** Gender identity is each person's internal and individual experience of gender. It is a person's sense of being a woman, a man, both, neither, or anywhere along the gender spectrum. (Ontario Human Rights Commission)

**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

### Does Not Meet Expectations

#### ☐ 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.

#### ☐ Books do not include three different topics

### Meets Expectations

#### ☐ Two or more books include sociocultural identities are accessible

Two or more books reflect Indigenous peoples and cultures, different ethnicities, races, languages, or diverse gender identities that are meaningful to

### Exceeds Expectations

#### ☐ 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.

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## Does Not Meet Expectations

Books only include two topics. For example, only books about food and transportation.

☐ **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.

☐ **Language and literacy materials are not accessible**

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.

☐ **Books are not responsive to the development needs of the children**

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.

☐ **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.

## Meets Expectations

children and families in the program and community. The books are inclusive and bias-free.

☐ **Two or more books per child are accessible**

For example, if three children are enrolled, there are six books accessible.

☐ **One book accessory is accessible in the play space**

For example, puppets, felt board, musical instruments, audio player.

☐ **Three or more books with images of real people/objects are accessible**

Three or more books portray real people or objects. For example, books with images of actual food items, animals, people, or children's families.

☐ **Two or more books reflecting people with a wide range of abilities and disabilities are accessible**

Two or more books that reflect people with a wide range of abilities and participating in everyday activities or using different types of adaptive devices are accessible to the children. The books are inclusive and bias-free.

☐ **Two different types of language and literacy materials are accessible**

For example, keyboards, phones, word builders/games, puzzles/blocks with letters.

## Exceeds Expectations

☐ **Three different types of language and literacy materials are accessible**

For example, keyboards, phones, word builders/games, puzzles/blocks with letters.

☐ **Children and provider participate in a community literacy experience monthly**

For example, the provider and children visit the library, book store or lending library.

**(Not applicable for Before & After School children during instructional days)**

☐ **Bins and/or shelves are labelled with words and/or pictures**

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.

☐ **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.

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## 5. Electronic Media Usage

**Intent:** The Provider is responsible for monitoring all screen time to ensure that it is responsive to the developmental needs of the children. Screen time should be purposeful and, when used, should support learning opportunities and positive development. It is recognized that limited screen time may also be appropriate in certain situations, such as providing a short, supervised activity while meals are being prepared. In all cases, screen use must remain balanced with active play, social interaction, and other hands-on learning experiences. If a child requires more than 30 minutes of screen time per day due to specific developmental goals or individualized strategies, this must be supported by documentation from a Resource Consultant. This ensures that screen time is used in an intentional, supportive, and inclusive way that meets the unique needs of the child.

**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.

**Note:** 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.

**Note:** If electronic media is not used, this domain is not applicable.

Meets Expectations	Meets Expectations	Exceeds Expectations
<ul style="list-style-type: none"> <li><input type="radio"/> <b>All games are not "E" rated</b></li> <li><input type="radio"/> <b>Three educational games are not available</b> There are less than three different types of educational games and programs. For example, only one number game or one word building game.</li> <li><input type="checkbox"/> <b>Alternate activity is not provided</b> The children do not have a choice of another activity to do if they are not interested in participating in screen time.</li> <li><input type="checkbox"/> <b>Provider does not monitor all screen time</b></li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> <b>All movies are "G" rated</b></li> <li><input type="radio"/> <b>Games and/or movies are responsive to the development needs of the children</b> Any games and/or movies are responsive to the development needs of the children</li> <li><input type="radio"/> <b>Children view appropriate content during all screen time</b> Children only view content that is age appropriate.</li> <li><input type="radio"/> <b>TV/Movie watching is documented on the Program Plan</b></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Evidence that families are aware of all screen time</b> There is documentation for parents to see and be aware of what the child is accessing. This could be recorded on a separate form, or on the Program Plan.</li> <li><input type="checkbox"/> <b>Focus of screen time is to extend the children's learning</b> For example, children are interested in butterflies and the provider looks up information or finds a video clip to share with children.</li> </ul>

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## Does Not Meet Expectations

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.

## Meets Expectations

- ☐ **Screen time does not exceed 30 minutes daily**  
Children use handheld devices or watch TV/Movies for less than 30 minutes per day.

## Exceeds Expectations

- ☐ **Information accessible to Families on safe and effective use of media learning**  
There is information for families regarding safe and/or effective use of media learning. This may include pamphlets, brochures, or website links.
- ☐ **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 training/ workshops on media usage and how to use media in an effective way.

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## 6. Pretend Play

**Intent:** Children are provided with opportunities to explore and engage in imaginative play. A variety of materials, props, and accessories are accessible to enrich both indoor and outdoor learning areas. These resources encourage children to take on different roles, create stories, and express their ideas in meaningful ways. Through open-ended play, children develop important social and emotional skills. They build a sense of self as they express their own thoughts and preferences, and they develop an understanding of others as they interact, share, and collaborate in play. Imaginative play also promotes creativity, problem-solving, and communication, supporting children's overall growth and development. It is important that the materials and props used in imaginative play reflect diverse sociocultural identities, family structures, abilities, and life experiences. Resources should be inclusive and free of stereotypes or bias, so that all children feel represented, respected, and valued. When children see their own identities reflected, they gain a stronger sense of belonging and develop respect for diversity.

**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.

**Sociocultural Identities:** Experiences that represent Indigenous peoples and cultures, different ethnicities, races, languages, sexual orientations, and diverse gender identities.

**Gender Identity:** Gender identity is each person's internal and individual experience of gender. It is a person's sense of being a woman, a man, both, neither, or anywhere along the gender spectrum. (Ontario Human Rights Commission).

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

### Does Not Meet Expectations

#### ☐ **Materials are in poor condition**

Some accessories for pretend play are broken, missing pieces, or visibly soiled.

### Meets Expectations

#### ☐ **Materials are accessible**

Props and materials are stored within children's reach or in a container that children are able to open independently.

### Exceeds Expectations

#### ☐ **Three or more types of materials include real items accessible**

Three or more types of the pretend play props and materials are real. For example, oven gloves, plastic measure cups/spoons, placemats, clothes, purses/wallets, empty food containers.

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## Does Not Meet Expectations

- ☐ **Materials are not responsive to the developmental needs of the children**  
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".
- ☐ **Materials offered are not adapted to ensure all children can participate**  
Props and materials offered are not responsive to the developmental needs of children currently enrolled. For example, dress up clothes that only toddler age children could try on.

## Meets Expectations

- ☐ **Materials are organized**  
The props and materials are stored in containers or bins of similar categories.
- ☐ **Designated 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.
- ☐ **Two or more types of materials are inclusive**  
Two or more types of the pretend play props and materials are inclusive. For example, foods, dishes, utensils, and dolls that reflect different sociocultural identities, adaptive types of equipment, bias-free materials, or materials that reflect the families, community and children enrolled.
- ☐ **Mirror is accessible to children in 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.

## Exceeds Expectations

- ☐ **Materials are rotated bi-weekly to reflect children's interests**  
Pretend play props and materials are changed and rotated every other week and are based on the children's interests.
- ☐ **Three or more types of materials are inclusive**  
Three or more types of the pretend play props and materials are inclusive. For example, foods, dishes, utensils, and dolls that reflect different sociocultural identities, adaptive types of equipment, bias-free materials, or materials that reflect the families, community and children enrolled.
- ☐ **Children create props and accessories for the pretend play area**  
Children create props for the 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.

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## 7. Art

**Intent:** Providing experiences with a variety of art materials allows children to explore creativity, express themselves, and develop their sense of individuality. All art materials and equipment are safe and free from toxic substances and are responsive to the developmental needs of the children. Materials and equipment are adapted as needed to promote participation, independence, and success for all children, ensuring that every child can engage meaningfully in creative experiences. Art supplies also reflect diverse sociocultural identities, including a range of skin tones, abilities, and experiences. For example, markers in different skin tones are placed in the same container as other markers, ensuring an inclusive environment. Through these thoughtfully planned art experiences, children develop creativity, confidence, fine motor skills, while expressing their ideas and exploring the world around them.

**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

#### ☐ **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.

### Meets Expectations

#### ☐ **Current artwork is displayed**

All artwork that is displayed is current within the last two months.

#### ☐ **50% or more artwork displayed is process-oriented**

Half of the artwork on display is open ended and the children's own creative expression.

### Exceeds Expectations

#### ☐ **Five or more types of art materials that are responsive to the development of children 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, collage materials, printmaking materials.

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Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Artwork is not displayed</b> Children's artwork is not displayed.</li> <li><input type="checkbox"/> <b>Children have access to toxic art materials</b> For example, bingo dabbers, permanent markers or any item that states, "keep out of reach of children".</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>A minimum of 5 pieces of artwork is displayed</b> 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.</li> <li><input type="checkbox"/> <b>Art materials are accessible</b> Art materials are accessible to the children.</li> <li><input type="checkbox"/> <b>Three or more types of art materials that are responsive to the developmental needs of children are accessible</b> Three or more types of art materials are accessible for the children to choose from on their own. For example, markers, crayons, paper.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Three-dimensional and/or recyclable art materials accessible</b> For example, paper towel rolls, small boxes for structures, cups, yogurt containers.</li> <li><input type="checkbox"/> <b>Three or more types of skin tone art materials are accessible</b> three or more types of art materials there are four natural skin tone shades. For example, crayons, markers, paper. All have four shades of natural skin tones.</li> </ul>

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## 8. Sensory

**Intent:** Materials that reflect sensory experiences encourage children to explore through cause-and-effect experimentation and careful observation. By engaging with these materials, children can test ideas, make predictions, and see the results of their actions in meaningful ways. Continual access to sensory materials and experiences allows children to develop a deeper understanding of their environments. Through playful exploration, children learn using all of their senses - touch, sight, sound, taste, and smell - helping to strengthen cognitive, physical, and social emotional development. These experiences support curiosity, problem solving, and creativity, providing a foundation for lifelong learning. It is also important that sensory materials are inclusive and reflect the diverse sociocultural identities of children, families, and communities. Materials should provide opportunities for all children to see themselves represented and to explore experiences different from their own. By ensuring that sensory experiences are responsive, accessible, and meaningful, providers support a sense of belonging for every child.

**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

#### ☐ **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.

### Meets Expectations

#### ☐ **Sensory learning experiences are offered daily**

The children are offered a sensory opportunity each day. For example, water play, sand play, goop, playdough.

### Exceeds Expectations

#### ☐ **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.

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## Does Not Meet Expectations

- ☐ **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.
- ☐ **Sensory materials not available**  
There are no sensory materials available for the children.
- ☐ **Provider does not sing to children**  
The provider does not sing with children daily, whether it is with an individual child or small group.
- ☐ **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.

## Meets Expectations

- ☐ **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.
- ☐ **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.
- ☐ **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.

## Exceeds Expectations

- ☐ **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.
- ☐ **The provider sing/play songs from different sociocultural identities**  
The provider incorporates music into the environment by either singing or playing music from different sociocultural identities.
- ☐ **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.
- ☐ **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.

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## 9. Cognitive & Manipulative and Science & Nature

**Intent:** Cognitive and manipulative learning opportunities can be found in many different types of experiences. It is important to provide a variety of materials and experiences that allow children to explore, discover, and extend their learning. These experiences support the development of fine motor skills, problem-solving abilities, and hand- to-eye coordination. By engaging with a wide range of materials, children can experiment, practice new skills, and deepen their understanding of the world around them. Offering diverse and thoughtfully chosen resources also encourages creativity, independent thinking, and meaningful play experiences. It is important that materials are inclusive, accessible, and responsive to the developmental needs of all children, ensuring that every child can participate fully and benefit from the learning opportunities provided.

**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, farmhouse, airport, car garage, animals, people.

**Science & nature:** bottles filled with coloured water, magnifying glass, coloured lenses, seashells, stones, pinecones, planting, cooking activities

Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<p><input type="checkbox"/> <b>Cognitive and manipulative materials are not accessible</b> 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.</p> <p><input type="checkbox"/> <b>Materials are in poor condition</b> Materials are not in good condition. For example, toys are chipped, have sharp edges, visibly soiled.</p> <p><input type="checkbox"/> <b>One cognitive and manipulative material is not accessible per child</b> 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.</p>	<p><input type="checkbox"/> <b>Two or more types of construction accessories are accessible</b> For example, farmhouse, people or animals.</p> <p><input type="checkbox"/> <b>Two or more types of construction materials are accessible</b> For example, Duplo blocks, wooden blocks.</p> <p><input type="checkbox"/> <b>Cognitive and manipulative materials are responsive to the developmental needs of the children</b> The materials are responsive to the developmental needs of all children in the home. The cognitive and manipulative materials reflect the age and developmental level of the children in the room.</p>	<p><input type="checkbox"/> <b>Additional cognitive and manipulative materials are available for rotation</b> There are extra cognitive and manipulative materials that can be rotated within the home.</p> <p><input type="checkbox"/> <b>A Science &amp; Nature learning experience is offered daily</b> 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.</p>

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Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
		<div><input type="checkbox"/> <b>Two or more materials reflecting numeracy accessible for each age group enrolled</b> 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.</div>

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## 10. Physical Play Learning Experiences

**Intent:** Daily opportunities for outdoor physical play are an important part of children's learning and development and are scheduled whenever the weather permits. Outdoor play provides children with the chance to be active, develop large motor skills, explore their environment, and engage in social interactions with their peers. When planning outdoor experiences, providers demonstrate flexibility to respond to changing weather conditions. For example, on warm or mild days, more time may be spent outside, allowing children to fully enjoy extended play. On very hot, cold, or inclement days, outdoor time is shortened to ensure children's safety and comfort. Providers also consider public health advisories, such as heat warnings, smog alerts, air quality, or wind-chill advisories, to make informed decisions about outdoor play. If children are unable to go outdoors due to weather or safety concerns, equivalent indoor physical play opportunities must be provided. This ensures that children continue to develop gross motor skills, coordination, and strength in a safe and engaging environment. Outdoor equipment and play materials should also be adapted as needed so that all children can participate fully in physical play. This includes making accommodations for children with varying abilities, developmental needs, or mobility considerations. By providing thoughtful, inclusive, and safe outdoor experiences, providers support children's physical health, social skills, and overall well-being.

**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

☐ **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.

### Meets Expectations

☐ **Outdoor/physical play learning experiences that are responsive to the developmental needs of children are planned to ensure all children are able to participate**

All the children can be a part of the physical play. For example, infants and toddlers are not left in stroller or on a blanket without any materials.

### Exceeds Expectations

☐ **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.

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## Does Not Meet Expectations

- ☐ **No physical play equipment is available**  
Physical play equipment is not available.
- ☐ **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.

## Meets Expectations

- ☐ **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.
- ☐ **Outdoor/physical play equipment is accessible**  
There is outdoor/physical play equipment for the children to freely choose from. For example, balls, bean bags, bowling, hula hoops, riding toys.
- ☐ **Provider has extra clothing for children**  
For example, a child has no gloves, the provider has extra ones for the child to use.
- ☐ **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.

## Exceeds Expectations

- ☐ **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.
- ☐ **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 afternoon. For example, playing catch with the ball, game of tag, obstacle course, parachute games, riding toys, kicking a ball.  
(Not applicable for Before & After School children during instructional days)

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## 11. Field Trips

**Intent:** Field trips are carefully planned in advance in collaboration with the Home Visitor. The safety of the children is always the top priority. To ensure this, the provider becomes familiar with the destination before the trip, supervises the children at all times, and brings all necessary emergency information for each child. If applicable, any designated medication is also taken on the trip. The provider also ensures that children are dressed appropriately for the weather and that any potential hazards at the destination are considered and addressed. When planning field trips, the provider considers the interests, abilities, and needs of the children. Experiences and destinations are chosen so that all children can participate fully, explore new experiences, and enjoy meaningful learning opportunities outside their usual environment. Field trips also encourage social interaction, cooperation, and curiosity, helping children to develop confidence and a sense of independence in new settings. Destinations and experiences are selected to reflect sociocultural identities, experiences, and perspectives, so that all children feel represented, respected, and able to connect with the learning in meaningful ways.

**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.

**Note:** Not applicable only applies for Before & After School children during non-instructional days.

Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<p><input type="checkbox"/> <b>Home Visitor is not informed of field trips</b> The Home Visitor is not aware when field trips are planned.</p> <p><input type="checkbox"/> <b>First aid kit is not taken on field trips</b> A first aid kit is not with the provider when on a field trip.</p> <p><input type="checkbox"/> <b>Children's medication is not taken on field trips</b> The provider does not take the children's medication with them when on a field trip.</p>	<p><input type="checkbox"/> <b>All field trips are planned in-advance</b> All field trips are planned ahead of time, not the day of the trip.</p> <p><input type="checkbox"/> <b>Permission forms are signed in advance</b> All permission forms for the field trip are signed by families before leaving for the field trip.</p> <p><input type="checkbox"/> <b>Provider has access to a cell phone during field trips</b> The provider has a cell phone with them when on a field trip.</p>	<p><input type="checkbox"/> <b>Focus of the field trip is to extend the children's learning</b> 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.</p> <p><input type="checkbox"/> <b>Field trips are planned in partnership with the Home Visitor and families</b> The provider plans any field trip with the Home Visitor and families, so they are aware.</p>

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Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<div><input type="checkbox"/> <b>Children's emergency information is not taken on field trips</b> The provider does not take all the children's emergency information with them when on a field trip.</div>		<div><input type="checkbox"/> <b>Home Visitor accompanies the provider and children on at least one field trip annually</b> The Home Visitor is able to go on at least one field trip with the provider within the year.</div>

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## 13. Routine Care Practices

**Intent:** The child's interactions and experiences are carefully documented and shared with families. This helps families stay informed about their child's daily experiences, learning, and accomplishments. For children under two years of age, an individual schedule is maintained that respects and reflects the child's needs as well as the family's requests. The provider closely follows the individual cues of each child, recognizing that children respond and adapt to situations and environments in unique ways. The provider also records all snacks, meals, and beverages consumed throughout the day. This information is shared with families and serves as a valuable communication tool. Regular sharing of this information helps build trust and ongoing rapport between the provider and families, supporting a strong partnership in the child's care and development.

**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 daily. 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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## Meets Expectations

- ☐ **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.
- ☐ **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.
- ☐ **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.

## Meets Expectations

- ☐ **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.
- ☐ **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.
- ☐ **Daily information chart is reviewed with families**  
The provider does not review the daily information charts with the families on a daily basis.

## Meets Expectations

- ☐ **Individual schedules are followed**  
Provider follows the children's individual schedules to ensure their needs are being met.
- ☐ **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 emailed 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 families.
- ☐ **Individual schedules are reviewed with families based on the child's cues and stages of development**  
There is evidence that individual schedules are reviewed with families every four months, or more often as required.

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## 14. Toileting and Diapering Routines

**Intent:** As required by the Child Care and Early Years Act, the Agency must establish proper sanitary practices and procedures. These practices are important to prevent the spread of germs and illnesses, keeping both children and the provider healthy and safe. Following infection prevention and control (IPAC) practices helps reduce the risk of sickness, supports overall well-being, and ensures a safe environment for learning and play. It is expected that regular spot-checks are conducted to assess sanitary procedures and ensure that these practices are being followed consistently. Monitoring and maintaining proper hygiene standards demonstrates a commitment to the health and safety of all children and the provider in care.

**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"> <li>○ <b>Diapering is done in the food preparation area</b> Children's diapers are changed in the kitchen or in an area where food is prepared.</li> <li>❑ <b>Running water is not available close to diapering/toileting area</b> There is no running water close to the area where diapering/toileting is being done.</li> <li>○ <b>Current Regional Public Health procedure for potty use is not posted</b> Current Regional Public Health potty procedures is not posted.</li> <li>○ <b>Potties are not disinfected after each use</b> Potties are not cleaned and disinfected after each child uses them.</li> </ul>	<ul style="list-style-type: none"> <li>❑ <b>Toilets are disinfected daily or if they become soiled</b> The toilets are disinfected each day or when it is visibly soiled.</li> <li>○ <b>Diapering surface and/or individual change pads are sanitized</b> The diapering surface being used with each child is sanitized after every use.</li> <li>❑ <b>Diapering and/or toileting is viewed as an opportunity to encourage self-help skills</b> Provider uses the time to encourage self-help skills. For example, holding the clean diaper or child washing their own hands.</li> <li>○ <b>Soiled diapers are disposed in a separate covered garbage bin or individual bag.</b> 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.</li> </ul>	<ul style="list-style-type: none"> <li>❑ <b>Toilets are accessible on the same floor where the main program is offered</b> Children are independently able to access the toilet on the floor the program is offered.</li> <li>○ <b>The provider supplies extra diapers when required</b> The provider has extra diapering supplies if a child runs out of items. These supplies are not being borrowed from other families.</li> <li>❑ <b>Picture symbol schedule depicting toileting and/or diapering routine is accessible</b> 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.</li> </ul>

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## Does Not Meet Expectations

☐ **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.

☐ **No change table/mat available**

## Meets Expectations

☐ **Current Regional Public Health procedure for toileting/diapering is posted**

☐ **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.

## Exceeds Expectations

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 important opportunity for interaction, learning, and socialization between the provider and the children. During meals, children can practice communication skills, develop social habits, and build positive relationships with the provider and their peers. Meal times also provide opportunities to encourage healthy eating habits. It is essential to ensure that each child's individual needs, preferences, and daily schedule are respected. For example, if a younger child becomes sleepy at lunchtime, the provider can save the child's meal and allow the child to rest first. Similarly, the provider can adjust portion sizes, assist children who need help eating, or provide support for children with dietary restrictions. Meal times should also reflect inclusivity and respect sociocultural identities. Providers accommodate dietary needs, food preferences, and cultural practices, ensuring that all children feel included, valued, and supported. This approach promotes children's health, well-being, and a sense of belonging while respecting the unique backgrounds of every child.

**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 for the number, and ability of, children in care. Any cultural observances are considered.

### Does Not Meet Expectations

- ☐ **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.
- ☐ **Food is used as a reward or punishment**  
Food is used to reward, to acknowledge performance, to punish or to control children's behaviour.
- ☐ **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.

### Meets Expectations

- ☐ **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.
- ☐ **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.

### Exceeds Expectations

- ☐ **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.
- ☐ **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.

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## Does Not Meet Expectations

- ☐ **Eating utensils are not responsive to the developmental needs of children**  
The eating utensils that the children are using are not appropriate for their age and ability. For example, infants using forks instead of spoons.
- ☐ **Insufficient eating utensils that are responsive to the development needs for all children**  
There are not enough eating utensils for the children to use at meals.

## Meets Expectations

- ☐ **Meal time furnishings are responsive to the developmental needs of the children**  
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.
- ☐ **Food is always served on dishes and/or napkins**  
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.
- ☐ **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.
- ☐ **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.

## Exceeds Expectations

- ☐ **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.
- ☐ **Toddler and Preschool children self-serve at least two food items**  
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.
- ☐ **Kindergarten and School age children self-serve all foods**  
Children serve themselves all foods during first serving except for soups and stews. It is acceptable for the provider to assist using hand-over-hand help as needed.

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## 16. Cribs/Cots/Playpens and Bedding

**Intent:** Each child has their own designated crib, cot, or playpen, which is kept clean and hygienically maintained. This ensures that children have a safe and healthy place to rest or sleep. Providers demonstrate flexibility by observing and responding to the individual cues of each child. They adjust the routine of the program when needed to meet the child's needs, such as allowing extra rest time, changing sleep schedules, or modifying experiences. This approach supports children's comfort, well-being, and development while respecting their unique rhythms and preferences.

**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 families.

**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
<p><input type="checkbox"/> <b>Bed linens are not washed</b> The bedding that is used for the children is not cleaned or washed.</p> <p><input type="checkbox"/> <b>Bed linens are not in good repair</b> For example, the bed linen is ripped, stained or torn.</p> <p><input type="checkbox"/> <b>Additional bed linen is not available</b> The provider does not have any extra bed linen for the children to use if the children soil the one they are using.</p>	<p><input type="checkbox"/> <b>Sleeping area is monitored</b> 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.</p> <p><input type="checkbox"/> <b>Bed linens are washed weekly</b> The bed linens the children use are washed each week.</p> <p><input type="checkbox"/> <b>Cribs/cots/playpens are disinfected weekly</b> Mattresses/cribs/cots or playpens are disinfected at least once a week.</p> <p><input type="checkbox"/> <b>Bed linens are used for cots, cribs and playpens</b> Provider always uses linens for equipment children rest on. Children do not rest directly on cot, mat, or playpen.</p>	<p><input type="checkbox"/> <b>Children are allowed to bring a soft toy and/or bedding from home.</b></p> <p><input type="checkbox"/> <b>Cribs/cots/playpens are not used for storage</b> Cribs/cots/playpens are not used to store toys, equipment or personal items at any time.</p> <p><input type="checkbox"/> <b>Resting environment includes soft music and dimmed lighting</b> There is soft music and or white noise playing in the background during the entire rest time. The lights are turned down or dimmed and/or the curtains/blinds are closed.</p>

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Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
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- ☐ **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.

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## 17. Health & Safety

**Intent:** The provider must ensure that the play area is safe for all children. All hazardous materials, such as cleaning supplies or sharp objects, are kept out of reach. Large appliances, such as ovens or refrigerators, are locked or placed where children cannot access them. If portable heating appliances are used, they are closely supervised and placed so that children cannot touch or reach them. Ensuring these safety measures helps prevent accidents, protects children from harm, and creates a secure environment where children can play, explore, and learn with confidence.

**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 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"> <li>○ <b>Stand-alone freezer is not locked</b> The stand-alone freezer is not locked or does not have a child safety mechanism on it so children cannot access.</li> <li>○ <b>Portable fan/air-conditioner units are not supervised</b> The portable fan/air conditioner is not supervised or monitored, and children may come into contact with it.</li> <li>○ <b>Working fireplace is accessible to children</b> The working fireplace is on, or children have access to it. Measures are not put in place so that children are not coming in contact with the fireplace when used.</li> </ul>	<ul style="list-style-type: none"> <li>○ <b>Electric outlets are covered</b> The electric outlets that are in the areas the children are using are all covered with child safety covers or are tamper resistant. <b>Note:</b> If there are only 6-12-year old's in care, this sub-item is not applicable.</li> <li>□ <b>Cords are used in a safe manner</b> For example, extension cords do not pose tripping hazards and are not hanging within the children's reach.</li> </ul>	<ul style="list-style-type: none"> <li>□ <b>Monthly health &amp; safety checks completed</b> A health and safety check is completed every month on the space used by the children.</li> <li>□ <b>Monthly health &amp; safety checks are documented</b> For example, on a separate sheet, visit report, log book.</li> <li>□ <b>Safety-related resources available for families</b> Provide resources to families on safety-related topics. For example, recalled toys, bike safety, seasonal safety.</li> </ul>

# Assessment|Home Child Care

## Does Not Meet Expectations

- **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.
- ❑ **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.
- ❑ **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."
- ❑ **Working flashlight is not accessible**  
There is not a working flashlight that is easily accessible in the area the children are using.

## Meets Expectations

- ❑ **Hazardous materials are inaccessible to children**  
There are no chemicals or cleaning products accessible to the children or within their reach.
- **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.
- **Child safety gates are used on all stairs**  
Safety gates must be used for children up to 30 months of age, or whenever safety concerns require it. For example, a gate may be needed for an older child who tends to run unexpectedly, to ensure they remain safe.
- **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.
- **Chest freezer is locked**  
The chest freezer has a lock or child safety mechanism on it.

## Exceeds Expectations

# Assessment|Home Child Care

## Does Not Meet Expectations

☐ **All areas of the home are not in a state of 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.

☐ **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.

## Meets Expectations

☐ **Bi-monthly health & safety checks are documented**

For example, on a separate sheet, visit report log book.

☐ **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.

## Exceeds Expectations

# Assessment|Home Child Care

## 18. Windows & Exit Doors

**Intent:** Windows, especially on the second floor or higher, must be fitted with secure screens that fasten properly to prevent children from falling. All windows must comply with local by-law requirements. Any window that is higher than 1.98 meters (6 feet 6 inches) above the ground must have openings no larger than 100 millimeters (4 inches). Curtain and blind cords must be kept out of reach of children to prevent accidents. All exit doors must have working locks and be maintained in good repair to ensure the safety and security of everyone in the home. These safety measures help prevent injuries and create a secure environment where children can explore and play safely.

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

**Windows above ground:** any windows higher than 1.98m/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	Does Not Meet Expectations	Exceeds Expectations
<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Windows not properly fitted with screens and/or fastened securely</b> 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.</li> <li><input type="checkbox"/> <b>Exit doors do not have a working lock</b> All exit doors do not have working locks.</li> <li><input type="radio"/> <b>Curtains/blind strings are not installed for a safe children's environment</b> 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.</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> <b>Balcony and/or screen doors are locked</b> The balcony or screen door is always locked when children are in attendance in the home.</li> <li><input type="checkbox"/> <b>Exit doors are checked monthly</b> The exit doors are checked monthly to ensure the locks are working.</li> <li><input type="checkbox"/> <b>Exit doors are locked when children are in attendance</b> All exit doors are kept locked while children are in the home.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Child height windows in doors/walls to see out</b> Within the home, windows and/or doors are at child's height to allow for children to see out.</li> <li><input type="checkbox"/> <b>Documentation that Home Visitor checked exit doors monthly</b> The Home Visitor checks all the exit doors monthly and records it. This could be done on a separate sheet, visit report or log book.</li> <li><input type="radio"/> <b>Documentation that provider checks above ground windows for safety monthly</b> The provider checks above ground windows for safety monthly and records it. This can be done on a separate sheet or log book.</li> </ul>

# Assessment|Home Child Care

## Does Not Meet Expectations

## Meets Expectations

## Exceeds Expectations

☐ **Above ground windows only open 4 inches or less**

When windows in a home are higher than 1.98m/6'6" they cannot open more than 4 inches. A child safety lock can be used to ensure this, or the window is always kept locked.

☐ **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.

# Assessment|Home Child Care

## 19. Fire/Safety Plan

**Intent:** The provider has a written evacuation plan in place and conducts monthly fire drills. These drills help ensure that, in the event of a fire or other emergency, everyone knows the procedures and can exit the home safely and calmly. Regular practice allows children and the provider to become familiar with the steps to take during an emergency. It also helps reduce fear and confusion, so that everyone can respond quickly and safely if a real emergency occurs. Conducting drills consistently demonstrates a commitment to the safety and well-being of all children in care.

**Evidence:** can be achieved through the monthly visit report.

### Does Not Meet Expectations

- ❑ **No evidence of fire drills being conducted**  
There is nothing recorded to show evidence that provider is practicing fire drills with the children.
- ❑ **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.
- ❑ **Evacuation plan not available**  
There is not a plan of action to evacuate the home in case of an emergency.
- ❑ **Evacuation plan does not include alternate location**  
The evacuation plan does not have an alternate location written on it.

### Meets Expectations

- ❑ **Evacuation plan is posted**  
A plan of action has been completed and posted for cases of emergency and/or evacuation.
- **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.
- ❑ **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.

### Exceeds Expectations

- ❑ **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.
- ❑ **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.
- ❑ **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.

# Assessment|Home Child Care

## 20. Fire/Safety Equipment

**Intent:** The provider's home must have working smoke and carbon monoxide detectors to ensure the safety of both children and adults. These devices must be checked regularly to confirm they are in good working order. The home must also be equipped with a suitable fire extinguisher, as recommended by the local fire department. Fire extinguishers are kept in good working order and inspected on a regular basis. They should be placed where adults can easily access them, but out of reach of children. Having these safety devices and maintaining them properly helps prevent accidents, protects everyone in the home, and ensures a safe environment for children to live, learn, and play.

**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"> <li><input type="checkbox"/> <b>No fire extinguisher</b> There is not a fire extinguisher in the home.</li> <li><input type="radio"/> <b>No carbon monoxide detector on premises</b> There is not a working carbon monoxide detector in the home.</li> <li><input type="checkbox"/> <b>Smoke detectors are not tested monthly</b> The smoke detectors are not tested each month.</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> <b>One or more carbon monoxide detectors are installed</b> There is at least one or more working carbon monoxide detectors installed in the home.</li> <li><input type="radio"/> <b>Carbon monoxide alarm tested monthly</b> The carbon monoxide detector is tested each month.</li> <li><input type="checkbox"/> <b>Provider's dwelling is equipped with a working smoke detector on every floor</b> There is a smoke detector on every floor of the home that is in working condition.</li> <li><input type="checkbox"/> <b>Fire extinguisher is accessible to adults</b> 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.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Hard wired smoke detector installed</b> There is a working smoke detector that does not depend on batteries and is wired into the home.</li> <li><input type="checkbox"/> <b>Evidence Home Visitor checks fire extinguishers monthly</b> 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.</li> <li><input type="radio"/> <b>Hard wired carbon monoxide detector installed</b> There is a working carbon monoxide detector that does not depend on batteries and is wired into the home.</li> <li><input type="checkbox"/> <b>More than one fire extinguisher</b> There is an additional fire extinguisher in working condition in the home.</li> </ul>

# Assessment|Home Child Care

## Does Not Meet Expectations

## Meets Expectations

## Exceeds Expectations

☐ **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.

☐ **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.

☐ **Documentation on file indicating detectors are tested**

When detectors are tested, they are recorded. For example, on a separate sheet or in log book.

# Assessment|Home Child Care

## 21. Medication

**Intent:** All medication must be stored in a locked container that is out of reach of children. This includes prescription medications, vitamins, medicated ointments, over-the-counter medications, and any personal medications belonging to the provider or their family. Families are always notified when non-prescription medication is given to a child. Such medication must be accompanied by a doctor's note to ensure it is safe and appropriate for the child. Proper storage and careful administration of medications help protect children's health and safety while maintaining clear communication and trust with families.

**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"> <li>❑ <b>Medication does not come in original containers, labeled with the child's name, date and dosage</b> Medication that a family 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.</li> <li>❑ <b>No procedure for medication administration</b> The provider does not have a procedure in place for giving medication to children.</li> <li>❑ <b>Prescription medication is not administered according to written procedure</b> The prescription medication is not given to child according to the instructions on the written procedure.</li> </ul>	<ul style="list-style-type: none"> <li>❑ <b>Agency consent forms completed with time, amount and name of child prior to administering medication</b> The consent forms the family signs include the amount of medication to be given and the name of the child receiving it.</li> <li>❑ <b>All medication is locked safely</b> 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.</li> <li>❑ <b>Locked medication container available for refrigerated and non-refrigerated medication</b> There are two locked medication containers. One for refrigerated and one for non-refrigerated medication.</li> </ul>	<ul style="list-style-type: none"> <li>❑ <b>Unused medication is returned to families</b> If there is unused medication, the provider gives it back to the parent/guardian to discard.</li> <li>○ <b>Documentation of emergency medication expiry dates</b> The provider has a record of all emergency medication expiry dates, so they can inform families when replacement medication is needed.</li> <li>❑ <b>Date of completion on medication form</b> The medication form completed by parent/guardian includes the date of completion the child stopped using it.</li> </ul>

# Assessment|Home Child Care

## Does Not Meet Expectations

## Meets Expectations

## Exceeds Expectations

☐ **Consent forms not completed for medication administration**

The provider does not have the families complete a medical consent form when medication is required to be given to a child.

☐ **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.

☐ **Epi-pen(s) not on site or accessible**

Epi- pen that a child is required to have is not always with the provider and child or cannot easily access it.

# Assessment|Home Child Care

## 22. Hand Hygiene

**Intent:** As required by the Child Care and Early Years Act, the Agency must establish proper sanitary practices and procedures. This includes following Infection Prevention and Control (IPAC) practices, with a particular focus on hand hygiene. Hand hygiene is essential to prevent the spread of germs and illnesses, protecting both children and the provider. Regular spot-checks are expected to assess hand hygiene practices and ensure they are consistently followed. By practicing proper hand hygiene, children and providers stay healthy, reducing the risk of infection and supporting overall well-being.

**Supplies:** liquid soap, paper towel, individual cloth towels

Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<p><input type="checkbox"/> <b>No running water available for hand hygiene</b> There is no running water for the provider to follow through with hand hygiene practices.</p> <p><input type="checkbox"/> <b>Home Visitor does not monitor or document provider hand hygiene quarterly</b> 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"/> <b>Disposable gloves are inaccessible</b> The provider does not have disposable gloves ready to use or they are not aware of where they are stored.</p>	<p><input type="checkbox"/> <b>A sink is available on the same floor where the main program is offered</b> 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"/> <b>Sufficient supplies for hand hygiene</b> There is liquid soap, paper towels, individual hand towels and/or hand sanitizer to ensure proper hand washing can occur.</p> <p><input type="checkbox"/> <b>Provider models hand hygiene as per posted procedure</b> The provider is able to model hand hygiene steps to the children as outlined in the posted procedures.</p> <p><input type="checkbox"/> <b>Hand sanitizer is available for use when water is not accessible</b> There is hand sanitizer available in the home or emergency bag when going on community and/or field trips.</p>	<p><input type="checkbox"/> <b>Children demonstrate the awareness of hand hygiene practices</b> Children are observed following hand hygiene practices with minimal direction.</p> <p><input type="checkbox"/> <b>Mirror is accessible in the washroom area</b> A mirror is accessible and at an appropriate eye level for all children in the washroom area.</p> <p><input type="radio"/> <b>Current Regional Public Health hand sanitizing procedure is posted</b></p> <p><input type="checkbox"/> <b>Visual schedule for hand hygiene is accessible</b> There is a visual depiction of the hand hygiene procedures at the children's eye level.</p>

# Assessment|Home Child Care

Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<div><div><input type="radio"/> <b>A step-stool or alternate is not used to make the sink accessible to all children</b></div><div>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.</div></div>	<div><div><input type="checkbox"/> <b>Current Regional Public Health hand hygiene procedure is posted</b></div><div><input type="checkbox"/> <b>Current Regional Public Health hand hygiene procedure is followed</b> During observation of a hand hygiene routine, the provider consistently follows the current Regional posted procedures.</div></div>	

# Assessment|Home Child Care

## 23. Sanitary Practices

**Intent:** The provider ensures that the home child care setting is clean, safe, and sanitary for all children. This includes following Infection Prevention and Control (IPAC) practices, such as proper hand hygiene, safe handling of food, cleaning and disinfecting surfaces and toys, and maintaining proper personal hygiene. By consistently applying these practices, the provider reduces the risk of spreading germs and illnesses, helping to protect the health of both children and adults in the home. A clean and hygienic environment also supports children's overall well-being, learning, and development, allowing them to explore and play safely.

**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"/> <b>Home Visitor does not review replacement plan of toys and/or equipment annually</b> 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"/> <b>Toys and Play equipment for Kindergarten and/or school age children are not washed monthly</b> All toys and play equipment accessible to Kindergarten and/or school age children are not washed each month.</p>	<p><input type="radio"/> <b>Soft surfaces are deep-cleaned minimum of two times per year or if soiled</b> 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"/> <b>Toys and Play equipment for younger age groups are washed weekly</b> Toys and play equipment accessible to infant through to preschool are washed each week.</p> <p><input type="checkbox"/> <b>Space/area is maintained in a hygienic manner</b> 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"/> <b>Toys and play equipment washing is documented</b> 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"/> <b>Deep cleaning of soft surfaces is documented</b> 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"/> <b>Health-related resources available for families</b> Provide resources to families on health-related topics. For example, illness prevention, head lice information.</p>

# Assessment|Home Child Care

Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<div><div><input type="checkbox"/> <b>Toys and play equipment are not consistently washed as they become soiled</b></div><div>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.</div></div>		

# Assessment|Home Child Care

## 24. Attendance and Transitions

**Intent:** Providers pay close attention to each child's individual cues while supporting the development of self-regulation and self-help skills. Transitions between experiences are approached in a way that creates a positive learning environment. Props, visual aids, and other supportive strategies are used to help children move smoothly from one experience to another. Children are not left waiting for long periods, and transitions are managed to avoid rushing. Providers are always aware of the number of children present in the home and ensure that each child is safe and supervised at all times. It is the responsibility of the provider to accurately record all arrival and departure times on the Main Attendance Record using pen and/or on an online app. This documentation helps ensure accountability, supports the safety of all children, and maintains clear communication with families.

**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 or through a digital program such as an online app. 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"> <li>❑ <b>Extended waiting during transitions</b> For example, children wait beyond what is developmentally appropriate.</li> <li>❑ <b>Positive interactions do not occur between the provider and children during transitions</b> Provider does not support and encourage children during transitions by using positive gestures and language.</li> <li>❑ <b>Children's arrival and departure times are not recorded on the Main Attendance Record</b> 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 provider's care.</li> </ul>	<ul style="list-style-type: none"> <li>❑ <b>Transitions are conducted in a smooth and seamless manner</b> Provider consistently supports children's transitions, ensuring they are carried out in a way that children are not waiting.</li> <li>❑ <b>Provider prepares children prior to transitions</b> Provider prepares children ahead of time for upcoming transitions. For example, provider uses songs, verbal cues or visual routine to signal an upcoming transition.</li> <li>❑ <b>Provider records children's arrival and departure times on the Main Attendance Record</b> Providers record the children's arrival and departure times to ensure all children are always signed in and out.</li> </ul>	<ul style="list-style-type: none"> <li>❑ <b>Arrival and departure times are completed in pen</b> The main attendance is completed in pen or through a digital program such as an online app.</li> <li>❑ <b>Provider facilitates transitions to meet individual children's needs</b> For example, transitional cards, a timer, a bell, stop and go signs or routine songs sung to indicate the next transition.</li> <li>❑ <b>Transition play materials and/or props are available</b> 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.</li> </ul>

# Assessment|Home Child Care

## 25. Positive Atmosphere

**Intent:** The provider maintains a positive and supportive attitude toward all children, peers, and other adults in the home. By demonstrating kindness, respect, and patience, the provider creates a welcoming and nurturing environment where everyone feels valued and included. Throughout the day, the provider continuously role models appropriate social skills. This includes showing how to communicate politely, take turns, share, resolve conflicts, and demonstrate empathy. By observing and interacting with the provider, children learn important social and emotional skills, develop positive relationships, and gain confidence in their ability to interact respectfully with others. The provider's consistent modeling of positive behaviour also sets a standard for interactions among children and adults, supporting a safe, inclusive, and a respectful home child care environment.

**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"/> <b>Provider shouts at children</b> The provider is observed shouting at others or from across the program space at others.</p> <p><input type="checkbox"/> <b>Provider uses sarcasm, mocking or harsh words</b> The provider uses sarcastic, mocking or harsh words that would negatively affect any individual or be considered demeaning.</p> <p><input type="checkbox"/> <b>Provider is not welcoming</b> 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"/> <b>Provider maintains a positive tone of voice</b> 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"/> <b>Provider is patient</b> The provider remains calm and composed during all situations.</p> <p><input type="checkbox"/> <b>Provider directs positive attention to all children</b> The provider speaks and interacts with children in a positive and supportive manner.</p>	<p><input type="checkbox"/> <b>Provider models positive non-verbal communication skills</b> The provider can 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"/> <b>Provider uses teachable moments to further develop positive social behaviours</b> 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>

# Assessment|Home Child Care

Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<div><div>❑ <b>Provider does not model appropriate positive social behaviour</b></div><div>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.</div></div>		<div><div>❑ <b>Provider displays empathy</b></div><div>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.</div></div>

# Assessment|Home Child Care

## 26. Supervision of Children

**Intent:** The provider is aware at all times of the location of every child in care. They actively supervise children while also engaging in meaningful interactions, ensuring that children feel supported, valued, and safe. The provider balances attention between observing for safety and participating in children's learning and play. This approach allows children to explore and interact freely while minimizing risks, fostering a secure environment where children can develop confidence, independence, and social skills. By maintaining constant awareness and providing attentive supervision, the provider ensures that all children are safe, supported, and able to participate fully in daily experiences.

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

Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<p><b>❑ Provider is unable to balance supervision with interactions</b> 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.</p> <p><b>❑ Provider is unable to scan the area at all times</b> The provider does not scan the room to ensure the safety of all the children.</p> <p><b>❑ Supervision is conducted in a disruptive manner</b> 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.</p>	<p><b>❑ Provider reacts quickly to remedy unsafe conditions and/or situations</b> The provider can address and support children's well-being.</p> <p><b>❑ Provider is aware of the location of the children</b> The provider is aware of what the children are doing at all times.</p> <p><b>❑ Provider positions themselves so all children are supervised</b> The provider always positions themselves so that they have a view of all the children.</p>	<p><b>❑ Provider avoids carrying out tasks that distract their attention away from active supervision of the children.</b> For example, cleaning, using the phone, texting, reading.</p> <p><b>❑ Provider anticipate situations to support children's interactions and activities</b> The provider is aware of the children's behaviours and can anticipate situations. The provider is observed supporting the children's individual needs to ensure positive interactions and outcomes.</p> <p><b>❑ Provider seamlessly engages with all the children, balancing support while monitoring supervision</b> Supervision is maintained as provider interacts with all children and monitors individual needs.</p>

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Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<div><input type="checkbox"/> <b>No evidence the Home Visitor reviews supervision requirements annually</b> There is no documentation recorded that the Home Visitor reviews the supervision expectations each year.</div>		

# Assessment|Home Child Care

## 27. Fostering Children's Independence

**Intent:** The provider observes children carefully throughout the day, paying close attention to their cues, needs, and interests. By responding to these cues, the provider supports children in exploring experiences that capture their curiosity and encourage deeper learning. Children are given choices, sufficient time, and access to appropriate materials, allowing them to follow their own learning goals at their own pace. Interactions with the provider are designed to extend learning, foster problem-solving skills, and promote creativity and independence. This approach ensures that children's individual interests and developmental needs are respected, while also creating a supportive environment where children can engage fully, make decisions, and develop confidence in their abilities.

**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 are provided the opportunity to take appropriate risks, they also learn to problem solve, think independently and build confidence.

Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<p><b>❑ Provider does not allow children to make their own decisions</b> 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><b>❑ Provider does not encourage self-help skills that are responsive to the developmental needs of children</b> 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><b>❑ Provider allows time for children to complete tasks</b> 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><b>❑ Children are provided with choices</b> 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><b>❑ Provider consistently follow the children's cues</b> The provider follows the children's cues. The provider is aware of the children's verbal and non-verbal requests for help.</p>	<p><b>❑ Provider creates opportunities for self-help skills</b> For example, the provider provides dress-up clothes for children that would allow them to practice getting dressed and undressed.</p> <p><b>❑ Provider responds to children's interests</b> 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 added 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>

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Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
		<div><input type="checkbox"/> <b>Evidence children are provided with the opportunity to lead experiences.</b> Provider builds and supports leadership skills. For example, children can 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.</div>

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## 28. Supporting the Development of Self-Esteem

**Intent:** The provider interacts with children in ways that promote self-esteem and a positive sense of self. Using each child's name during interactions helps support their self-identity and makes them feel seen and valued. The provider supports children as they learn to manage their emotions and develop empathy for others. For example, when a child is upset or crying, the provider might say, "I see that you are upset," instead of dismissing the child's feelings with statements like, "Stop crying, you are fine." By acknowledging children's emotions, the provider helps them learn to identify and label their emotions, understand the emotions of others, and respond with care and empathy. The provider models respectful listening, openness to new ideas, and flexible thinking. They encourage children to consider alternative ways of thinking, solve problems thoughtfully, and express themselves in positive ways. These interactions help children build emotional awareness, social skills, and confidence, fostering a supportive environment where children feel safe to explore, learn, and grow.

**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
<p><input type="checkbox"/> <b>Provider does not demonstrate inclusive practice</b> 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.</p> <p><input type="checkbox"/> <b>Provider gives too many directions for a child to follow successfully</b> The provider gives multi-step directions that are not responsive to the developmental needs of children and too difficult for the child to follow.</p>	<p><input type="checkbox"/> <b>Provider demonstrates encouragement</b> The provider encourages the children and/or shows support for the children.</p> <p><input type="checkbox"/> <b>Provider role-models how to accomplish tasks</b> 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.</p>	<p><input type="checkbox"/> <b>Provider supports children to express their own emotions</b> 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.</p> <p><input type="checkbox"/> <b>Provider encourages children to identify the emotions of others</b> 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.</p>

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## Does Not Meet Expectations

**❑ 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.

## Meets Expectations

**❑ Provider addresses children by their preferred name**

The provider should address children by the name identified by the families. General terms of endearment such as "Baby", "Sweetie", or "Honey" are discouraged.

## Exceeds Expectations

**❑ 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 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 strategies that are responsive to the developmental needs of the children to support positive behaviour management. They role-model constructive guidance and demonstrate appropriate ways to solve problems, helping children learn how to manage their own behaviour. The provider is aware of each child's individual behaviours, temperament, and triggers, and can anticipate situations where challenges may arise. By understanding the unique needs of each child, the provider can offer guidance that is fair, consistent, and supportive. Through these strategies, children are encouraged to develop self-control, social skills, and problem-solving abilities in a safe and respectful environment. The provider's approach promotes positive interactions, emotional growth, and a sense of responsibility in children.

**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

- ❑ **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.

### Meets Expectations

- ❑ **Provider uses strategies that are responsive to the developmental needs of children**  
The provider uses re-direction strategies that are responsive to the developmental needs of children. 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.

### Exceeds Expectations

- ❑ **Provider adapts expectations based on the individual needs of the children**  
The provider can 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.

# Assessment|Home Child Care

## Does Not Meet Expectations

### ❑ Provider is physically abrupt with children

For example, the provider is observed grabbing children, using threatening body language or pushing children.

## Meets Expectations

### ❑ Provider responds to all children involved in an incident, to resolve the issue in a calm manner

The provider responds to all children involved in an incident in a calm and thoughtful way. For example, if children are arguing over a toy, the provider guides them to take turns or choose another experience. By staying calm, the provider is helping children learn to manage their emotions and solve problems.

## Exceeds Expectations

### ❑ Provider monitors group dynamics to anticipate situations

The provider is aware of the different personalities within the group and can anticipate situations before they arise.

# Assessment|Home Child Care

## 30. Supporting Communication and Extending Children's Learning

**Intent:** The provider balances both verbal and non-verbal interactions with children, using these methods to support and extend each child's learning. Through thoughtful communication, the provider offers experiences and opportunities that encourage children to explore, think critically, and develop new skills. The provider also role-model's positive social interactions by demonstrating respectful communication, cooperation, and empathy. By engaging with children in a supportive and constructive way, the provider helps children learn how to interact appropriately with others, build strong relationships, and develop confidence in their social abilities. This approach ensures that all children benefit from meaningful interactions and a nurturing learning environment.

**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
<p><b>❑ Provider solves the children's problems immediately</b> 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.</p> <p><b>❑ Provider is not observed participating in play with all children</b> 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.</p> <p><b>❑ Provider does not communicate clearly</b> Provider does not use specific, age appropriate and supportive language for the children to understand.</p>	<p><b>❑ Provider builds on opportunities to extend all children's knowledge</b> 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.</p> <p><b>❑ Provider extends all children's vocabulary</b> 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.</p>	<p><b>❑ Provider extends verbal/non-verbal interactions with props and materials</b> The provider uses props and materials to extend language opportunities. For example, using finger puppets while singing songs.</p> <p><b>❑ Provider recalls past experiences to extend current learning opportunities</b> 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.</p>

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## Does Not Meet Expectations

- ❑ **Provider misses opportunities to build on children's knowledge**  
Provider ignores opportunities to extend children learning.

## Meets Expectations

- ❑ **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.

## Exceeds Expectations

- ❑ **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.