

PROCEDURE FOR HOME CHILD CARE PROVIDER APPROVAL

IMPORTANT

Thank you for choosing to become a Provider with the Children's Resources on Wheels. A child care Provider can be a rewarding and enjoyable occupation.

Children's Resources on Wheels (C.R.O.W.) is a non-profit organization operating in the County of Lanark with homes in many areas including Lanark, Carleton Place, Almonte, Smiths Falls, Blacks Corners and Perth. We are licensed by the Ministry of Children and Youth Services, and follow the home child care regulations as set out in the Day Nurseries Act (D.N.A.). A Board of Directors governs our operations.

C.R.O.W. Licensed Home Child Care is licensed for children 6 weeks to 12 years of age. Providers may offer part-time, full-time or on call flexible care. Child care subsidy may be available via the County of Lanark. C.R.O.W. administers Parent fees and Provider reimbursements. Providers are not employed by C.R.O.W. but contract their services to us.

Our home child care staff consists of professionals with training and experience in child development and early childhood education. They assess, train, support, and provide resources to our child care Providers. They also act as a resource for Parents and children registered in the program.

To ensure quality care for the children enrolled in the program at Children's Resources on Wheels (CROW) Licensed Home Child Care, the following steps must be completed:

1. Read all information thoroughly.
2. **PLEASE PRINT THIS APPLICATION & QUESTIONNAIRE** (*Form cannot be entered online*).
3. Complete the Home Child Care Provider Application Form including Questionnaire and return it, as soon as possible, to the CROW office either by mail, fax, or in person.

When your application has been received by CROW, we will contact you to set up a time for the initial home assessment process to take place.

Please note: Acceptance will hinge on many factors including a Doctor's note, Criminal Reference Check (\$25.00 fee required), Children's Aid Society Check, and finally, an actual home visit with you.



Thank you for your interest in working with CROW Licensed Home Child care!

**Children's Resources on Wheels
91 Cornelia Street, Suite 118
Smiths Falls, Ontario
K7A 5L3**

Fax: 613-283-3324



LICENSED HOME CHILD CARE PROVIDER APPLICATION FORM

Name _____ Telephone Number _____

Address _____ City _____

Postal Code _____ Languages Spoken _____

Number of own children _____

Over 18 years of age? Yes _____ No _____

List **all** persons regularly in your home: e.g. spouse, children, boarder, etc...

Name	Over 18 or Date of Birth	Relationship	Hours normally in home

Who smokes in your home? _____

What kind of pets? (circle) Cat Dog Other (describe) _____

Vaccinations? Yes _____ No _____

Child Care Liability Insurance Yes _____ No _____

If yes, provide the name of insurance company _____

Schools in your area _____

Education

Level of Education completed _____

Additional Training (e.g. First Aid, CPR, Parenting Courses, etc)

Child Care Experience

Have you ever provided care for children in your own home? If yes, provide details.

Are you currently providing care for children other than your own? Yes ___ No ___

If yes, please provide the following:

Names: _____

Ages: _____

Hours of Care: _____

Days of the week: _____

Availability

What days of the week are you willing to provide child care? (Circle)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What hours of the week are you willing to provide child care? (Select)

Daytime _____ a.m. _____ p.m.

Evenings _____ p.m. _____ p.m.

Nights _____ p.m. _____ a.m.

What age groups of children are you willing to provide child care for? (Please check as many as apply)

Infants (0-18mths) _____

Toddlers (18-30mths) _____

Preschoolers (30mths – 5 yrs) _____

Before & After School _____

Physically Handicapped _____

Developmentally Delayed _____

Residence

In what type of house do you live in?

Single Detached _____ Semi Detached _____ Townhouse _____ Apartment _____

Number of bedrooms _____

Outdoor play area (please describe: backyard, etc) _____

Capability

Do you feel physically capable of caring for young children in your home?

Yes _____ No _____

Travel

Would you be willing to take children on outings in your automobile, or any public transportation?

Yes _____ No _____

Do you have a valid driver(s) license? Yes _____ No _____

If yes, what class of license? _____

What model and year of automobile do you drive _____

Emergency Contact Information

In case of an emergency, please provide the name, address and telephone number of your emergency contact person(s).

Name _____

Telephone Number _____

Address _____

I, _____ STATE THAT THE INFORMATION I HAVE PROVIDED TO C.R.O.W. LICENSED HOME CHILD CARE IS CORRECT.

Non-Refundable Processing Fee Enclosed: \$40.00

(Please check box)

Cheque

Cash

SIGNATURE OF APPLICANT _____

DATE _____

FOR OFFICE USE ONLY

Police Approval Date _____

Insurance Policy on File _____

CAS Approval Date _____

Medical Received _____

CPR & First Aid _____

Fire Dept _____ Health Dept Approval _____

Date Home Assessment Completed _____ Initial Placement Date _____

PROVIDER INTAKE QUESTIONNAIRE

1. **PLEASE TELL ME WHY YOU WANT TO BE A PROVIDER?**

2. **HOW LONG DO YOU EXPECT TO GIVE CARE?**

3. **TELL ME ABOUT ANY ACTIVITIES THAT YOU OR YOUR FAMILY ARE INVOLVED IN WITHIN YOUR NEIGHBOURHOOD OR COMMUNITY.**

4. **WHAT RESOURCES FOR CHILDREN DO YOU HAVE IN YOUR NEIGHBOURHOOD?**

5. **DO YOU HAVE A CAR AT YOUR DISPOSAL DURING THE DAY? IF YES, DO YOU PLAN TO DRIVE REGULARLY?**

6. **WHAT COURSES HAVE YOU TAKEN THAT WOULD ADD TO YOUR SKILL AS A HOME CHILD CARE PROVIDER?**

7. **A FAMILY IS CONSIDERING USING YOUR HOME FOR CHILD CARE. WHAT WOULD YOU DO AT THE FIRST MEETING?**

8. **PLEASE DESCRIBE YOUR EXPERIENCE WITH CHILDREN.**

- INFANTS _____
- PRESCHOOLERS _____
- SCHOOL-AGED _____

9. a) **IF A FAMILY CHOSE YOU TO CARE FOR THEIR INFANT, WHAT WOULD YOU PLAN FOR THE DAY?**

b) **WHAT ABOUT PRESCHOOLERS, WHAT WOULD YOU PLAN FOR THEM?**

c) WHAT ABOUT SCHOOL AGE...?

10. WHAT EQUIPMENT AND TOYS DO YOU ALREADY HAVE AVAILABLE FOR EACH AGE GROUP?

- Infants _____
- Pre-School _____
- School-Age _____

11. HOW WOULD YOU MAKE YOUR HOME SAFE FOR CHILDREN?

12. a) WHAT WOULD YOU DO IF THE CHILDREN IN YOUR CARE WERE REALLY MISBEHAVING?

b) WHAT CHILDREN'S BEHAVIOUR REALLY BOTHERS YOU?

c) HOW WOULD YOU DEAL WITH THESE?

13. a) WHAT WOULD YOU DO IF A PRESCHOOLER IN YOUR CARE HIT ANOTHER PRESCHOOLER IN YOUR CARE?

b) WHAT WOULD YOU DO IF A SCHOOL-AGED CHILD DOES NOT STAY WITHIN THE BOUNDARIES THAT YOU AND THE PARENT HAD AGREED ON?

c) WHAT WOULD YOU DO WITH A 9 MONTH OLD WHO IS "GETTING INTO EVERYTHING"?

14. WHAT INFORMATION DO YOU FEEL IS IMPORTANT TO SHARE WITH PARENTS ABOUT THEIR CHILDREN'S DAY?

15. **YOU HAVE SOME CONCERNS ABOUT THE CHILD YOU ARE CARING FOR. WHAT ARE SOME WAYS OF SHARING THIS INFORMATION WITH THE PARENTS?**

16. **IF THE PARENTS OF THE CHILDREN THAT YOU CARE FOR ARE CONTINUALLY ARRIVING AFTER THE TIME YOU EXPECT THEM, WHAT WOULD YOU DO ABOUT IT?**

17. **HOW WOULD YOU FEEL IF THE HOME VISITOR VISITED YOU UNEXPECTEDLY?**

18. a) **PLEASE GIVE ME AN EXAMPLE OF A LUNCH YOU WOULD SERVE A SCHOOL-AGE CHILD.**

b) **GIVE ME AN EXAMPLE OF A MORNING SNACK THAT YOU WOULD SERVE PRE-SCHOOLERS.**

19. **IF YOU WERE TO BECOME A PROVIDER, WHAT ADDITIONAL INFORMATION OR TRAINING WOULD YOU WANT?**

20. **HOW DO YOU THINK CHILDREN AND THEIR FAMILIES BENEFIT FROM BEING IN HOME CHILD CARE?**

21. **DO YOU HAVE ANY QUESTIONS?**

22. **IF CROW OPENS YOUR HOME AS A CHILD CARE PROVIDER YOU WILL BE EXPECTED TO CARE FOR CHILDREN FROM THE AGES OF 0 TO 12. HOW DO YOU FEEL ABOUT THIS?**

Please include Questionnaire with your application 😊