

Designated Parent Checklist

The following checklist has been developed to assist your programs to ensure Sections 19 and 29 of the regulation are being addressed for designated parents. Page 1 is to be kept at the preschool and filled in by the enrolment officer. Page 2 is given to the designated parent to fill in and return. Page 3 is to be filled in by outside parties and returned.

Section 19 and 29 - Checklist to be filled in by preschool enrolment officer.

Preschool Name:
Parent Name:

Action/Document	Yes	No	Additional Information
Criminal Record Check Obtained (request + CRC)			Date CRC received: _____ Date CRC expires: _____
Copy of Criminal Record Check at preschool			
Character Reference Number 1			
Character Reference Number 2			
Copies of Character References at preschool			
Medical Statement signed and dated			
Immunization Record completed and signed			
Designated parent is at least 19 years of age			

Section 29 – Tracking of 20 hours of training for designated parent

Action	Yes	No	In progress	Date completed
10 hours Preschool Orientation completed before commencing work				
10 Hours Ongoing Parent Education Completed				
Section 29 Exemption applied for on behalf of parent by licensee				
Exemption Consultation Form signed and dated				

Designated Parent Information and Records

Please fill out the following form with any information related to parent education or child development. Appendix A and B is to be given to and filled out by outside parties listed. Return all forms to your preschool.

Section 19 and 29 – Relevant work history, training and skills

A) Record of work history or experience with children (this experience can be volunteer or paid)

Workplace/Organization	Additional Information

B) Training or skills relevant to experience with children

Please give a brief description of training taken and attach documents or certificates if obtained

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C) Training relevant to Section 29: 20 hours of training in parent education/child development

* Please note: This training must be in the subject area of child development, guidance, health and safety or nutrition.

Type of training?	
Number of hours taken?	
Where was training obtained?	
Proof of training attached (copy of certificate)	

Immunization Record

Immunization Status for (*print name*) _____

To the best of my knowledge my immunization status is:

- Complete and up to date (attach documentation)
- Some immunization but unsure of dates/completion
- Not immunized

Parent Signature

Date

Appendix A : Character References

(References may be from a friend, co-worker or (one) family member who can support that the designated parent is of good character and has the personality, ability and temperament to work with children.)

No. 1 I _____ (*reference name*) , have known
_____ (*designated parent*) since _____ (*date*) and I
have had the opportunity to witness her/him interacting appropriately with children.

Reference Signature

Date

No. 2 I _____ (*reference name*) , have known
_____ (*designated parent*) since _____ (*date*) and I
have had the opportunity to witness her/him interacting appropriately with children.

Reference Signature

Date

Appendix B : Medical Statement

Section 19(1)(e) of the Child Care Licensing Regulation requires any person who will be working with children to obtain a medical statement indicating that person is physically and psychologically capable of working with children and carrying out assigned duties.

I, Dr. _____, believe my patient
_____ (*parent name*), is physically and psychologically capable
of working with children and carrying out the assigned duties at _____.
name of preschool

Doctor Signature

Date