

Community Care Facilities Licensing Manager Assessment Form for Child Care (When Licensee Hires A Manager)



Facility Information	
FACILITY NAME	
MANAGER NAME	START DATE
Licensee Responsibilities	
<p>Section 7(1)(a) of the <i>Community Care and Assisted Living Act (CCALA)</i> and Section 19 of the <i>Child Care Licensing Regulation (CCLR)</i> outlines the qualifications and attributes that a Manager must possess in order to promote the health, safety, dignity, and rights of persons in care and maintain compliance with the legislation.</p> <p>It is the Licensee's responsibility to assess the appointed Manager and ensure the following:</p> <ul style="list-style-type: none"> ➤ The Manager is appropriately qualified, by education and experience. ➤ Possess the requisite skills, knowledge and abilities in compliance with Section 19 of the <i>Child Care Licensing Regulation</i>. ➤ Is competent to operate the facility in compliance with Section 7(1)(b) of the <i>Community Care and Assisted Living Act</i> to ensure the health, safety and dignity of persons in care. ➤ Is at least 19 years of age. ➤ Has provided the required documentation prior to confirmation of employment as Manager (see list below). 	
Required Manager Documentation	
Please <input checked="" type="checkbox"/> that all information received and assessed during the Manager Screening process:	
<input type="checkbox"/> Criminal Record Check <input type="checkbox"/> Resume and three references <input type="checkbox"/> Professional Status (Degree/Diploma/Licence to Practice) and verification of certification <input type="checkbox"/> Immunization Status Declaration <input type="checkbox"/> Statement of Duties (e.g. job description) <input type="checkbox"/> First Aid Certification (if applicable)	
Note: Manager documentation does not need to be submitted, but must be accessible for review by Licensing staff at the facility.	
Knowledge of relevant legislation and facility policies	
Please <input checked="" type="checkbox"/> that the following has been reviewed with the Manager:	
<input type="checkbox"/> Community Care & Assisted Living Act, and Child Care Licensing Regulation	
<input type="checkbox"/> Behavioural Guidance <input type="checkbox"/> Nutrition <input type="checkbox"/> Safe Release of Children <input type="checkbox"/> Emergency Plan <input type="checkbox"/> Active Play	<input type="checkbox"/> Health and Illness (including Medication Administration) <input type="checkbox"/> Reportable Incidents <input type="checkbox"/> Repayment Agreement <input type="checkbox"/> Screen Use <input type="checkbox"/> Other Policies (if applicable)

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Skills and Competencies:		
Please <input checked="" type="checkbox"/> all areas of skills and competency that the manager possesses. that the following has been reviewed with the Manager		
1. Knowledge of care requirements	<input type="checkbox"/> Child development <input type="checkbox"/> Supervision practices <input type="checkbox"/> Programming <input type="checkbox"/> Care planning	
2. Knowledge of Human Resource Management	<input type="checkbox"/> Orientation <input type="checkbox"/> Hiring, screening and performance evaluation <input type="checkbox"/> Communication and problem solving <input type="checkbox"/> Conflict resolution and negotiation	
3. Submit the following on a separate sheet of paper: <ul style="list-style-type: none"> ▪ Job Description/Responsibilities (a document that outlines the scope of the manager's responsibilities). ▪ If you have determined that your manager does not meet certain skills and competencies, submit an action plan to address. 		
Manager to complete:		
APPOINTED MANAGER'S SIGNATURE		
PRINT NAME		DATE (DD/MMM/YYYY)
Licensee to complete:	I am the Licensee or I am authorized by the Licensee to submit this Manager Assessment Form.	
DATE (DD/MMM/YYYY)	NAME (PLEASE PRINT)	SIGNATURE