

ATTESTATION OF EMPLOYMENT

Section A – Child Care Service Information

Child Care Centre Name		
Physical Address		
Mailing Address		
City/Town	Province NL	Postal Code
Telephone	Email Address	
Website		
Licence Number	Current Date of Issue YYYY/MM/DD	Expiry Date YYYY/MM/DD
Licensee Name		
Administrator(s) Name		
Casual Caregiver Name		

Section B – Employer Attestation

I, _____ Licensee of _____ attest that
(Name) (Child Care Centre)

the identified individual will work as a Casual Caregiver as defined by the **Casual Caregiver Pilot Program** at my child care centre. I understand that a Casual Caregiver:

- Is a temporary employee hired for a limited duration and reports to work at a child care centre to fill short-term vacancies and replace caregivers who are absent. Short-term vacancies/absences can include, but are not limited to, unexpected appointments, school closures, illness or emergency situations and no other qualified caregiver is available.
- Must meet all requirements of a caregiver, except certification and first aid as outlined in section [ELCD-2017-11](#) of the Child Care Policy and Standards Manual;
- Must complete the on-line Casual Caregiver Module via the Association of Early Childhood Educators Newfoundland and Labrador ([AECENL](#)) and submit proof of completion to the Regional Manager in the region where the child care centre is being monitored within **one (1) month** of being employed and annually thereafter;
- Must work under the strict supervision of a qualified caregiver;
- Must not be assigned to a homeroom in the child care centre with children in the Infant age range;
- Must not be assigned as a single caregiver in a homeroom of the child care centre;
- Cannot exceed **Five (5)** consecutive working days at time at the child care centre (unless amended); and
- Cannot exceed **Sixty (60)** working days in one year at the child care centre (unless amended).

I agree to:

- Actively monitor this employee and their hours/days of work to ensure all identified requirements are met;
- Maintain an active Employee Work Schedule which:
 - Identifies the Casual Caregiver's name;
 - Identifies the date and daily hours worked on that day;
 - Has each day worked by the Casual Caregiver initialed by the licensee/administrator and the

Casual Caregiver verifying the information to be correct and true; and

○ Will be available for inspection upon request of an Inspector;

- Notify the Regional Manager within **two (2) business days** of any change in relation to a **Casual Caregiver Pilot Program** approval; and
- Continue to actively advertise for qualified caregivers.

In the event that I fail to comply with the following requirements, I understand that my **Casual Caregiver Pilot Program** approval will be revoked and a consequence of non-compliance will be implemented.

Section C – Employee Attestation

I, _____, employee of _____ attest that I
(Name) (Child Care Centre)

will work as a Casual Caregiver as defined by the **Casual Caregiver Pilot Program** and I have read and understand my Employers Attestation. I agree to:

- Obtain and provide all documentation required of a caregiver, except certification and first aid, as outlined in section [ELCD-2017-11](#) of the [Child Care Policy and Standards Manual](#);
- Complete the on-line Casual Caregiver Module via the Association of Early Childhood Educators Newfoundland and Labrador ([AECENL](#)) and submit proof of completion to the Regional Manager in the region where the child care centre is being monitored within **one (1) month** of being employed and annually thereafter;
- Actively monitor my hours/days of work to ensure all identified requirements are met;
- Initial the Employee Work Schedule next to each day I work verifying the information to be correct and true; and
- Notify my employer within two **(2) business days** of any change in my circumstance as a Casual Caregiver.

In the event that I fail to comply with the following requirements, I understand that my continued employment with my employer may be affected.

Section D - Signatures

We attest that we have read and understood the **Casual Caregiver Pilot Program** policy and the information provided is, to the best of our knowledge and ability, complete, true and correct. We understand that the Department of Education must be notified of any changes relevant to this Attestation. This document is valid for one year from the date of signatures.

Licensee/Legal Entity Name (Please Print): _____

Licensee/Legal Entity Signature: _____ Date: (YYYY/MM/DD) _____

Employee Name (Please Print): _____

Employee Signature: _____ Date: (YYYY/MM/DD) _____

PRIVACY NOTICE

The information collected on this form is collected under the authority of the *Child Care Act* and the *Access to Information and Protection of Privacy Act (ATIPPA)* and is used solely for the purposes of administration/operation of regulated child care program and services provided by the Early Learning and Child Development Division. This information is kept confidential and held securely as required by *ATIPPA*. If you have any questions about the collection or use of this information, please contact the Information Management Division of the Department of Education at 709-729-6281.