



**North Shore  
Community Resources**

*Connecting You to Community Services!*

**The North Shore Child Care Resource & Referral Program  
Child Care Substitute Service**

North Shore Community Resources, Child Care Resource & Referral Program (NSCR, CCRR) offers a child care substitute service. This service is free of charge. It is the responsibility of the child care centre or individual employing the substitute to do the required screening and collect any required documentation.

NSCR, CCRR provides a list of substitutes that is updated on a regular basis. A potential substitute will complete an information sheet and will be expected to show a prospective employer the necessary documentation to work in a child care centre. Our office will not be checking or keeping screening documents on file.

If you would like to be listed as a substitute, please come into our office and fill in a form for the Child Care Substitute List. The form will be kept in a binder for 6 months and you will receive a copy for your reference. It is up to the substitute to come into the office to renew the listing or to advise the office to remove them from the List.

If you are a child care centre needing to employ a substitute, our staff will be able to give out the current list of names and basic information for the substitutes by phone, fax, or e-mail.

The number and credentials of substitutes on our list varies from time to time. However, we hope this service is helpful to the child care operators in our community.

February 5, 2009

# North Shore Child Care Resource & Referral Program

A service of North Shore Community Resources Society

## Child Care Substitute List

This list is for referrals not recommendations. The Centre or individual employing a substitute is responsible for verifying information, references and credentials about the prospective employee as per Child Care Licensing Regulations or Registered LNR criteria. The Child Care Resource & Referral Program staff and the Board of Directors are not responsible for the choice of substitute and are excluded from any and all liability for negligence arising in connection with the referral services provided, and/or the actions of any child care substitute selected by the center or individual employing the substitute.

Name: \_\_\_\_\_  
First Last

Phone Number: \_\_\_\_\_

Qualifications: \*\*\*

ECE \_\_\_\_ Infant/Toddler \_\_\_\_ Assistant \_\_\_\_ Responsible Adult \_\_\_\_

Special Needs \_\_\_\_ BC ECE Registration # \_\_\_\_\_ Expiry Date \_\_\_\_\_

Availability: Mon \_\_\_\_ Tues \_\_\_\_ Wed \_\_\_\_ Thurs \_\_\_\_ Fri \_\_\_\_

Comments:

**Note: It is the responsibility of you the substitute to have available your proof of qualifications, current first aid, doctor's letter, Criminal Records Check (Schedule F), and 3 written references to present to a prospective employer.**

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**ECE:** Has a current ECE Certificate issued by the B. C. Government, ECE Registry, Ministry of Health.

**Assistant:** Proof of being in the process of qualifying for an ECE Certificate (copy of transcript from training institution), or has an Assistant Letter (formerly called a Status Letter) from the B. C. Government, ECE Registry, Ministry of Health.

**Responsible Adult:** Must be of good character; have reached 19 years of age; be able to provide care and mature guidance to persons in care; either have completed a course on the care of young children or have relevant work experience.

\_\_\_\_\_

The information I have provided is accurate. I understand that the information provided for the substitute list may be shared with child care centers and agencies using the service. I understand the information will only be used for this purpose.

This information will only be kept and used for referrals for three months unless otherwise advised. It is my responsibility to inform North Shore Community Resources of any changes in information.

After six months this listing will be deleted. A new information sheet is required to be completed and signed to renew the listing.

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Office Use: \_\_\_\_ Copy placed in binder  
\_\_\_\_ Copy for substitute

**Renewal Date:** \_\_\_\_\_