

**M.D. of Opportunity No. 17**

**CHILDCARE POLICY**

**TITLE:                Childcare Policy**

**EFFECTIVE DATE:   January 8, 2025**

**POLICY NUMBER:    CCP. 10**

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**GENERAL POLICY STATEMENTS**

**Purpose**

This policy is intended to set out the guidelines under which childcare will be designed, delivered, and directed when the MD of Opportunity No.17 is the license holder. This policy is specifically designed to protect the wellbeing of the children and employees and ensure that safe best practices are followed.

**Philosophy**

Quality childcare is essential to the development and well-being of children, families, and communities. Quality childcare must meet the physical, social, intellectual, creative, and emotional developmental needs of children. The MD of Opportunity No. 17 has a role to ensure quality childcare is provided in their communities. The MD of Opportunity No. 17 is committed to providing a stimulating early care and educational experience which promotes each child's social, emotional, physical, cognitive, and creative development. Our efforts support children's desire to be life-long learners.

**Eligibility Criteria**

Priority will be given to applicants who reside within the hamlet boundaries of the Municipal District of Opportunity No. 17

**Definitions**

**"Permanent Resident"** means an individual who resides and is a property owner within the boundaries of the municipality for a minimum period of six months.

**"Resident/individual"** means an applicant residing within the boundaries of the municipality on a year-round basis.

**Goals**

To aid in the development of children socially, emotionally, physically, intellectually, and creatively through play-based activities.

## **Objectives**

### **Social**

- To be responsible for one's own belongings.
- To be cooperative and to share with others.
- To be courteous, prompt, friendly and helpful
- To have healthy attitudes towards all other children and adults

### **Emotional**

- To adjust to and be happy in a group away from home
- To overcome shyness and make new friends.
- To control temper and tears
- To have a feeling of self-worth and competency
- To cope with feelings of anger, jealousy, etc.

### **Physical**

- To develop large muscle control through games, creative movement, and the use of apparatus
- To develop small muscle control through manipulative and coordination activities
- To establish desirable health habits

### **Intellectual**

- To develop language and listening skills
- To increase awareness of the world around and the people around
- To be able to think for oneself and to share ideas with a group.
- To develop curiosity, creativity, and imagination
- To understand and enjoy holiday and seasonal times.

### **Creative**

- To provide a program that allows the child to use his/her imagination and materials in a novel and unusual way.
- To provide a program that fosters and facilitates creative play so that the child develops curiosity and understanding about his/her world.
- To utilize dance, music, drama, literature and art to promote the child's imagination.

The goals and objectives of our daycare program, as listed above, are to be achieved through the following program activities:

- Free time to play and share toys, puzzles, blocks, water, sand, etc.
- A Story time, songs using actions, creative movement, and drama.
- Music with tapes, piano, rhythm instruments
- Painting, cutting, and gluing.
- Small group and one-on-one discussions with peers and adults
- Special events such as trips, parties, and family events

### **Code of Conduct**

For the purposes of this code, the term "staff" refers to all employees, aides, volunteers, and students in the MD of Opportunity Childcare programs who are involved in the care and development of children and/or are working with children's families.

- All staff are required to maintain a professional standard at all times, remembering that they are being observed. They must present themselves as positive role models for both children and adults.
- All staff must sign an Oath of Confidentiality agreeing not to disclose or make known any information that becomes known to them by virtue of their position in the agency.
- All staff must work with families in a way that respects and encourages the primary responsibility of the parents/guardians for their own children.
- All staff must practice and promote anti-bias regarding race, color, nationality, culture, religion, gender, developmental achievements, etc.

### **Guide for Policy Practice**

The MD of Opportunity No. 17's Program philosophy, the goal and objectives, the discipline policy, and the code of conduct are used as guidelines for determining daily practice.

To address unforeseen circumstances not covered under this policy staff will utilize the chain of command structure established by the MD of Opportunity No. 17 Chief Administrative Officer, who is ultimately responsible for policy decisions, clarifications, interpretations, and amendments.

### **Capacity**

The MD of Opportunity No. 17 daycare program has a maximum capacity requirement and will follow the Province of Alberta Childcare Licensing Act and Regulations. Childcare Licensing Policy regulations requiring net floor area per child will be met.

### **Staff-Child Ratio**

The following staff/child ratio is maintained:

<b><u>Age of Child</u></b>	<b><u>Primary Staff/Child Ration</u></b>
6 months to less than 12 months	1:3
12 months to less than 19 months	1:4
19 months to less than 3 years	1:6
3 years to less than 4.5 years	1:8
4.5 years and older	1:10

### **Program Hours**

The MD of Opportunity No.17 Childcare Center hours of operation are:

- Daycare - 7:45 a.m. to 5:15 p.m.

Monday through Friday except for approved holidays and closures. **If parents are unable to pick up their child(ren) on time, they must telephone daycare staff with alternate arrangements.**

**Staff will request and encourage parent cooperation to drop off their child(ren) by 10 a.m. daily, due to the needs of routine and scheduling of field trips, and to call in the morning as soon as possible if a child will be absent, so parents with "drop off" children can utilize the daycare services for that day.**

### **Approved Holidays**

The Childcare Centers will be closed for the following holidays:

NEW YEARS DAY	LABOUR DAY	EASTER MONDAY
FAMILY DAY	THANKSGIVING DAY	CANADA DAY
GOOD FRIDAY	REMEMBRANCE DAY	CIVIC HOLIDAY (August)
VICTORIA DAY	CHRISTMAS DAY	INDIGENOUS PEOPLE'S DAY
CHRISTMAS DAY FLOATER	BOXING DAY	TRUTH & RECONCILIATION DAY

Furthermore, Childcare Centers will be closed two (2) weeks for Christmas Break and one (1) week for Spring Break. These additional closure dates will align closely with local school breaks/holidays and communicated to parents well in advance.

### **Professional Development (PD) Days:**

There will be two (2) Professional Development (PD) days for daycare staff, and they will be scheduled during the Christmas and Spring Breaks.

### **Office Hours**

The MD of Opportunity No. 17 main office is located at 2077 Mistassiniy Rd. N, which is open from 8:15 a.m. to 4:30 p.m. Mon-Fri. The Childcare Manager is on shift at the Wabasca Daycare Centre from 8:00 a.m. to 5:00 p.m. Mon-Fri. Payments are to be made at the area main office. If further assistance is needed, parents can contact the Childcare Manager.

### **Clothing**

The staff is not responsible for unmarked clothing. For their own convenience, parents should mark clothing and footwear and provide indoor closed toed shoes. All children are to attend the Childcare program with appropriate clothing.

### **Information/Resources Available to Parents**

- Canada Food Guide (available from Health Units)
- MD of Opportunity No. 17 Parent Handbook

### **Food Services**

The Childcare program will provide one hot lunch at 11:30 a.m. and two nutritious snacks at 9:00 a.m. and 3:00 p.m. Lunch and snacks will be based on Eating Well with Canada's Food Guide, which is part of the Alberta Nutrition Guidelines for Children and Youth-A Childcare, School and Recreation/community Center Resource Manual.

Children are to be seated when eating and drinking. In addition to serving snacks and meals that are nutritious and well balanced, the Daycare will consider the family's and children's preferences.

Parents are responsible for providing special diet or foods their child requires. Daycare will encourage parents to follow the recommendations of the Canada Food Guide.

### **Items from Home**

Parents should not send treats or toys from home with their child. Exceptions may be discussed with staff. Staff will not be responsible for lost or broken toys.

### **Parent/Family Orientation**

The Daycare Centre Supervisor will orient parents to the program(s) they have enrolled their child in by providing a physical tour if requested and providing an overview of policies and documentation.

### **Procedures:**

1. The program offers an orientation to the parents in order to establish positive relationships between the child's family and the program.
2. Orientation will include a physical tour of the program premises and facilities are available for viewing.
3. The staff giving the orientation will describe the program, the hours of care, and the procedures in place for scheduling children, and answer any questions parents/families may have or direct their inquiries to the Childcare Manager if needed.
4. Information packages will be given to the parent/family that will include:
  - a) a policy handbook for the program(s) that the child will be attending.
  - b) a registration form to be completed.
  - c) an emergency medical form for the child if required.
  - d) a care incentive form for children under 19 months
  - e) a parent handbook
  - f) the accreditation standards summary
  - g) the MD daycare guidelines
  - h) childcare fee procedures
  - i) information on the 5 main areas of child development, family resources, Ages and Stages development screening procedures, an area directory, and an excessive behaviors acknowledgement form.
  - j) an "items brought from home" form.
5. Staff will provide parents and their child with an opportunity to meet program staff as able.
6. Parents/families may ask for clarification of any information pertaining to Childcare by calling the Childcare Supervisor or the Childcare Manager at the daycare.

### **"Open Door" Policy**

The MD of Opportunity No. 17 will ensure that staff and families are aware of our open-door policy at the program sites. Staff will behave in a warm and inviting manner and all inquiries and/or concerns of parents/guardians will be dealt with in a professional, efficient and timely manner.

### **Procedures:**

1. All parents/families/guardians will be welcome to visit the program at any time.
2. All parents/families/guardians will be encouraged to participate in the program if they desire.
3. Field trip permission forms will include a space for parents to sign up as volunteers to attend activity.

4. Staff will allow opportunities for parents/guardians and volunteers to share skills, experiences, hobbies, etc.
5. Staff will maintain a professional relationship with parents and families, at all times.
6. Staff will work with families in a way that respects and encourages the primary responsibility of the parents/guardians for their own children.
7. Staff will establish eye contact and smile at parents and children when they enter the program. This includes greeting them by their name and maintaining a welcoming environment and will assist in difficult separations between child and parent.
8. Staff will strive to let parents know they want to help them. Staff must never dismiss a parent's request or complaint as trivial. Even if staff cannot do anything about the issue at that moment, they will let the parent know they recognize that the parent is concerned, and that staff will follow up on it.
9. Parents can write written complaints to Supervisor and/or Manager at any time about any issue, and staff will follow up with parent to ensure that request or complaints have been addressed.

### **Abusive Behavior**

Verbal or physical abuse towards Childcare staff is never tolerated.

#### **Procedures:**

1. Parents/guardians who direct verbal abuse to Childcare staff will be directed to leave the Childcare Centre immediately.
2. An apology from the parent/guardian will be required before they will be allowed to return to the Childcare Centre.
3. Parents/guardians who threaten or behave in a physically harmful way towards Childcare staff will be directed to leave immediately and the proper authorities will be notified.
4. Parents/guardians under a ban from attending the centre may have another individual/family member drop off their child (ren).

### **Staff and Child Interaction**

The MD of Opportunity No. 17 is committed to ensuring that staff interact with children in a respectful, professional and appropriate manner that has a positive impact on the children's experiences in the centre.

Staff will interact with all children in a way that is supportive and respectful, promoting good relationships and social-emotional well-being. Communications with children will be based on the child's ability to understand written and verbal information. All staff will follow Staff and Child Interaction Procedures as set forth by the MD of Opportunity No. 17.

#### **Procedures:**

1. Staff model respectful interactions with adults and children at all times and encourage children to interact with each other positively and respectfully.
2. Staff greet each child upon arrival and departure, respond attentively and show interest when children communicate with them.
3. As per childcare professional standards, staff will endeavour to make eye contact with children, get down to their level when possible, and refrain from interrupting them; and maintain a positive facial expression and physical demeanour that portrays openness to children's communication.

4. Staff is to be available to the children at all times and is actively engaged with the children most of the time by participating in their play, talking with them and facilitating their play.
5. Staff will engage children and encourage them to express their needs, feelings, desires, and opinions.
6. Staff will provide opportunities and encouragement for children to try new things independently.
7. Staff will be aware of and responsive to children's abilities and possible needs for assistance.
8. Staff will communicate with all parents regularly in an open and positive manner regarding their child, maintaining a comfortable and supportive environment for parents.
9. Childcare Supervisor will provide staff with necessary information about children and families in the program in order to best meet individual needs.
10. Staff will be made aware of 'best practice' information and updates in a timely manner through written or verbal communication at staff meetings.

### **Staff and Family Interaction**

The MD of Opportunity No 17 Childcare program is committed to ensuring that staff interact with parents and families in a respectful, professional and appropriate manner in order to facilitate a positive relationship that will benefit the child in his/her experiences in the program. It is essential that the program shares all relevant information with families in a timely manner in order for them to remain informed and that the best possible care can be provided. Confidentiality of all individuals will be maintained.

Communication procedures will be reviewed and revised on a regular basis and all parties involved will have an opportunity for input and involvement and will receive all updates to this policy and its procedures, as is relevant to their positions.

#### **Procedures:**

1. Facilitating communication begins at the orientation and is developed continuously.
2. Office staff will ensure the forms and information given to families at the orientation, plus all intake information, are recorded in the child's file upon enrollment in the program.
3. Staff will learn and use parent names.
4. Staff will establish eye contact and smile at parents when they enter the program, even if staff is too busy to talk to them at that point.
5. Staff will strive to let parents know they want to help them. Staff must never dismiss a parent's request or complaint as trivial. Even if staff cannot do anything about the issue at that moment, they will let the parent know they recognize that he parent is concerned and that the staff will follow up on it. Staff will advise the Childcare Supervisor and the Childcare Manager of issues within 24 hours, and follow-up with parent to ensure that the request or complaint has been addressed.
6. Staff will communicate with all parents, regularly in an open and positive manner regarding their child. A comfortable and supportive environment for parents to communicate with staff will be provided.
7. Staff and parents will treat each other with respect, courtesy and understanding and appropriate language will be used at all times.
8. Child information will only be shared with parental consent and only with those schools/agencies noted by the parent on the registration forms. Written documentation of shared information will be maintained on child's file.
9. The program will provide parents and families with access to program information and community information and resources through monthly newsletters, handouts, posters on parent information board, or person-to-person.

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10. The program will provide parents the opportunity to share their input into the program by way of quarterly staff meetings and Parent Board Committees.
11. Current program plans will be posted at the program premises for staff, parents, families, and other patrons.
12. Parents will have the opportunity to complete an annual family survey as well as offer suggestions verbally or in writing through suggestions boxes at the program.
13. Staff will utilize the parent's expertise in relation to their child's needs and invite children and families to share cultural experiences, traditions and celebrations.

### **Family Concerns**

The Childcare program is based on the philosophy that families are an integral part of the program. Should parents or families have any questions or concerns, it is expected that they will first discuss them directly with their child's care givers at the center, including the Supervisor, who will strive to resolve them in the best interest of everyone.

### **Procedures:**

Parents are expected to:

- Work as a team with childcare staff
- Work with staff and their child to ensure the child's behaviour is appropriate
- Discuss any concerns or questions first with staff at their child's center, including the Supervisor
- Provide as much information as possible to assist staff in caring for their child
- Take extra time and care instructing staff about any medication the child is taking
- Complete all required paperwork and requests for feedback and input
- Participate in activities planned by the childcare center
- Address issues and concerns effectively, to ensure a timely resolution, by discussing the issues with MD staff in this order:
  1. Child's caregivers
  2. Childcare Supervisor at the center
  3. Childcare Coordinator
  4. Chief Administrative Officer

Staff are expected to:

1. Maintain a staff communication logbook in each room to document that information is shared between parents and staff and between staff members in the same room.
2. Maintain a communication logbook with sections for each child in the room to document important information to be shared with the parent when necessary.
3. Keep these two logbooks separate for confidentiality and privacy per child.
4. The exchange of information at shift change with the new worker, and at pickup time with the parents is a daily essential to ensure the child's experiences over the entire day is known to their other caregivers.

## **Inclusion & Diversity**

The MD of Opportunity No. 17 supports the principles of equality through daily practices that are inclusive and that promote diversity and an awareness and acceptance of all peoples.

The MD of Opportunity No. 17 strives at the Childcare program to achieve equal relations between nationalities, races, religions, cultures, genders, and developmental abilities; to cultivate each child's right and capability to stand up for themselves and for others and act to promote equity and justice. Staff and administration will endeavour to make staff, children, parents/families, and others involved in the program aware of strategies aimed at achieving the goal of equality for all persons.

### **Procedures:**

The MD of Opportunity No. 17 will develop programs which support the goals of inclusion and diversity through the following strategies:

1. Staff will strive to ensure that their interactions:
  - Promote gender equality
  - Promote equality and practice anti-bias in regard to race, culture, religion, nationality or other differences
  - Encourage children to develop to their full potential regardless of different abilities or needs by way of planning experiences/activities to build and develop child's skills and abilities.
  - Are responsive to the diverse needs of the children and their families.
  - Involve language and daily practices that are inclusive and non-discriminatory.
  
2. Staff will:
  - Identify and monitor their biases concerning gender, stereotypes or other differences between children.
  - Utilize the parent's expertise in relation to their child's needs and invite children and families to share cultural experiences and/or preference as well as cultural traditions and celebrations.
  - Show respect for the various ways that families care for their children and be aware of different child-rearing practices and beliefs.
  - Display posters and provide materials that are representative of a variety of social, cultural, linguistic and ability backgrounds (dolls, dress-up clothes, puzzles, food, songs and music, games, art materials, books, photos, posters, etc.)
  - Regularly change the images and materials used within the program to maintain interest and stimulation, and to reflect the changing nature of society.
  - Share information with children about different cultures and abilities.
  - Talk to children about differences in positive ways.
  - Help each child to be able to recognize and challenge bias.
  - Acknowledge and value children's unique and individual differences and qualities.
  - Celebrate occasions that are relevant to a variety of cultures.
  - Provide opportunities for all children to try new activities and/or experiences on their own regardless of their abilities.
  - Arrange play space in a way that will accommodate the number of children in the program as well as the diverse needs of the children.
  - Provide additional support to children with higher needs as required in order for those children to fully experience and benefit from the program offered at the Childcare Center.

## **Child Guidance**

The MD of Opportunity No. 17 is committed to ensuring that children are guided in their behaviour and interactions in a positive manner to assist them in developing self-control and self-confidence, and ultimately sensitivity and empathy, in interactions with others.

The MD of Opportunity No. 17 will develop, implement, review and revise practices, policies, and procedures that enable staff to guide children in the program to develop crucial social interaction skills to best enhance their experiences at the Childcare center. The program will endeavor to use these guidelines for staff and children to feel safe, comfortable, and respected in their interactions and experiences at the program.

### **Procedures:**

1. Staff is given guidance and resources from administration and partnering agencies to improve their knowledge and skills in guiding children's behaviors.
2. Staff must practice and promote anti-bias interaction in regards to race, color, nationality, culture, religion, gender, and developmental abilities.
3. Staff model respectful interactions with adults and children at all times and encourage children to interact with each other positively and respectfully.
4. Staff engage in conversations with children and encourage them to express their needs, feelings, desires, and opinions.
5. Staff will communicate with children at their developmental level by using eye contact; physically getting down to the child's level; not interrupting children and maintaining a positive facial expression and physical demeanor that portrays openness to children's communication.
6. Staff will provide warnings of transition times at least five minutes before change and ensure all children are aware of changes in the routine either verbally or visually.
7. In the event of problems between children or between children and staff, staff will arrange and help facilitate discussions using books and other materials to resolve issues.
8. Staff will endeavor to arrange play spaces and plan age-appropriate activities in order to minimize problem situations from developing.
9. Staff will guide children to respect the rights and property of others including children, staff, families, centers and schools.
10. Children are encouraged to establish positive relationships with a variety of individuals to promote positive social interactions.
11. Staff will plan leadership/teamwork opportunities with the children.
12. Guidelines and expectations will be created with input from the children that are age and ability appropriate and are reviewed with the children on a regular basis and posted at the program premises.
13. Staff will be aware of and assist children in the recognition and development of problem-solving skills.
14. Administration will set firm guidelines in regard to bullying and all staff, families and children will be made aware of such guidelines. Staff will intervene promptly when aggressive actions or bullying occurs.
15. Staff will point out logical consequences for inappropriate behaviors by providing a choice of alternatives which are directly related to the behavior. Logical consequences will be immediate, consistent, and of short duration. Staff will redirect children to another activity or center for the child to play in.

16. Physical punishment, verbal or physical degradation or emotional deprivation is not allowed. Staff must not deny or threaten to deny any basic necessity. Staff must not use or permit the use of any form of physical restraint, confinement, or isolation. Any child disciplinary actions taken must be reasonable in the circumstances. Time outs and yelling at a child are not to be used as a form of disciplinary action or child guidance strategy.

**The Parent Handbook will be given to parents upon registration.**

Discipline methods are communicated to staff at the time of hire. All staff are provided with a copy of this Childcare Policy at the time of hire and reviewed at every monthly staff meeting.

**Bullying Behavior**

Bullying type behavior is defined as a conscious, willful, deliberate and/or persistent hostile behavior by any individual or group which intimidates, threatens, or has a harmful or distressing impact on another individual or group. Bullying can take various forms such as verbal (taunts, name calling, put-downs, threats, and intimidation), social (exclusion from peer group, gossip, ganging up, or teasing), physical (hitting/kicking victims and/or damaging personal property), sexual, (inappropriate remarks or physical contact), and cyber (using the computer or other technology to harass or threaten).

The childcare program will not tolerate bullying of any kind at any time. We are committed to implementing bullying prevention plus positive and permanent solution-focused methods to address bullying if it occurs, as outlined below. We recognize that despite all efforts to prevent bullying behavior, it may occur on occasions and all incidents must be responded to in a thorough and sensitive manner.

**Procedures:**

1. Children will be encouraged to report any incidents of alleged bullying immediately and will be reassured that what they say will be taken seriously and handled sensitively.
2. If a child tells a staff that they are being bullied, they will be given the time to explain what has happened and reassured that they were right to tell.
3. Staff will ask the alleged bully to explain their side and take into account their response when deciding whether bullying has occurred.
4. If bullying has occurred, in most cases the behavior can be addressed by using the strategies in the child guidance policy. When appropriate, the person who bullied will be encouraged to talk through the incident with the other person involved.
5. Once the incident has been dealt with, the supervisor and her staff will monitor the children involved to ensure that further incidents do not occur.
6. If the parents of the children involved in an incident have any concerns with the way the incident was dealt with, they should contact the Childcare Manager directly; and he or she will deal with the concern at the appropriate level of MD Administration and report all action taken back to the concerned family.
7. If a child persists in bullying behavior, the child's parent(s) will receive a written warning that the child must stop his behavior, or it could result in a suspension from the program.
8. Termination of care of the child is the final last resort to address bullying behavior.

## **Child Supervision**

The M.D of Opportunity Childcare program is committed to ensuring that children are effectively supervised at all times while in care.

To effect this, the Childcare Supervisor will ensure that all staff have the necessary procedural know-how and are able to implement those procedures to ensure the safety, well-being, and development of children under supervision at all times. Supervision practices that reduce the risk of harm through prevention, and those that promote positive, responsive, and intentional learning environments for children and Childcare providers are to be utilized by all staff members. Parents/families will be advised of all pertinent aspects of this policy as required in the Parent Handbook. The following procedures will be reviewed and updated as required in order to meet quality standards as set by governing agencies.

### **Procedures:**

1. Management will ensure that staff receive and understand current and up to date information and best practices in regards to supervision, and that these are implemented at the program.
2. Supervision practices will be assessed on a regular basis to ensure that they promote safety and meet the developmental needs of the children enrolled in the program.
3. Sign-In Sheets: Staff will monitor when children arrive and/or depart and ensure that the time is recorded by the parent. Room staff may utilize a list of children and record the time on this form if they are away from the sign-in forms. Primary caregivers are responsible for checking that all children are signed in and out on daily sign-in sheets. Sign-in sheets are to be reviewed multiple times throughout the day to ensure they are accurate at all times. Sign-in sheets are to be checked and updated if necessary, by room staff at the beginning of the day when staff split into separate rooms/groups and at the end of the day prior to any room being closed or groups being combined.
4. For Childcare programs staff will be given copies of children's schedules when made available by parents.
5. In the event that a child who is scheduled to be at a Childcare program does not arrive from a classroom or bus, staff will make every effort available to contact a parent/guardian as well as communicate with school personnel to verify child's whereabouts.
6. If a child is being transferred from one group to another, both staff members must communicate directly with each other to verify that the child has joined the second group and that the child's name has been taken off the list of the first group and added to the list of the second group.
7. When children are being combined at the end of the day staff must verify the names of the children and the number of children in the group with closing staff prior to the end of their shift. Any information to be relayed to parents must also be communicated to remaining staff at this time.
8. Staff MUST be aware at all times of how many children are in their group. Head count forms are to be filled out when head counts are done, documenting the time and number of children counted. Name to face head counts are to be done on a regular basis when children are playing indoors and at an increased rate when children are outdoors. Name to face head counts are to be performed prior to exiting the classroom of the center, and again after exiting the center itself for any activity including outdoor play in the park. Head counts will be done at a minimum every 10 minutes and again prior to re-entering the building after any out of center activity and again once the group has entered the childcare building and then again when group enters their classroom.

9. Head counts are to be performed and documented at increased regular intervals during any off-site activity including prior to departure for activity, once seated on bus if applicable, upon arrival at activity, regularly throughout the activity, prior to departure of activity, upon being seated on bus again and upon arrival back at the center after activity.
10. Staff are to be aware of changes to daily routines and increase head counts accordingly such as in the fall when there is a large number of new children in the program, during summer when outside time increases, during special activities, and when children are transitioning to a new group.
11. ALL caregivers are to be responsible for maintaining child/staff ratios at all times.
12. The number of children in each group will be posted on boards in all playrooms and these numbers will be updated as children arrive and/or depart from the group.
13. Staff will position themselves accordingly in play areas as required based on the number of children in the group, the number of staff and where the children are playing. Placement of staff will also be dependent on the age group of the children and their developmental needs (e.g. within arm's reach of a child who is known by staff to be aggressive to other children). Staff are not to be gathered in groups but spread throughout the play areas within eyesight and hearing distance of each other in order to communicate if necessary. If a staff member is required to attend to a task that requires greater attention from them they must communicate their intentions to their team members (e.g. assisting a child in the washroom) in order for other staff members to provide direct supervision to the larger group.
14. Staff will be aware of situations and play areas that may require closer observation and position themselves accordingly (e.g. water play, transition times, tent areas, climbing apparatuses).
15. Staff will follow safety policies as outlined in the safety policy that include daily safety checks of playrooms, toys and equipment, and outdoor play areas to ensure that all play areas are free from hazards.
16. Staff will monitor room arrangement and/or outdoor play equipment arrangements and if necessary, modify those arrangements in order to effectively supervise all areas of the children's play including rest areas and toilet areas.
17. Staff will use communication books to relay messages about changes to the child's regular schedule (e.g. another person picking up the child from the center).
18. Staff will have documentation relevant to each child in their group and will use that documentation to be aware of who is authorized to pick up a child from the program, child's relevant health information including allergies, emergency medication if necessary, and who to contact in an emergency if parents cannot be reached.
19. All staff members must be aware of children who may require emergency medications, where they are stored and how to administer them. Emergency medications are to be readily accessible indoors as well as outdoors and taken on all off-site excursions.
20. All staff members must be aware of the location of First Aid kits and take portable First Aid kits on all off-site excursions.
21. All staff must be aware of where emergency numbers are posted, where children's portable emergency records are kept and take portable emergency information on all off-site excursions or in the case of an emergency evacuation.

22. Staff shall monitor children's health to note early signs of illness, fever or unusual behavior that may indicate child is unwell.
23. Staff will establish safety rules for children that are relevant both indoors and outdoors (e.g. walking indoors, not climbing on top of play equipment structures) and review those safety guidelines on a regular basis with the children.

**Staff will take all precautionary and preventative measures to ensure child safety by completing all necessary safety documentation, checklists, and risk assessments prior to leaving the center premises to maintain the safety of all children.**

Supervision is most effective when staff is actively engaged with the children during play, so staff can observe and anticipate what may happen. Active supervision allows staff to assist children by intervening in the event and preventing any potential danger. Staff will be alert and aware of all children's whereabouts and observe them visually as well as listening in order to assist children if the need arises. By watching and participating in children's play staff can ensure that the children are playing in a safe manner as well as provide staff with opportunities to observe children and enhance their play experiences for optimum child development.

### **Safety**

The MD of Opportunity No 17 Childcare program is committed to providing a childcare program that allows children to explore their environment and participate in activities that will promote their development in a safe atmosphere. Personnel are given clear guidelines and procedures to best ensure the safety of the children and staff members.

The MD of Opportunity No. 17 Childcare program will establish practices that prevent accidental injuries, protect children from harm, and remove children from danger in the event of fire or other emergency. Administration will provide staff with current and relevant standards and best practices and ensure that staff follows appropriate policies, procedures and practices to maintain a safe, clean and comfortable program for staff and children. All relevant policies, procedures and practices will be communicated to staff, children, parents/families and school personnel as appropriate. The MD of Opportunity No. 17 will review and revise as necessary such documents on a regular basis, in order to meet governing standards.

### **Sign-In, Sign-Out Procedures:**

1. The Childcare program does not assume responsibility for the health and safety of any child until the child has reported to one of the Childcare workers and signed into the program by the parent.
2. The parents will sign-in each child at the exact time they arrive at the program and sign-out each child with the exact time when they are picked up.
3. **Parents/guardians are to initial the daily in and out times and sign at the end of the week to verify the hours their child (ren) have attended the program.**
4. The parent is responsible to remove outdoor clothes, place outdoor shoes in the cubby-hole and boots on the boot shelf and at pick up, dress the child and collect his/her belongings.
5. If the child is picked up from the center in the course of the day for any reason and then returned, (e.g. for a medical or dental appointment) the time they left and the time they returned must also be recorded and initialed. This is critical to ensure that the staff is aware of which children are in the Childcare center at any given time in case of emergency (e.g. fire).

***Children may be released only to:***

1. A person must be 18 years of age, whose name is on the child's registration form as an authorized person.
2. Emergency contact persons named on the registration form, but only if the Childcare center has been advised by the parent that the arrangement has been made.
3. A person designated via written authorization from the parent. The Childcare center must have this consent in writing from the parent prior to releasing the child.
4. A person who has been named by the parent via telephone, providing the parent has verified his/her (the parents') identification.
5. The Childcare staff will inspect identification (e.g. Driver's License) prior to releasing any child into the care of a person staff is unfamiliar with.
6. The information recorded from the identification must include:
  - a) Name(s) of child(ren)
  - b) Name of person picking up the child(ren)
  - c) Identification number(s) from the identification used.
  - d) Any other information the Childcare worker deems necessary or important.

**Room Maintenance Procedures**

1. Staff will be given current best practices standards information and are expected to follow all guidelines.
2. The classroom shall be arranged to allow for freedom of movement but ensuring there are no sharp corners or other hazards. It shall be arranged in a manner that meets the diverse needs of the children as well as accommodating the number of children in the program so that a variety of activities can occur simultaneously.
3. Childcare staff will conduct a routine daily maintenance and safety inspection of the facility and outdoor play spaces to eliminate potential hazards promptly and record these inspections on checklists.
4. Childcare staff will routinely inspect toys and equipment to ensure that any potential hazards are identified and rectified.
5. All electrical outlets will be covered with protective caps.
6. All floor coverings will be attached to the floor or backed with non-skid material.
7. The indoor/outdoor play area will be kept free of toxic plants and garbage/debris.
8. When the outdoor sand box is not in use, it will be kept tightly covered.
9. Children's wading pools will be drained and store up-ended when not in use.
10. All floor, desk and pedestal fans will have covers and guards kept out of reach of children and fastened to surfaces to prevent tipping or falling onto a child.
11. All appliances used at the Childcare program must be approved by the Canadian Standards Association (CSA) and will be maintained and kept in good repair.
12. All toys and equipment must meet federal and provincial safety requirements.
13. Children will not be allowed to run when they are indoors.
14. Children will not be allowed to play on trampolines.

## Fire Drills

1. Fire drills, including routine check of fire extinguishers, will be held once a month and documented, including the time it takes to clear everyone out of the building. Documentation is submitted to the Fire Inspector annually.
2. The children will practice evacuating from their room. Fire drills may be surprise events, but there will also be prearranged fire drills.
3. The signal for drills may be a bell, staff stating "FIRE," or another prearranged signal that children are familiar with in advance. The signal for an emergency evacuation is either a fire alarm bell or smoke detector siren.
4. Staff are responsible to see that children use the nearest door and walk quickly without pushing.
5. The Primary Caregiver must obtain the child attendance sheets and portable emergency records.
6. The Childcare Supervisor will check the bathrooms, corners and behind doors as children evacuate, as well as grab the program cell phone in the event of emergencies.
7. All staff members including kitchen staff and administrative assistant will assist the children outside.
8. Staff in the playrooms will ensure that room and bathroom sweeps are done for general safety to ensure no child is left in the center when children and staff are exiting the center for playground play and/or field trips.

## Emergency Contacts

The following telephone numbers must be posted at the program premises and be readily accessible:

- a) Emergency medical service
- b) Ambulance service
- c) Fire Department
- d) Police
- e) Poison Control Center
- f) Nearest hospital or emergency medical facility
- g) Child abuse hotline

The telephone number for an after-hours emergency program contact is posted in a place that is visible from the outside of the program premises.

## Shoes

Children are required to wear indoor, closed toed, shoes at all times no exceptions, for safety and in case of emergencies.

## First Aid Procedures

All Primary Childcare workers will hold a current First Aid/CPR certificate. Minor injuries will be dealt with at the Childcare Center and reported to the parents at time of pick up. All non-minor injuries will be assessed and/or treated by medical personnel.

In the event that staff determine a child requires emergency medical care as a result of an incident, staff will execute the following procedures:

1. Deliver first aid appropriate to the need.

2. Immediately arrange for transportation to medical services. As the safety of other children in care cannot be compromised by lack of supervision, ambulance services may be appropriate.
3. Notify the parent/guardian by telephone as soon as possible of the situation and action taken.
4. Document the incident for the Childcare Manager, the Licensing Officer, and the Chief Administrative Officer.
5. Keep all reports on file for a minimum of two years.

### **Serious Incident Reporting**

The Childcare Supervisor and/or Manager will report all serious incidents (indicated below) immediately to the Provincial Licensing Office. A copy of an Incident Report can be found at [www.humanservices.alberta.ca](http://www.humanservices.alberta.ca)

Childcare program staff will ensure that all the following incidents are reported immediately to the Childcare Supervisors and/or Manager:

- death of child
- emergency evacuation of a program (i.e. in the event of fire, natural disaster, or other threat)
- unexpected program closure (i.e. loss of heat, water, power, or other unexpected program closure where operations would normally be regular)
- an intruder on the program premises (i.e. person intrudes into the program that isn't a parent, staff or MD affiliate)
- a serious illness or injury to a child that requires the program to request emergency health care and/or; requires the child to remain in hospital over night (ambulance is called)
- Injury requiring medical attention
- an error in the administration of medication by a program staff/volunteer/ resulting in the child becoming seriously injured or ill and requiring first aid or the program requesting emergency health care and/or requires the child to remain in hospital over night
- unexpected absence of a child from the program (i.e. missing/lost child)
- a child removed from the program by non-custodial parent or guardian (i.e. or someone not on the child's pick up list)
- an allegation of abuse (physical abuse, sexual abuse, emotional abuse and/or neglect of a child by a program staff member or volunteer)
- the commission by a child of an offence under an Act of Canada or Alberta (i.e. if a child commits a crime, and we know about it, it is reported to Licensing)
- a child left on the premises outside of the program's operating hours. (i.e. a child is left inside the daycare after all staff have gone home for the day).

Room staff will make time to debrief with Supervisor and / or Manager prior to leaving work the day of critical incident so management can ensure staff are not going home mentally or emotional stressed due to critical incident.

### **Investigations**

All childcare staff must and will cooperate with any investigation conducted by the Childcare Supervisor/Manager, the MD Safety Coordinator, the Recreation & Programming Manager, the Chief Administrative Officer, any law enforcement agency, and/or Child and Family Services as required.

The program will complete the Government of Alberta Incident Reporting Annual Summary and Analysis Report and submit this report to the regional Childcare office as requested for license renewal and / or annually during multi-year license periods.

## **Evacuations**

### **Center Evacuation Procedures:**

1. In the event of an emergency that necessitates the evacuation of the Childcare Centre, each Primary caregiver will dress the children in their rooms and lead them from the emergency area to the designated MUSTER POINTS.
2. The staff will bring the child's portable emergency information which includes: the child's name, date of birth, home address, the parent's name, home address, telephone number, the name, address and telephone number of a person who can be contacted in case of an emergency, any relevant health information about the child including immunizations and allergies. Portable emergency information will also include the telephone numbers of the local emergency response service and poison control center.
3. The Childcare staff will do a count of all the children and then the telephone committee will be contacted to initiate the phone contacts with parents and appropriate resources as per evacuation plan.
4. Parents will be instructed to pick up their children immediately and employ alternate sources of care as specified on their forms until further notice.
5. Under no circumstances may any staff member, parent or child return to the Childcare Centre without authorization from the Chief Administrative Officer of MD of Opportunity No 17.
6. The Childcare emergency evacuation procedures are posted by all centre exits to inform parents and visitors of the procedures.

**Emergency evacuation procedures are made known to all staff through review of policy manuals.**

### **Municipal Evacuation Procedures:**

1. Generally, in the event of a larger emergency taking place in the neighborhood or the community in which a daycare centre is located, staff should follow the direction of the emergency responders or MD staff acting under the MD's emergency management agency.
2. The Childcare Supervisor will seek direction from the Fire Chief of the Hamlet, the Chief Administrative Officer, or the municipal Director of Emergency Management on the appropriate steps to take given the nature of the emergency, e.g., to shelter in place or evacuate. Staff will immediately prepare the children for evacuation regardless.
3. If an order is given to evacuate the facility, staff will proceed to the muster point (a prearranged muster point or as directed).
4. Staff will always maintain the utmost control of children, and take head counts at every opportunity, e.g. before and after moving to an alternate location, etc.
5. Children can be released from care at any point in the emergency only if an authorized person arrives for them. A record equal to a daily Sign-Out must be taken for all releases.
6. The MD of Opportunity No. 17 will prioritize the collection of children and staff from harm's way and the transport of them to a safe location such as a reception centre.

## **Health Care**

The MD of Opportunity No. 17 childcare program is committed to ensuring that all personnel follow best practices to ensure the health of the staff and children enrolled in the program.

The MD of Opportunity No. 17 childcare program may provide or allow for the provision of health care to a child only if the written consent of the child's parent has been obtained, or the health care provided is in the nature of first aid.

To ensure the health of children and staff in the centre, all staff and all parents/families will be familiar with and follow policies, procedures and practices relevant to their positions. Management will ensure that everyone receives current and up-to-date information and that best practices are implemented at the program.

### **Specialized Health Care:**

If specialized health care (e.g. catheterization) is required for a child, the Childcare Supervisor plus two alternative staff members will be trained in the required procedure(s). Training will be documented and retained in the employee's file. The child cannot be allowed to attend the Childcare program until adequate staff members are trained. Currently, specialized health care is not available at the MD of Opportunity No. 17 Childcare centers.

## **Medical Conditions**

Parents of children with a medical condition must complete the required administration form which will be placed on the child's file. Staff in the program the child attends will be given a copy; they will make themselves familiar with the information and any special needs of the child's care.

### **Allergies:**

Parents are responsible for advising the Childcare staff of their child's allergy. The information provided by parents about their child's allergies is noted and posted so that all staff is aware. Each classroom will have an Allergy Poster that includes the child's name and a picture of the child in every room and in the kitchen.

**MD of Opportunity Childcare center is a nut free facility. Please refrain from bringing peanuts/nuts into the center.**

## **Illness and Communicable Diseases**

Parents/guardians receive a policy manual upon registering their child(ren) in all childcare programs operated by the MD of Opportunity No. 17 that explicitly details the program policy and procedure for dealing with ill children. Staff who observe a child exhibiting the following signs or symptoms of illness:

- Vomiting, fever, diarrhea, new or unexplained rash or cough
- Requiring greater care and attention than can be provided without compromising the care of the other children
- Having or displaying any other illness or symptom the staff member knows or believes may indicate that the child poses a health risk to other persons on the program premises
- Any evidence of head lice

are required by regulation to ensure the child's parent (or emergency contact if parent(s) are unreachable) arranges for immediate removal of the child from the program premises. The child does not return until the Childcare centre is satisfied that the child no longer poses a health risk to persons on the program premises.

A child may return to the Childcare Centre if the parent provides written notice from a physician indicating the child does not pose a health risk to persons on the program premises or their child is symptom free for at least 24 hours.

Until the child is removed from the program, staff must ensure that the sick child is kept as far away as is practicable from the other children (e.g., the child will remain in the same room but will not be in close contact with other children) and directly supervised by a primary staff member. If ratio allows it, a staff member will take the child to the infirmary until the child is picked up).

Parents are required to keep their child(ren) at home if he/she displays any of the following symptoms:

- Fever
- Diarrhea or vomiting
- Undiagnosed rash or skin condition
- Communicable disease other than mild upper respiratory tract infection
- Apparently infected discharge (thick and colored, e.g. greenish-yellow discharge from the nose)
- Lethargy or unusual irritability
- Persistent pain
- Cough (frequent bouts, e.g., 3 to 5 times per hour, especially if choking or vomiting)
- Head lice (eggs, dead or live louse)

Parents can return their child to the program when:

- fever has been gone for at least 24 hours
- nausea, vomiting, diarrhea have ceased for at least 24 hours
- stage of contagion for communicable disease has passed
- child has been on antibiotics for at least 24 hours, e.g. for strep throat or conjunctivitis (pinkeye)
- child can participate actively in program
- sores are scabbed with no signs of rawness or discharge
- in the case of head lice, when the child's hair is clear of all evidence of lice. Staff reserve the right to check to ensure that the infection is gone.

A staff member who suspects a child is becoming ill will document their observations and continue to monitor the child over the day. Physical symptoms and behavior changes indicating illness include:

- complaints of pain or discomfort, tugging or rubbing eyes or ears
- pale
- lethargy
- warm to the touch
- flushed cheeks
- glossy eyes
- discharge from eyes, ears, or nose
- rash on any body area
- irritability or crying for unexplained reasons
- diarrhea
- evidence of head lice

If a child presents with symptoms of a possible fever staff members will check the child's temperature by placing a thermometer under armpit or in ear (depending on type of thermometer available). If a child's temperature is 38 degrees Celsius or over, caregivers will call parent for immediate pick up. While waiting for the child to be picked up staff will place cool cloths under the child's arms and back of neck to attempt to bring down child's temperature. Temperature will be re-evaluated every 15 minutes and documented until parent arrives to remove child from program.

The program will record and document children who are ill including:

- The name of the child and date/time child was observed to be ill
- name of staff member who identified the child was ill
- time the parent was initially contacted and the name of staff member who contacted parent
- time the child was removed from the program and
- date the child returned to the program.

Forms are to be reviewed by the Childcare Supervisor and submitted to the Childcare Coordinator on an ongoing basis and as requested by Alberta Health Services inspectors.

**If there is between 5 to 10% of the children or staff ill at a program with the same symptoms, this information will be reported to Alberta Health Services and if necessary, the program will be placed on outbreak status. Continued monitoring of the number of children with symptoms will be reported to health personnel until the program is declared clear of outbreak status.**

If a suspected outbreak occurs staff will introduce the following actions:

- Post notices for parents to inform families of any outbreak, incidents, and request confirmation of child's absences due to illness
- Increased disinfecting of high touch surfaces such as door handles, railings, etc.
- Water and sand tables will not be used until cleared of outbreak.

### **Illness Procedures**

The Childcare Center is required by regulation to do everything necessary to suppress communicable diseases and protect those who have not already been exposed by breaking the chain of transmission and preventing the spread of illness. There are two categories of Illness Procedures:

- 1) those taken for undiagnosed illnesses and suspected infestations; and
- 2) those taken for diagnosed illnesses reported by parents of absence enrolled children.

In the event a child becomes ill while at daycare, the staff of the childcare center will follow these Illness Procedures below:

### **Fever**

1. Start an illness tracking form.
2. Take the child's temperature and document it on the illness tracking form plus any other symptoms/behavioral changes.
3. Call to inform supervisor of child's symptoms.

**If the temperature is below 38 degrees Celsius but above 37 degrees Celsius:**

4. Staff will wait 30 minutes and attempt to bring down temperature by placing a cool cloth in the arm pits or on the head of the child and/or remove heavy clothing. Staff will attempt to make the child as comfortable as possible and reassess temperature in 30 minute intervals.

**If child reaches a temperature of 38 degrees Celsius or higher staff will:**

5. Inform supervisor and supervisor will call parent for immediate pick up and inform them that the child can return to the program once symptom free for at least 24 hours or the parent provides a note from a physician indicating the child does not pose a health risk to persons on the program premises.
6. Gather fever and treatment information to provide to the parent at time of pick up.
7. Ensure the sick child is kept away from other children as is practical and is directly supervised by a primary staff member. (eg: child can remain in the same room but kept away from other children but If ratio allows it, a staff member will take the child to the infirmary until child is picked up).
8. Parent will sign the illness tracking form once they arrive to pick up child.
9. Staff will offer a copy of the illness tracking form to the parent and make a copy if wanted.
10. Parent/Staff will ensure that the child is signed out of the building.

**Diarrhea**

If the child has an episode of diarrhea and/or episodes are accompanied by other symptoms:

1. Staff will start an illness tracking form and share information provided by the parent (e.g.: medication causing diarrhea, babies who are being introduced to new foods, milk intolerance, etc.).
2. Staff will inform Supervisor of child's symptoms and any other pertinent information.
3. Supervisor will call parent/emergency contact for immediate pick up.
4. Supervisor will gather diarrhea and treatment information to provide to the parent at time of pick up.
5. Staff will ensure the child is kept away from other children as is practical and the child is directly supervised by a primary staff member. (e.g.: child can remain in the same room and kept away from other children but If ratio allows it, a staff member will take the child to the infirmary until child is picked up).
6. Parent will sign the illness tracking form once they arrive to pick up child.
7. Staff will offer the parent a copy of the illness tracking form and make a copy if wanted.
8. Staff will ensure that the child is signed out of the building
9. Room staff will begin the disinfecting process of all the frequently used toys, sand/water table, door handles, and diaper change area/toilets.

**Vomiting**

1. Staff will start an illness tracking form and log what the child may have eaten prior to the episode.
2. Staff will monitor the situation in 30 minute intervals and document information regarding the child on the illness tracking form.
3. Staff will call the Supervisor to inform of child's symptoms and/or if significant changes occur. (children need to be picked up immediately after first bout of diarrhea and program should not be waiting for two bouts)
4. Staff will call to inform Supervisor of child's symptoms
5. Supervisor will call parent/emergency contact for immediate pick up

6. Staff will ensure the child is kept away from other children as is practical and the child is directly supervised by a primary staff member. (eg: child can remain in the same room and kept away from other children but If ratio allows it, a staff member will take the child to the infirmary until child is picked up).
7. Supervisor will gather episode and treatment information to provide to the parent at time of pick up.
8. Parent will sign the illness tracking form once they arrive to pick up child.
9. Staff will offer the parent a copy of the illness tracking form and make a copy if wanted.
10. Staff will ensure that the child is signed out of the building.
11. Room staff will begin the disinfecting process of all used toys, sand/water table, door handles, and diaper change area/toilets.

### **Scabies/Head Lice or other Infestation**

1. Staff will fill out an illness tracking form
2. Staff will call to inform supervisor of child's symptoms.
3. Supervisor will prepare the Scabies/Head Lice Infection and Treatment Information package to give to parents of all children in the room. When available, a nit comb will be offered to the parent of the child.
4. Supervisor will send a brief memo home with symptom and treatment information for all other parents in the room.
5. Supervisor will call parent and/or emergency contact for immediate pick up and inform the parent that the child can return to the program once appropriate treatment is completed and nits removed.
6. Staff will ensure the child is kept away from other children as is practical and the child is directly supervised by a primary staff member. (eg: child can remain in the same room and kept away from other children but If ratio allows it, a staff member will take the child to the infirmary until child is picked up).

In the event that head lice is observed toward the end of the care day (e.g., 4 pm or later) Supervisor can wait until pick up time to inform the parent if ratio allows for staff member to remove the child from the playroom to the infirmary.

7. Parent will sign the illness tracking form once they arrive to pick up child and staff will give the head lice information to the parent.
8. Staff will offer the parent a copy of the illness tracking form and make a copy if wanted.
9. Staff will ensure that the child is signed out of the building

### **Preventing Head Lice Transmission Procedure**

1. At time of registration, the supervisor will inform parents of the illness and head lice procedures for the center.
2. Any confirmation of head lice will result in head checks of all remaining children in the room, as required by health regulation.
3. Staff will wash all soft toys, pillows, dress up clothes, hats and shared items in the room.

When a child returns to the program after being sent home due to head lice, staff will discreetly do a head check by taking the child and parent into the bathroom or any other area for privacy. Child can remain at the center if no sign of head lice is present.

### **Chickenpox**

1. Staff will start an illness tracking form and log the child's symptoms.
2. Staff will call to inform supervisor of child's symptoms.
3. Supervisor will contact parent and/or emergency contacts for immediate pick up and inform parent that the child can return to the program when:
  - a) The parent provides written notice from a physician indicating the child does not pose a health risk to persons on the program premises
  - b) The child has been symptom free for at least 24 hours.
4. The Supervisor will call Alberta Health Services to report a possible/confirmed communicable case of chickenpox as required by regulations.
5. Staff will ensure the child is kept away from other children as is practical and the child is directly supervised by a primary staff member. (e.g.: child can remain in the same room and kept away from other children but If ratio allows it, a staff member will take the child to the infirmary until child is picked up).
6. The Supervisor will gather Chickenpox information and treatment to provide to the parent at time of pick up.
7. The supervisor will send a memo home with symptom and treatment information for all other parents in the room.
8. Parent will sign the illness tracking form once they arrive to pick up child.
9. Staff will ask the parent if they want a copy of the illness tracking form to take with them for their records.
10. Staff will make a copy of the illness tracking form for the parent
11. Staff will ensure that the child is signed out of the building
12. Room staff will begin the disinfecting process of all the used toys, sand/water table, door handles, and diaper change area/toilets.

### **Hepatitis A**

1. Staff will start an illness tracking form and log the child's symptoms.
2. Staff will call to inform supervisor of child's symptoms.
3. Supervisor will contact parent and/or emergency contacts for immediate pick up and inform the parent the child is not permitted back to the program when;
  - a) Parent provides written notice from a physician indicating child does not pose a health risk and/or
  - b) 14 days after the onset of illness or 7 days after onset of jaundice.
  - c) the center is satisfied that the child no longer poses a health risk to the persons on the program premises, and/or;
  - d) When child feels well enough to participate in all activities, and the symptoms have been resolved.
4. Supervisor will call Alberta Health Services to report possible/confirmed communicable case of hepatitis A.

5. Ensure the sick child is kept away from other children as is practical and directly supervised by a primary staff member. (eg: child can remain in the same room but kept away from other children but If ratio allows it, a staff member will take the child to the infirmary until child is picked up).
6. Supervisor will gather Hepatitis A information and treatment information to provide to the parent at time of pick up.
7. Supervisor will send a memo home with symptom and treatment information for all other parents in the room.
8. Parent will sign the illness tracking form once they arrive to pick up child.
9. Staff will ask the parent if they want a copy of the illness tracking form to take with them for their records.
10. Staff will make a copy of the illness tracking form for the parent
11. Staff will ensure that the child is signed out of building
12. Room staff will begin the disinfecting process of all the used toys, sand/water table, door handles, and diaper change area/toilets.

### **Impetigo**

1. Staff will start an illness tracking form and log the child's symptoms.
2. Staff will call to inform Supervisor of child's symptoms.
3. Supervisor will call the parent or emergency contact for immediate pick up and inform the parent that the child can return to the program;
  - a) When the parent provides written notice from a physician indicating the child does not pose a health risk
  - b) 24 hours after treatment and;
  - c) When the sores are scabbed over with no sign of soreness or discharge.
4. Ensure the sick child is kept away from other children as is practical and directly supervised by a primary staff member. (eg: child can remain in the same room but kept away from other children but If ratio allows it, a staff member will take the child to the infirmary until child is picked up).
5. Supervisor will gather Impetigo and treatment information to provide to the parent at time of pick up.
6. Supervisor will send a memo home with symptom and treatment information for all other parents in the room.
7. Parent will sign the illness tracking form once they arrive to pick up child.
8. Staff will ask the parent if they want a copy of the illness tracking form to take with them for their records.
9. Staff will make a copy of the illness tracking form for the parent
10. Staff will ensure that the child is signed out of the building
11. Room staff will begin the disinfecting process of all the used toys, sand/water table, door handles, and diaper change area/toilets.

### **Persistent Wheezing/Persistent Cough**

1. Staff will start an illness tracking form and document the length of coughing bouts and any pertinent information about the behavior of the child while wheezing or persistently coughing.
2. Staff will monitor the situation for 30 minute intervals, document the symptoms and information on the illness tracking form, and update the Supervisor after 30 minutes or when significant changes occur.

3. Staff will call to inform supervisor of child's symptoms and/or if significant changes occur.
4. If symptoms persist, Supervisor will call the parent for immediate pick up and inform parent that child can return to the program when;
  - a) the parent provides written notice from a physician indicating the child does not pose a health risk and/or,
  - b) 24 hours after appropriate treatment and/or
  - c) symptoms have resolved
5. Gather Wheezing/Persistent cough information to provide to the parent at time of pick up.
6. Supervisor will send a memo home with symptom and treatment information for all other parents in the room.
7. Ensure the sick child is kept away from other children as is practical and directly supervised by a primary staff member. (e.g.: child can remain in the same room but kept away from other children as is practical but If ratio allows it, a staff member will take the child to the infirmary until child is picked up).
8. Parent will sign the illness tracking form once they arrive to pick up child.
9. Staff will ask the parent if they want a copy of the illness tracking form to take with them for their records.
10. Staff will make a copy of the illness tracking form for the parent
11. Parent/Staff will ensure that the child is signed out of the building
12. Room staff will begin the disinfecting process of all the used toys, sand/water table, door handles, and diaper change area/toilets.

### **Measles**

1. Staff will start an illness tracking form and log the child's symptoms.
2. Staff will call to inform supervisor of child's symptoms.
3. Supervisor will contact parent and/or emergency contacts for immediate pick up and inform parent that the child can be permitted back to the program when;
  - a) Parent provides written notice from a physician indicating child does not pose a health risk
  - b) the center is satisfied that the child no longer poses a health risk to the persons on the program premises
  - c) When child feels well enough to participate in all activities, regardless of the state of the rash and as long as the child returns to the same group they were with one to two days before the onset of the rash.
4. Supervisor will gather Measles information and treatment to provide to the parent at time of pick up.
5. Supervisor will send a memo home with symptom and treatment information for all other parents in the room.
6. Supervisor will call Alberta Health Services to report possible/confirmed communicable case of Measles.
7. Ensure the sick child is kept away from other children as is practical and directly supervised by a primary staff member. (e.g.: child can remain in the same room but kept away from other children as is practical but If ratio allows it, a staff member will take the child to the infirmary until child is picked up).
8. Parent will sign the illness tracking form once they arrive to pick up child.

9. Staff will ask the parent if they want a copy of the illness tracking form to take with them for their records.
10. Staff will make a copy of the illness tracking form for the parent
11. Staff will ensure that the child is signed out of the building
12. Room staff will begin the disinfecting process of all used toys, sand/water table, door handles, and diaper change area/toilets.

### **Mouth Sores**

1. Staff will start an illness tracking form.
2. Staff will document symptoms on the illness tracking form.

If child is showing no other symptoms or pain and discomfort;

- a) Staff will monitor the child in 30 minute intervals and inform Supervisor if any further significant changes occur.
- b) At time of pick-up staff will inform parent of potential illness and request the child be seen by a doctor

**\*Please note: that if the child requires more care and attention than can be given and it's compromising the care of the other children, then it's time to send them home and not wait to reassess.**

If the child is showing signs of other symptoms and pain or discomfort;

3. Staff will call to inform supervisor of child's symptoms.
4. Supervisor will call the parent/emergency contact and inform the parent that the child may return to the program when;
  - a) Parent provides written notice from a physician indicating child does not pose a health risk and/or
  - b) the center is satisfied that the child no longer poses a health risk to the persons on the program premises, and/or;
  - c) When child feels well enough to participate in all activities, and the symptoms have been resolved.
5. Ensure the child is kept away from other children as is practical and directly supervised by a primary staff member. (eg: child can remain in the same room but kept away from other children as is practical but If ratio allows it, a staff member will take the child to the infirmary until child is picked up).
6. Supervisor will gather Mouth sore and treatment information to provide to the parent at time of pick up.
7. Supervisor will send a memo home with symptom and treatment information for all other parents in the room.
8. Parent will sign the illness tracking form once they arrive to pick up child.
9. Staff will ask the parent if they want a copy of the illness tracking form to take with them for their records.
10. Staff will make a copy of the illness tracking form for the parent
11. Parent/Staff will ensure that the child is signed out of the building

12. Room staff will begin the disinfecting process of all the used toys, sand/water table, door handles, and diaper change area/toilets.

### **Mumps**

1. Staff will start an illness tracking form and log the child's symptoms.
2. Staff will call to inform supervisor of child's symptoms.
3. The Supervisor will contact parent and/or emergency contacts for immediate pick up and inform the parent that the child can be permitted back to the program when;
  - a) Parent provides written notice from a physician indicating the child does not pose a health risk and/or,
  - b) The child feels well enough to participate in all activities, 9 days after the onset of parotid gland swelling and/or
  - c) The center is satisfied that the child no longer poses a health risk to persons on the program premises.
4. Supervisor will gather Mumps information and treatment to provide to the parent at time of pick up.
5. Supervisor will send a memo home with symptom and treatment information for all other parents in the room.
6. Supervisor will call Alberta Health Services to report possible/confirmed communicable case of Mumps.
7. Ensure the sick child is kept away from other children as is practical and directly supervised by a primary staff member. (eg: child can remain in the same room but kept away from other children as is practical but If ratio allows it, a staff member will take the child to the infirmary until child is picked up).
8. Parent will sign the illness tracking form once they arrive to pick up child.
9. Staff will ask the parent if they want a copy of the illness tracking form to take with them for their records.
10. Staff will make a copy of the illness tracking form for the parent
11. Staff will ensure that the child is signed out of the building
12. Room staff will begin the disinfecting process of all the used toys, sand/water table, door handles, and diaper change area/toilets.

### **Pertussis/Whooping Cough**

1. Staff will start an illness tracking form and log the child's symptoms.
2. Staff will call to inform supervisor of child's symptoms.
3. Supervisor will contact parent and/or emergency contacts for immediate pick up and inform the parent that the child can return to the program when;
  - a) parent provides written notice from a physician indicating the child does not pose a health risk.
  - b) when he or she feels well enough to participate in all activities, and/or five days after antibiotic treatment has been completed, three weeks after onset of symptoms, or until the coughing has stopped.
  - c) when the center is satisfied that the child no longer poses a health risk to the persons on the program premises

4. Supervisor will gather Pertussis/Whooping Cough information and treatment to provide to the parent at time of pick up.
5. Supervisor will send a memo home with symptom and treatment information for all other parents in the room.
6. Supervisor will call Alberta Health Services to report possible/confirmed communicable case of Pertussis/Whooping cough.
7. Ensure the sick child is kept away from other children as is practical and directly supervised by a primary staff member. (e.g.: child can remain in the same room but kept away from other children as is practical but If ratio allows it, a staff member will take the child to the infirmary until child is picked up).
8. Parent will sign the illness tracking form once they arrive to pick up child.
9. Staff will ask the parent if they want a copy of the illness tracking form to take with them for their records.
10. Staff will make a copy of the illness tracking form for the parent
11. Staff will ensure that the child is signed out of the building
12. Room staff will begin the disinfecting process of all the used toys, sand/water table, door handles, and diaper change area/toilets.

#### **Purulent Conjunctivitis (Red/Pink eye)**

1. Staff will start an illness tracking form and log the child's symptoms.

#### **If child is showing no other symptoms accompanying the red/pink eye;**

2. Staff will continue to monitor the situation for 30 minute intervals and inform Supervisor if any significant changes occur.

\*Please note: that if the child requires more care and attention than can be given and it's compromising the care of the other children, then it's time to send them home and not wait to reassess.

#### **If any other symptoms are present or the red/pink eye does not improve:**

3. Staff will inform supervisor.
4. Supervisor will contact parent and/or emergency contacts for immediate pick up and inform parent that the child can return to the program when;
  - a) parent provides written notice from a physician indicating the child does not pose a health risk.
  - b) 24 hours after antibiotic treatment has been completed
  - c) when the center is satisfied that the child no longer poses a health risk to the persons on the program premises
5. Supervisor will gather purulent conjunctivitis (Red/Pink Eye) information and treatment to provide to the parent at time of pick up.
6. Supervisor will send a memo home with symptom and treatment information for all other parents in the room.
7. Ensure the sick child is kept away from other children as is practical and directly supervised by a primary staff member. (e.g.: child can remain in the same room but kept away from other children as is practical but If ratio allows it, a staff member will take the child to the infirmary until child is picked up).
8. Parent will sign the illness tracking form once they arrive to pick up child.

9. Staff will ask the parent if they want a copy of the illness tracking form to take with them for their records.
10. Staff will make a copy of the illness tracking form for the parent.
11. Staff will ensure that the child is signed out of the building.
12. Room staff will begin the disinfecting process of all the used toys, sand/water table, door handles, and diaper change area/toilets.

### **Rash**

1. Staff will start an illness tracking form and log the child's symptoms.
2. Staff will call to inform Supervisor of child's symptoms.
3. Supervisor will contact parent and/or emergency contacts for immediate pick up and inform parent that the child can be permitted back to the program when;
  - a) the parent provides written notice from a physician indicating the child does not pose a health risk and/or
  - b) Child is symptom free for at least 24 hours
  - c) the center is satisfied that the child no longer poses a health risk to the persons on the program premises
4. Supervisor will gather Rash information and treatment to provide to the parent at time of pick up.
5. Supervisor will send a memo home with symptom and treatment information for all other parents in the room.
6. Ensure the sick child is kept away from other children as is practical and directly supervised by a primary staff member. (eg: child can remain in the same room but kept away from other children as is practical but if ratio allows it, a staff member will take the child to the infirmary until child is picked up).
7. Parent will sign the illness tracking form once they arrive to pick up child.
8. Staff will ask the parent if they want a copy of the illness tracking form to take with them for their records.
9. Staff will make a copy of the illness tracking form for the parent
10. Staff will ensure that the child is signed out of the building
11. Room staff will begin the disinfecting process of all the used toys, sand/water table, door handles, and diaper change area/toilets.

### **Strep Throat or other Streptococcal Infection**

1. Staff will start an illness tracking form and log the child's symptoms.
2. Staff will call to inform supervisor of child's symptoms.
3. Supervisor will contact parent and/or emergency contacts for immediate pick up and inform parent that the child can return to the program when;
  - a) parent provides written notice from a physician indicating the child does not pose a health risk.
  - b) when he or she feels well enough to participate in all activities, and after 24 hours of appropriate antibiotic treatment and cessation of the fever.
  - c) the center is satisfied that the child no longer poses a health risk to the persons on the program premises

4. Supervisor will gather Strep Throat information and treatment to provide to the parent at time of pick up.
5. Supervisor will send a memo home with symptom and treatment information for all other parents in the room.
6. Ensure the sick child is kept away from other children as is practical and directly supervised by a primary staff member. (e.g.: child can remain in the same room but kept away from other children as is practical but If ratio allows it, a staff member will take the child to the infirmary until child is picked up).
7. Parent will sign the illness tracking form once they arrive to pick up child.
8. Staff will ask the parent if they want a copy of the illness tracking form to take with them for their records.
9. Staff will make a copy of the illness tracking form for the parent
10. Staff will ensure that the child is signed out of the building
11. Room staff will begin the disinfecting process of all the used toys, sand/water table, door handles, and diaper change area/toilets.

### **Tuberculosis**

1. Staff will start an illness tracking form and log the child's symptoms.
2. Staff will call to inform supervisor of child's symptoms.
3. Supervisor will contact parent and/or emergency contacts for immediate pick up and inform the parent that the child can return to the program when;
  - a) Parent provides written notice from a physician indicating when the child can return.
4. Supervisor will gather Tuberculosis information and treatment to provide to the parent at time of pick up.
5. Supervisor will send a memo home with symptom and treatment information for all other parents in the room.
6. Ensure the sick child is kept away from other children as is practical and directly supervised by a primary staff member. (eg: child can remain in the same room but kept away from other children as is practical but If ratio allows it, a staff member will take the child to the infirmary until child is picked up).
7. Parent will sign the illness tracking form once they arrive to pick up child.
8. Staff will ask the parent if they want a copy of the illness tracking form to take with them for their records.
9. Staff will make a copy of the illness tracking form for the parent
10. Staff will ensure that the child is signed out of the building
11. Room staff will begin the disinfecting process of all the used toys, sand/water table, door handles, and diaper change area/toilets.

### **Symptoms of Possible Severe Illness (lethargy, uncontrolled coughing, persistent crying, difficult breathing, extreme wheezing)**

1. Staff will start an illness tracking form and log the child's behaviors/symptoms.

\*Please note: that if the child requires more care and attention than can be given and it's compromising the care of the other children, then it's time to send them home and not wait to reassess.

2. Staff will call to inform supervisor of child's symptoms.
3. Supervisor will contact parent and/or emergency contacts for immediate pick up and inform parent that child can return to the program when;
  - a) parent provides written notice from a physician indicating the child has been assessed and able to return to the center and/or
  - b) When symptoms are resolved and/or
  - c) Child feels well enough to participate in all activities.
4. Ensure the sick child is kept away from other children as is practical and directly supervised by a primary staff member. (eg: child can remain in the same room but kept away from other children as is practical but If ratio allows it, a staff member will take the child to the infirmary until child is picked up).
5. Parent will sign the illness tracking form once they arrive to pick up child.
6. Staff will ask the parent if they want a copy of the illness tracking form to take with them for their records.
7. Staff will make a copy of the illness tracking form for the parent
8. Staff will ensure that the child is signed out of the building

**Emergency Medical Condition:**

In the event that a child has an accident or serious illness the program must ensure that the child's parent is notified immediately. The need for the type of medical attention needed will be assessed by the staff. Emergency medical attention (i.e. 911) may be sought as a result of a sudden onset of a compromising medical condition, e.g:

- elevated temperature which does not respond to fever control measures
- convulsions or change in conscious state due to any cause
- respiratory obstruction
- serious physical injury

The staff is to institute the following protocol:

- provide first aid procedure appropriate to the situation
- arrange for immediate transportation to medical care (the safety of the other children must not be compromised by lack of supervision, therefore, ambulance service may be appropriate)
- notify the parent/guardian by telephone as soon as possible of the situation and action taken
- document the incident for the MD of Opportunity No. 17

The Childcare Supervisor/Manager must report the injury/illness to Child and Family Services Authority.

We record our accidents on an accident reporting form and our illnesses are recorded on an illness tracking form. Staff sign the forms, then the supervisors reviews it, then the Manager signs it. Supervisor reviews accident and illness forms on a weekly basis for any trends or if further follow up is needed.

### **Communicable Disease**

If staff have reason to believe that a child may be suffering from a communicable disease, the Childcare Supervisor will call the parent/guardian/emergency contact person immediately and request that the child be removed from the Childcare Center.

Until such time as the child is picked up, he/she will be kept isolated from other children as far as physically possible at the program (child will remain in the same room but will not be in close contact with other children).

The parent will be asked to take the child for medical examination. For verification of disease, the Childcare Supervisor will notify the health unit.

Following a positive diagnosis of disease, the child will be unable to return to the Childcare Centre until the period of isolation recommended by the medical authorities has passed.

### **Immunizations**

The MD of Opportunity No. 17 requires proof of immunization before children can attend programs. It is desirable that all children between 18 and 59 months attending the Childcare program have received **Haemophyllus B vaccine for meningitis prior to starting**. More information on this is available at the Childcare Centre or Aspen Health Services.

### **Smoking**

Smoking is absolutely prohibited in the Childcare Center or in the playground. No staff member will smoke anywhere childcare is being provided, such as during an off-site activity.

### **Prescribed and Non-Prescribed Medication / Remedies**

- Staff will wear rubber gloves when administering medications to any child.
- All prescribed medication must be in the original container, clearly labelled with the physician's name, child's name, date issue and instructions for administration. Patent medications and herbal remedies must be labeled with the child's name and dosage.
- Medications are required to be administered to children according to labeled directions
- Before any medications or herbal remedies are administered, written consent from the parent is required. Written consent must be signed and must list: child (ren)'s name, name of medication, dosage to be given, and time to be given. Staff will in turn note the name of the medication/remedy, the child's name, the dosage given and the time, and sign the note.
- All medication and remedies are kept either in a locked container in the refrigerator, or in a locked box.
- Emergency medication (e.g. Epi., Pen) will be stored in a place that is inaccessible to the children. Locations include cupboards or on high shelves in the child's playroom and medications will be placed in a zippered pouch for staff to carry on outings or during outside play time.
- If the Supervisor is concerned that a particular child is receiving patent or prescribed medication too frequently, written medical authorization and instructions may be requested.

- Staff will monitor child for allergic reactions after receiving medication and remedies.
- Staff is directed to return medications and herbal remedies to families when the authorized date expires/ends.
- If staff are responsible for a child who requires health care (in addition to giving medication) they must be trained in the proper methods of administering the type of health care required by the child. This training will be documented in the staff person's file and the child's file.
- The administration of non-prescription medication to children in Childcare program is discouraged and childcare staff has the right to refuse to administer non-prescription medications, as these may have adverse effects on some children.

Whether or not staff will administer non-prescription medication will be solely at their discretion and based on the reason the child requires the medication and with the goal of protecting other children from contracting an illness (e.g. teething vs. severe cold).

**Appendix D and DI** must be completed.

### **PREVENTION OF INFECTION**

MD of Opportunity No. 17 childcare staff will practice infection prevention through frequent hand washing routines using warm water and soap for themselves and all children.

#### **Procedure:**

Hand washing will occur:

- Before and after eating
- Before and after food preparation and handling
- Before feeding a baby or small child
- Before and after giving medications or remedies
- Before and after diapering
- Before and after assisting children with toileting
- After wiping noses
- After contact with potentially infectious materials such as nasal discharge, vomit, feces, infected eyes and wounds
- Before and after administering first aid
- After sneezing and coughing
- After coming in from outdoors
- After contact with animals
- After handling any potentially toxic materials
- After cigarette smoking
- Whenever hands are soiled
- Before and after sand and water play

In addition to hand washing, the following cleaning practices will be adhered to:

- All furnishing, equipment, and play materials will be cleaned and disinfected regularly and documented in cleaning schedules.
- All diapering surfaces and potty chairs will be sanitized after each use.

- All soiled diapers will be stored in closed containers.
- All staff will ensure that each child uses his or her own personal grooming items and that these items and bed linens, bottles, and sippy cups are not shared by other children.
- All staff will ensure that face cloths that are used to wash children's hands and faces will only be used one time for each individual child and then laundered.
- Children will use disposable towels to dry their hands.
- When a child is sick he/she will be separated from the remainder of the group until the child is picked up by the parent.
- All garbage will be stored in closed containers.

### **Soiled Clothing**

Clothing soiled with stool will not be washed at the Childcare Center. Childcare staff will empty stool into the toilet and will put soiled clothing into plastic bags to be picked up at end of the day. Parents must send adequate changes of clothing to prepare for "accidents".

#### **Diaper Changing Procedure:**

1. WASH HANDS
2. CHECK to make sure the supplies you need are ready: fresh diaper, wipes, gloves, cloth for washing child(s) hands
3. Put on disposable gloves and remove soiled diaper
4. Clean the child with pre-moistened wipes, moving from front to back
5. Place soiled diaper and wipes in plastic bag.
6. Discard plastic bag in covered container
7. Diaper and dress child
8. Wash the child's hands
9. Disinfect the changing area after each use
10. Pull the gloves off inside out and dispose in the container
11. Wash your hands with soap and water

### **Water Play Table**

The improper use of water play tables can pose health risks to children in care. Studies by health units in Alberta have found very high bacteria population in water play tables. The presence of disease-causing bacteria can contribute to the spread of infectious diseases in childcare centers.

Preliminary studies have found that bacterial growth in water play tables can be controlled. Based on present understanding, Childcare centers can use the following disinfection method for their water play tables:

Add chlorine bleach or quarter (quarter of a pint) ammonium products to the water play table in the morning. The disinfectant will remain effective for the whole day. The optimum concentration is one Tbsp for every one litre of water. If the disinfectants are diluted properly, there will be no skin irritation to the children.

Children must wash their hands prior to and after playing in the water table.

Water table is to be emptied and table and toys used disinfected at the end of every day.

## **ENVIRONMENTAL CONTAMINENTS**

The MD of Opportunity No. 17 Childcare program is committed to protect staff and children from environmental contaminants.

### **Procedures:**

- Only non-toxic arts and craft supplies will be used.
- Pesticides and or herbicides will not be used (indoors or outdoors) when children are present
- Children will be kept away from outdoor areas where pesticides have been applied recently or kept indoors if pesticides are being or have recently been sprayed in the outside play areas for as long as recommended by the Local Health Authority
- The use of aerosols in the centre will be avoided as much as possible.

### **Food Management Procedures:**

- All dishes will be cleaned and sanitized after each snack / meal
- Staff will use food handling procedures that ensure hot foods are kept hot and cold foods are kept cold
- All food preparation areas will be cleaned and sanitized after each snack / meal time.
- All groceries will be stored at the appropriate temperature and in a sanitary condition.
- All perishable food will be stored in the cooler or the freezer.
- The cooler will be cleaned out a minimum of once per week and any unusable food discarded.
- The freezers will be cleaned out a minimum of once every three months to dispose of any unusable food.
- The kitchen and all contents will be kept in a clean and sanitary condition at all times.
- Children are to be seated when eating and drinking.
- No beverages are to be provided to children while they are napping.

The Childcare program will provide lunch and 2 snacks to all children except infants who are not eating table foods yet. These servings will be based on the latest Canada Food Guide recommendations. Morning snack will contain items from 3 food groups, lunch will contain items from all of the food groups, and afternoon snack will contain items from 2 food groups. Children have snack at approximately 9 a.m., lunch from 11:00 a.m. to 12:30 p.m. and then afternoon snack is approximately 3:00 p.m. The center will only offer milk or water for beverage and on occasion 100% juice for parties and / or other occasions.

Menus will be reviewed, updated and rotated at 3 month intervals to reflect changing nutritional guidelines. Copies of the menus will be posted in the kitchen, the front entrance and in each play room.

**Food and drink from home for lunch, morning and or afternoon snacks is not allowed.**

Staff that has the primary responsibility of food storage and preparation must have completed a food handling course and are responsible for supervising any other staff that may assist them with these duties.

## **CHILDCARE PROGRAM**

The MD of Opportunity No. 17 Childcare program supports practices that provide clear guidance to staff planning in order for the program to enrich the children's experiences at the centre. Activities will be a combination of planned and spontaneous based on children's ideas and interests as well as needs and abilities.

Program planning will reflect the philosophy, goals and objectives of the program as well as the individual interests, backgrounds and developmental needs of the children. Daily plans will provide a balance of child-initiated and adult-directed activities including individual and small group activities, routines and transitions to support social, emotional, cognitive and physical development. Each room has a primary caregiver who is responsible for ensuring a weekly program plan is complete that is specific to the children in the program and will involve opportunities for input from the children, other staff members, and families where applicable.

### **Procedures:**

1. Activities should involve input from the children and be responsive to their interests, backgrounds, preferences, needs and abilities.
2. The reasons why certain activities and experiences were planned and who initiated them are recorded on the planning sheets.
3. Staff to plan opportunities with the children for leadership and teamwork.
4. Children and families are invited to share cultural experiences and/or preferences as well as cultural traditions and celebrations.
5. The program maintains and promotes an open door policy for families.
6. Parents are invited to participate in off-site field trips with their children and can sign up as a volunteer on the activity permission form.
7. Staff will communicate with all parents, regularly in an open and positive manner regarding their child. A comfortable and supportive environment for parents to communicate with staff will be provided.
8. Staff is to encourage and support children's awareness, understanding of and involvement in the broader community. Opportunities are given to the children to participate in community projects and special events.
9. Staff schedules allow for planning time on a weekly a basis.
10. Administration will provide staff with necessary information about children and families in the program in order to best plan to meet individual needs.
11. Current and developmentally appropriate resource materials and websites are available for staff to be used for programming to extend children's experiences. Staff will be made aware of updated regulations and best practice information in a timely manner through written communication or verbal communication at staff meetings.
12. Programming incorporates a variety of planned and spontaneous activities and both will be recorded.
13. Current program plans will be posted at the Childcare program premises for staff, parents, families, and governing agencies to review.
14. Staff will document changes to planned programs and reasons changes were made.
15. Toys and equipment will reflect the ages, interests and abilities of the children in the program.
16. Activities that are provided allow children to use their own abilities, skills and talents and to share these with the staff and other children in the program.

17. Staff will ensure that children of all abilities can participate in activities and activities can be modified to accommodate different abilities. Staff will be responsive to the children's abilities and possible need for assistance.
18. A variety of cultural and inclusive activities and materials will be provided.
19. Staff will acknowledge and value children's unique and individual differences and qualities. 20. Staff will have activities and necessary materials prepared and ready.
21. The classroom shall be arranged to allow for freedom of movement with no sharp corners or other safety hazards. It shall be arranged in a manner that meets the diverse needs of the children as well as accommodating the number of children in the program so that a variety of activities can occur simultaneously.
22. A sufficient number of portable materials and equipment will be accessible to the children. 23. There will be adequate sport and recreation equipment to promote physical activity and promote the benefit of regular exercise. Recreational activities will be planned, including a balance of competitive and cooperative games.
24. There will be a variety of materials available and accessible to the children and children will be made aware of the materials and feel free to approach staff for materials.
25. Materials and opportunities for children to work independently, in small or large groups will be provided by staff. Children are encouraged to independently improve their skills through new activities.
26. The indoor play space is arranged and outfitted to support quiet, messy and noisy activities, including a quiet space that is available for children to relax.
27. A variety of outdoor activities will be planned on a daily basis dependent on weather conditions. Staff will take the weather into account when planning and will be mindful of the effects of extreme weather conditions on the children.
28. Program safety rules will be developed with older children's input, reviewed regularly with children and posted in the classroom.
29. Staff will provide opportunities for children to learn the benefits of good nutrition, hydration, hand-washing practice and hygiene through a variety of activities and materials such as presentations, displays, books, posters, routines and child activities.
30. Staff to establish clear consistent daily routines. Staff will take children's backgrounds, needs and abilities into account when developing routines and make children aware of these routines upon starting in the program. Transition times are consistent and additional supports are provided for children whose individual needs may require them to need extra support and flexibility.
31. Planning is completed every week for the upcoming week. Two days a week during quiet time, staff will be given time to complete their planning.
32. Programming will incorporate the observations and the interests of the children.

## **TECHNOLOGY**

The MD of Opportunity No. 17 childcare program is committed to providing a childcare program that allows children to explore technology to promote their development in a safe atmosphere. Personnel are given clear guidelines to ensure the safety and well-being of the children within our care.

The MD of Opportunity No. 17 Childcare program will establish practices that prevent unsafe or inappropriate use of technology. Administration will provide staff with current and relevant standards and best practices to

ensure that staff follows appropriate practices, policies and procedures to ensure safe and appropriate use of all available technology. All relevant policies, practices and procedures will be communicated to staff, children, parents/families and school personnel as appropriate. The MD of Opportunity No.17 will review and revise as necessary, such documents on a regular basis, in order to meet governing standards.

**Procedures:**

1. Certain times will be allotted for use of technology, and amount of time spent using technology will be monitored.
2. Children will be supervised at all times while using technology.
3. All technology available to children will be age appropriate. e.g.; movies, computer games, websites, etc.
4. Staff will communicate and model appropriate use of technology.
5. Staff will provide warnings of transition times at least five minutes before change and ensure all children are aware of changes in the routine either verbally or visually.
6. Staff will guide children to respect the limits and allotted time in order to minimize problem situations from developing.
7. In the event of problems between children and/or children and staff, staff will arrange and help facilitate discussion to resolve issues.
8. Staff will intervene promptly when technology is being used in an inappropriate manner (e.g.; Children spending too much time using technology, children playing games or watching movies that are not age appropriate, etc.).

**HOMEWORK**

Homework is an integral component of education that deepens students learning and understanding. The program will provide opportunities for enhanced academic growth and development.

Staff will speak to parents regarding homework to determine their preference for when homework is completed. Children may work on homework while in the program, if they have extended clubs or sport activities in the evening, or to take this time to play and interact with others. Children will do homework in a quiet area of their room where they can concentrate. Access to the computer will be made available as needed, although children will not have unsupervised access to the internet. Childcare staff will cooperate with the parents/teachers when there are special requests concerning their child's homework.

**OUTDOOR PLAY**

The MD of Opportunity No 17 Childcare program is committed to providing a program that will include a complete range of fresh-air activities that promote a child's complete development and to meet requirements of Licensing and Regulations Standards and Accreditation Standards.

Program staff will provide opportunities for outdoor play (2) times per day, to enrich a child's well being through physical, social-emotional, cognitive and creative activities, both planned and spontaneous. Play should be based on the children's interests, needs and abilities. Staff will follow procedures and policies as set forth by the MD of Opportunity No. 17 in order to facilitate a safe, comfortable and challenging program for the children enrolled.

**Procedures:**

1. All staff will conduct a routine daily maintenance and safety inspection of the facility and outdoor play area space to ensure that potential hazards are addressed immediately; they will record these inspections on checklists.
2. All staff will routinely inspect toys and equipment to ensure that any potential hazards are identified and rectified.
3. A variety of outdoor activities will be planned on a daily basis dependent on opportunities, and staff will at all times consider the weather when planning, and will be mindful of the effects of extreme weather conditions on children.
4. Children must be properly dressed before they may go outside in cold weather. Proper dress includes:
  - a) winter jacket and ski pants or snowsuit
  - b) a hat or hood that covers ears
  - c) mittens that are hole free and, if possible, water-proof
  - d) boots which are free from leaks
  - e) scarf to help protect cheeks and lips from chapping (optional)
5. While out during cold weather, children will be active not sitting or standing still and will be out for only 10-30 minutes at a time.
6. Generally, a child who is healthy and well enough to attend the Childcare Center will be considered well enough to play outside.
7. The staff will watch for any health problems related to cold weather and will notify parents if they occur. Some exceptions may be considered and will be decided with the Childcare Supervisor and the Childcare Coordinator.
8. The amount of time children spend outdoors will be monitored and limited during peak hours of heat on days where the temperature is above 20. Staff will be mindful of the affect of heat on the children by providing opportunities for shade and allowing children unrestricted access to water.
9. Staff will be aware of the possibilities of extreme weather conditions such as thunderstorms, wind-chill, heat, and humidity. Staff will also be aware of environmental concerns such as smoke and pollution and their possible effects on the children in care.
10. Staff/child ratio for supervision remains the same for outdoor play as well as for indoor activities, however head counts will be done more frequently when out of the center.
11. Staff should make every effort to position themselves so that every corner of the play area is properly supervised. Although it is natural for adults to congregate together, it prevents proper observation of and interaction with the children. Tight adherence to this practice is expected.

### **FIELDTRIPS and/or OFF SITE EXCURSIONS**

The MD of Opportunity No. 17 Childcare program recognizes that field trips are an essential part of a quality program, and should be arranged on a regular basis.

The MD of Opportunity No. 17 Childcare program strives to provide a balanced Childcare program that takes into account children's interests, abilities, backgrounds, and needs when planning offsite field trips. A well balanced program will include a diverse variety of off-site field trips that allow ample opportunity for children to experience new activities, learn new information and skills, as well as improve existing skills and knowledge through familiar activities.

#### **Procedures:**

1. Parents will be advised in writing of any off-site activities including the details of when the activity will occur, what the activity is, where it will occur, how children will be transported to and from the activity, who will supervise the children, what supplies the child needs to participate in the activity, and when the children will leave the program premises for the activity and return to the program premises.
2. Parents must give written permission for their child to participate in any off-site activity.
3. All off-site activities, including walks off the program premise are to be approved by the Childcare Supervisor or Childcare Coordinator.
4. Additional staff will accompany each field trip when available.
5. Field trips will be cancelled if there is not enough supervision to meet ratio and ensure children are safe while away from the center.
6. Field trips are conducted several times a year. Some field trips are spontaneous and others are planned in advance.
7. Planning off-site activities will be based on children's interest and input.
8. Updated lists of available off-site field trip opportunities in the local community as well as the broader area with contact information are available for programming.
9. Parents are invited to participate in off-site field trips with their children and can sign up as a volunteer on the activity permission form. Parents may be asked to join their child on field trips in order for their child to participate, if undesirable behaviors occurred continuously on previous field trips.
10. Staff will take portable First Aid kit on all off-site field trips.
11. Staff will prepare children for off-site field trips using the Field Trip Preparation form explaining the destination and activity, what will happen, who they will see, and who they need to listen to.
12. Staff will complete a Field Trip Safety/Risk Assessment Checklist prior to and during all field trips.
13. Safety rules will be reviewed with children and their chaperones prior to each field trip.
14. Off-site activities may provide opportunities to introduce a variety of cultural and inclusive materials to the children.
15. Staff will not use personal vehicles to transport children.
16. Transportation for field trips will be by bus with bus services hired for field trips having the necessary insurance in place and abiding by Transport Canada's guidelines for school buses.
17. Staff will enforce all safety rules (e.g. they will ensure that children are seated at all times when riding the bus). Children will be provided with the information they need to ensure their personal safety when on off-site field trips and this information will be periodically reviewed with staff and children.
18. Staff will take the children's emergency portable information (child's name, date of birth, home address, parent's name, home address, telephone number, the name, address and telephone number of an emergency contact, any relevant health information regarding the child including immunizations and allergies) for every child that attends an activity off-site.
19. Included in the portable information will be the telephone numbers of the local emergency response service and poison control center.
20. Children will be given opportunities to allow them to use their own skills, talents and abilities during off-site activities. Staff will be responsive to the children's abilities and possible need for assistance.
21. Staff will do head counts and a sweep of the playroom and adjoining bathroom prior to leaving on the field trip, when leaving the room to go to cafeteria and / or to the playground, to ensure no child is left behind.

22. Any emergency medications such as inhalers and / or EpiPens will be brought on the field trip for children who may require these medications while away from the center.

### **Field Trip Safety Procedures:**

#### **Multiplex/School gymnasiums:**

- Staff will prepare the children for the Multiplex field trip prior to field trip day using the Field Trip Preparation Form
- Child Care Staff will review the Safety Rules for Field Trips Form with the children leading up to the field trip day.
- Child Care Staff will ensure the Field Trip Safety/Risk Assessment checklist is complete, and any tasks needed to get done are completed before leaving the center for the field trip, prior to allowing the children to enter the area of field trip, and during the field trip.
- Child Care Staff will ensure children are following the field trip safety rules while on the multiplex field trip and will have procedures in place if they are not following safety rules. (i.e. listening ears, walking feet, and what happens when children are choosing not to follow the rules)
- Child Care Staff will foster safe procedures and role model actions for crossing a street safely. (i.e. children must look both ways when crossing any street and wait for direction from the staff before crossing)
- Child Care Staff will foresee and plan for any potential hazards and have procedures in place to prevent injuries (i.e. runner child procedures-child holds the hand of an adult at all times, use of the walking rope, re-arrange the environment to ensure safe play, closely monitor children who are high energy and active, climbers and jumpers, etc.)

#### **Pool:**

- Childcare Staff will ensure they prepare the children for the swimming field trip prior to field trip day using the Field Trip Preparation Form.
- Childcare Staff will review the Safety Rules for Field Trip Form with the children leading up to the field trip day.
- Childcare Staff will ensure the Field Trip Safety Risk Assessment checklist is complete, and any tasks needed to get done are completed before leaving the center for the field trip, prior to allowing the children to enter the area of field trip, and during the field trip.
- Childcare Staff will ensure the pool ratio of 3 children to every one supervisor is followed. If there is not enough staff, parent volunteers, the field trip will be cancelled and rescheduled for another day when staff, parent volunteers can attend.
- Childcare Staff will ensure that children are divided up and designated to supervisors.
- Childcare Staff will foster safe procedures and role model actions for crossing a street safely. (i.e. children must look both ways when crossing any street and wait for direction from the staff before crossing)
- Childcare Staff will ensure that all children wear life jackets in the pool or they will not be able to go into the pool (not even the shallow end)
- Childcare Staff will ensure that all children use walking feet at the pool-No running allowed.

- Childcare Staff will ensure procedures are in place if children are not abiding by the Field Trip Safety Rules to prevent injuries from occurring.
- Childcare Staff will ensure that all participants take a shower prior to entering and exiting the pool.

#### **Nature Walk/Leisure walks:**

- Childcare Staff will ensure they prepare the children for the nature walk prior to field trip day using the Field Trip Preparation Form.
- Childcare Staff will review the Safety Rules for Field Trip Form with the children leading up to the field trip day when developmentally able to do so.
- Childcare Staff will ensure the Field Trip Safety/Risk Assessment checklist is complete, and any tasks needed to get done are completed before leaving the center for the field trip, prior to allowing the children to enter the area of field trip, and during the field trip.
- Childcare Staff will ensure children are following the nature walk safety rules while on the outing and will have procedures in place if they are not following safety rules. (i.e. listening ears, walking feet, crossing the road safely, etc.)
- Childcare Staff will ensure procedures are in place if children are not abiding by the Field Trip Safety Rules to prevent injuries from occurring.
- Childcare Staff will ensure all children are divided and designated to a staff/volunteer.
- Childcare Staff will position themselves at the front of a line to lead the children, the middle of the line, and at the end of the line.
- Childcare Staff will foster safe procedures and role model actions for crossing a street safely. (i.e. children must look both ways when crossing any street and wait for direction from the staff before crossing)

#### **Playground:**

- Childcare Staff will complete the Outdoor Safety checklist and tasks prior to going out to the playground.
- Childcare Staff will review the Safety Rules for playground play with the children prior to leaving the classroom and going outdoors to the playground.
- Childcare staff will ensure children are following the Safety Rules for playground play and will have intervention strategies in place if children are not.
- Childcare Staff will ensure the Field Trip Safety/Risk Assessment checklist and tasks are complete before leaving the center for outdoor play in the playground, prior to allowing the children to enter the playground area and during outdoor play.
- Childcare Staff will role model and remind children of safe ways of using the playground. (walking up the stairs and down the slide, and not climbing over unsafe structures, or modifying the environment for safety, etc.)

### **INTER-PROGRAM AND COMMUNITY RELATIONS**

The MD of Opportunity No. 17 will ensure that the Daycare programs work to create positive relationships with schools and other community organizations. All appropriate community agencies will receive written and verbal information that is relevant to them. This will occur in a timely, professional and respectful manner

which maintains the confidentiality of all individuals. All staff involved in the program will follow program and community relations policies and procedures as set forth by the MD of Opportunity No. 17.

Regular communication between the local school and the daycare is done to ensure that the information is known and communicated amongst all parties. It is expected that all childcare staff, supervisors and managers will build positive relationships with early learning and child care organizations in and around the community. Resources and up to date practices that are offered from these organizations will be put to use and practiced in the center where applicable. Staff are expected to attend training, workshops, and conferences to further their knowledge in Early Learning and Childcare.

## **EMPLOYMENT**

### **Clearances:**

Security clearances by both the local detachment of the RCMP and the Department of Child and Family Services are required for each staff member prior to commencement of employment. Criminal Record Check must be completed and submitted to MD of Opportunity No. 17 prior to commencement of employment.

- Each employee is required to read, understand and sign an Oath of Confidentiality.
- Employment-related policies and procedures will be discussed at the time of hire and a copy will be provided to staff.
- Policies and procedures will be re-discussed at staff evaluations to ensure that the employee knows and understands the policies.
- Each employee must obtain First Aid and CPR certificates,
- Each employee must renew the First Aid and CPR certificate every three years.
- Criminal Record check along with Vulnerable Sector Search and Child Youth Intervention Module check will be updated yearly.

### **Professional Development:**

The MD of Opportunity supports the professional development of staff. The employer will pay the cost of staff First Aid and CPR certificates, Food Handling, and Alberta Resource Center for Quality Enhancement Training. Training and/or any other training that may benefit staff. MD of Opportunity will also support staff in furthering their education in the childcare field when acceptance for schooling and schedule of courses enrolled in, has been received and funding is available within the yearly budget. The M.D of Opportunity will only consider funding for schooling if the employee has been with the MD for one full calendar year.

MD Of Opportunity Childcare centers (Wabasca and Red Earth Creek)will have two PD days a year and they will occur during the Christmas and Spring breaks.

### **Volunteers:**

1. The MD of Opportunity No. 17 has policies, procedures, and practices related to family members and/or community members volunteering at the Childcare Center. All staff members will be aware of and follow these guidelines.
2. Parents are invited to participate in off-site field trips with their children and can sign up as a volunteer on the activity permission form.
3. Volunteers who attend on a regular basis must provide Criminal Record Checks, including Vulnerable Sector Checks dated not earlier than 6 months prior to date of commencement, and Intervention

Record Check to the Childcare Coordinator before commencement of volunteering at the program and every year from the date on the Criminal Record Checks thereafter as per this policy.

4. Volunteers must not have unsupervised access to children unless they are adult and provides to the license holder a criminal record check, including vulnerable sector search, dated not earlier than 6 months prior to the date of commencement with the program and every year after.
5. Other persons who are attending for a special event or activity do not have to provide record checks but will not have unsupervised access to the children.

## **COMPLAINTS PROCESS**

The MD of Opportunity No.17 will develop, implement and review policies, procedures and practices that allow families and staff to formally report and resolve concerns and complaints.

Parents or any individual Childcare worker with a complaint about the facility or its staff should discuss their concerns with the persons listed below, in order, until the issue is resolved to the satisfaction of all parties:

1. the Childcare worker involved
2. the Supervisor.
3. the Manager of Childcare Services
4. the Chief Administrative Officer

In the event a resolution is not arrived at, the concerned person may request to address the Council of the MD of Opportunity No. 17, or lodge a complaint with the Regional Day Care Services Office:

### **Human Services**

#### **Child and Family Services Division Northwest Region**

**4<sup>th</sup> Floor, 214 Place South**

**10130-99 Ave**

**Grande Prairie, Alberta**

**T8V 2V4**

**Telephone: (780)538-5122**

## **RECORD KEEPING**

By regulations, the MD of Opportunity No.17 must maintain on the program premises, up-to-date records for each child with the following information:

- a completed enrolment form stating child's name, date of birth, home address, parent's name, home address, telephone number
- the name, address and telephone number of a person who can be contacted in case of an emergency and
- if medication is administered , that written consent of the parent and the name of the medication, the time of administration, the amount administered and the initials of the person who administered the medication
- the particulars of any health care provided to the child, including the written consent of the child's parent
- any other relevant health information about the child, provided by the child's parent, including the child's immunizations and allergies.

Files are retained in a secured location at the Childcare center until the agency obtains permission from the Government to destroy the file (generally two years after termination of care).

Records destruction at the MD of Opportunity No. 17 is performed by a professional shredding contractor, and an inventory of all files destroyed is maintained by the MD for review if required. A copy of the child's registration form as well as the child's portable emergency card is given to the program the child attends. This information will be returned to the main office of the MD of Opportunity No. 17 for disposal as per regulations upon termination of care.

In addition to registration details, up-to-date administrative records are maintained on the program premises. They include the following:

- Daily attendance for each child, including arrival and departure times.
- Daily attendance for each staff member including arrival and departure times and hours spent providing Childcare (minimum two-year retention).
- With respect to the program supervisor and each primary staff member, evidence of the supervisor's or member's childcare certification, and a current first aid certificate, where applicable
- With respect to the program supervisor and each primary staff member verification of a criminal record check, including a vulnerable sector search, is required and updated every 3 years.

All records maintained are available for inspection by the Childcare Manager and Child Care Licensing at all times.

## **PRIVACY**

The MD of Opportunity No. 17 is subject to and adheres closely to the Freedom of Information and Protections of Privacy Act. It ensures that employees and programs accessing the private information of individuals do so following strict policies that ensure documentation and information is handled and stored in a secure, professional and respectful manner that maintains the confidentiality of all individuals.

## **CONFIDENTIALITY**

All employees are required to sign an oath of confidentiality pledging to not disclose or make known any information that they become aware of by virtue of their work. This includes information about the program, individual children, families, staff or other personnel. This confidentiality applies to verbal and written communication, information storage, and maintaining electronic records. An employee's oath survives termination of employment.

## **PROGRAM REVIEW DEVELOPMENT AND REVISION**

A full program review will be conducted annually to monitor program quality and to determine goals and action plans to maintain and enhance program quality.

The review enables administration, parents/families and staff to have a regular opportunity to evaluate the program and offer suggestions for improvements. There will be clear guidelines as to how and why revisions will be made and that new goals will be added to action plans in order to continue to improve the quality of the program.

The program is evaluated through staff, parent and community input. Regular research of best practices will be incorporated into policies and all policies are reviewed by the elected officials of the municipality. The childcare policies and parent handbook will be reviewed and revised annually and / or when new Alberta regulations are brought forth. Input from staff and parent's suggestion cards will be reviewed and applied if needed.

## **EXCESSIVE BEHAVIOURS**

### **Biting:**

Biting is one of the most common and most challenging behaviors in group childcare. It can occur without warning, is difficult to defend against, and provokes strong emotional responses in the biter, the victim, the parents, and the caregivers involved. For many toddlers, the biting stage is just a passing problem. They are in the process of learning what is socially acceptable and what is not. They discover that biting is a sure-fire way to cause the other child to drop what they are holding so the biter can pick it up. However, they experience the disapproval of the adults nearby and eventually learn other ways of gaining possession of objects or expressing difficult feelings. They may bite for a variety of reasons: teething, frustration, boredom, inadequate language skills, stress or change in the environment, feeling threatened, or to feel a sense of power. For other children, biting is a persistent and chronic problem.

Childcare programs and staff recognize that biting is a very challenging problem. We are committed to implementing positive and permanent solutions to prevent biting through role modeling, ongoing dialogue, and solution-focused methods as outlined below. We recognize that despite all efforts to prevent it, biting may occur on occasion and all incidents will be responded to in an appropriate, thorough and sensitive manner.

### **Procedures:**

At childcare registration:

1. Discuss the issue of biting with all parents at the time of enrollment.
2. Distribute written policy to all parents and include the written policy in the enrollment package.

When a child is bitten:

#### **For the biter:**

1. The biter is immediately removed with no emotion, using words such as "biting is not okay-it hurts."
2. Avoid any immediate response that reinforces the biting or calls attention to the biter.
3. The biter is not allowed to return to the play and is talked to on a level that the child can understand. "I can see that you want that truck, but I can't let you hurt him. We don't put our teeth on people." Or "That hurts Johnny when you bite him, he is sad."
4. Redirect the child to other play.
5. Write an accident report and notify the parents of the biter.

#### **For the victim:**

1. Separate the victim from the biter.
2. Provide caring attention.
3. Comfort the child.
4. Administer first aid.
5. Write an accident report and notify the parents of the victim (in writing).

### **Excessive Behaviours Responses:**

All children have the right to a safe, nurturing and caring environment. Most children will have short phases of aggressive or otherwise inappropriate behavior at some time, however, behaviors that become excessive and repetitive, that jeopardize the safety, well-being and development of other children, or staff health and safety is compromised, excessive behaviors must be addressed with elevated responses. Excessive behaviors include repetitive biting, hitting, punching, kicking, scratching, spitting, screaming, using foul language, hair-pulling, destruction of property, force with objects, etc.

The MD has an obligation to mitigate the impact of these behaviors on the daycare program effectively, balancing the needs of the misbehaving child and his or her family, and the wellbeing of other children in care and of staff in our childcare program. The MD retains the right to vary the order of the steps that will be taken in response to repetitive excessive behaviors, as required to meet our obligations to all parties; however, the steps to be taken can include:

1. Room staff will meet with the Supervisor routinely for advice, support and strategy planning.
2. Room staff will "Shadow" children having a tendency toward excessive behaviors.
  - a) Head off excessive behavior situations before they occur.
  - b) Teach non-violent responses to situations and reinforce appropriate behavior.
  - c) Adapt the program to better fit the individual child's needs.
3. Room staff will "Shadow" children who have a tendency to be victimized and teach responses to potential excessive behavior situations such as assertive "No," or "Don't hurt me!"
4. Work together as partners with the parents of both children involved to keep all informed and develop a joint strategy for change.
5. Consider scheduling an early transition of a child "stuck" in an excessive behavior pattern for a change of environment, if developmentally appropriate.
6. Room staff will chart every occurrence, including attempts to engage in the behavior, and indicate location, time, participants, child's actions, staff present, and other circumstances.
7. Room staff will attend training and / or meetings that is offered from supportive outside early learning and child care organizations for advice, support and strategy planning.
8. Room staff will document strategies they've put forth and used with the child to deter the excessive behaviors.
9. Daycare supervisor will inform all parents in the room there is a problem and the procedures that will be used to deal with it.
10. Child Care Supervisors and room staff will establish and maintain working relationships with external regulatory agencies and other childcare consultants for support and strategy planning to steer the child having difficulties into the right direction before suspension or termination is explored.
11. Hold a conference with the parents of the child to develop a written plan of action. Schedule follow-up meetings or telephone conversations as needed.
12. If excessive behavior persists, the child's parents will receive a written warning that if the behavior continues, the child is suspended or terminated from the program.
13. When and if the Childcare Coordinator determines it is in the best interest of the child, other children in care, and the staff, the child may be terminated from care for the duration of the excessive behavior stage.

**Return to Care Following Removal for Excessive Behaviors:**

1. When considering an application for return of the child into the daycare program following removal for excessive behaviours the Childcare Manager may consult with the MD Chief Administrative Officer and the MD's external regulatory agencies and other daycare consultants.
2. Return to care will be on drop off basis only until the centre is satisfied that the excessive behaviours have subsided.
3. At minimum, the drop-off trial return will not commence until at least two months' time has elapse since the removal, and only if the parents provide satisfactory evidence of efforts to remediate the child's behaviour with (for example) medical treatment, physiological or behavioural therapy, etc.
4. The parents will acknowledge in writing that if at any time during the trial return, the child displays the previous excessive behaviour(s) or any new ones, they will be called and the child will be removed from care immediately for at least another four months.
5. A second attempt to return the child to care (following the mandatory four-month break) will follow the same steps as a first return (starting at section 1, above).
6. If the child displays the previous excessive behaviour(s) or any new ones during a second attempt to return the child to care, the parents will be called and the child will be removed immediately for at least an additional eight (8) months.
7. A third and final attempt to return the child to care (following the mandatory eight month break) will follow the same steps as a first return.

**\*PLEASE COMPLETE AND RETURN THIS FORM WITH CHILD ENROLLEMENT\***

**Acknowledgement of Policy on Excessive Behaviours  
By Parents/Guardians**

By completing and signing this form you, the parent/guardian(s) of a child in care with the MD of Opportunity No. 17, certify that you have read, understood & agree to the Excessive Behaviours portion of the MD's *Childcare Policy* CCP.10. A copy of this form once completed is available for your records upon request.

I, \_\_\_\_\_ and \_\_\_\_\_ have read, understood and agree to the Excessive Behaviour portion of the Childcare Policy CCP.10.

I/We agree to abide by *Childcare Policy* CCP.10. and the guidelines in the Parent Handbook. I/We understand that we will be notified in writing of any changes to these policies. We agree to make complaints, concerns, or grievances related to the care of our children in writing and/or telephone call to MD of Opportunity No. 17 to be responded to in a timely manner.

I/We also understand that any breach of policies enrollment contract may be grounds to terminate our child's attendance to the programs. If able, the MD will provide two weeks' notice unless the infraction is severe enough to warrant termination of care without notice.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This agreement in effect: \_\_\_\_\_  
(date childcare commence)

## CHILDCARE FEES

- Full-time child rate will be a per month fee. Statutory holidays and Quarterly professional development days (February, May, August, November) have been factored in to the monthly fee through averaging days per month. \$1000.00 for each child.
  - a. Full rate, less provincial subsidy or affordability grant
  - b. Full rate.
- Rate for a drop-in child is on a per day basis \$47.62
  - a. Drop in only accepted if room is available
  - b. Space is not held
- Deposits: A \$100 deposit per child must be submitted at time of application
  - a. The deposit fee, less any outstanding fees, will be returned to parents when their child is withdrawn
- Fees must be paid by 1<sup>st</sup> of month. Prior to service.
- a. If payment is not received or arranged with the Childcare Manager by the 1<sup>st</sup> of the month:
  - I. Childcare services will be discontinued unless full payment is received by the last business day of the previous month.
  - II. If childcare services are suspended the space is lost and the child can only be reinstated when room is available and all fees are paid. If there is a waiting list the child will go to the end of the list.
  - III. Any parent having child care services suspended three times will forfeit the right to child care services.
  - IV. The account will remain as an outstanding debt to the MD of Opportunity
  - V. All child care deposits will be applied against any outstanding fees before the balance, if any, is refunded

➤ Space will be held for a full time child even if they aren't in attendance and all fees are paid except if there is a waiting list and a child is away 5 days or more without the parents notifying the Supervisor, the child will be withdrawn and the space reallocated.

➤ Parents are responsible for the full Rate if the government subsidy is not received at any time.

➤ Withdrawing: Parents are responsible for all fees up until the day they notify the Supervisor of 1 months' notice that they are withdrawing their child — notice cannot be backdated.

NOTE: When parents are applying for provincial subsidy the "full rate" is to be entered as the fee.

(E.g. full rate = \$1000)

**Repeal:**

**This CCP.IO Policy hereby repeals CS.5, CS.8 and CS.9.**

**APPROVED: March 14, 2012- MOTION #01 12-2012-17MDC**

**AMENDED: September 19, 2012 MOTION #0548-2012-17MDC**

**AMENDED: February 26, 2014 MOTION #0135-2014-17MDC**

**AMENDED: January 28 2015 MOTION #0058-2015-17MDC**

**AMENDED: February 11, 2015 MOTION #0106-2015-17MDC**

**AMENDED: January 12, 2017 MOTION #0034-2017-17MDC**

**AMENDED: July 25, 2018 MOTION # 0534-2018-17MDC**

**AMENDED: December 12, 2018 MOTION # 0989-2018-17MDC**

**AMENDED: August 12, 2020 MOTION # 0747-2020-17MDC**

**AMENDED: April 27, 2022 MOTION #0229-2022-17M**

**AMENDED: March 13, 2024 MOTION # 0146-2024-17 MDC**

**(PG 51) Childcare Fees: Removal of \$750.00 per additional child**

**AMENDED: April 24, 2024 MOTION #0231-2024-17 MDC**

**Added Professional Development days and Notice to Parents to Policy (PG 4 and PG 44)**

**AMENDED: November 27, 2024 MOTION #0680-2024-17MDC**

**Removed public and civil holidays and replaced with approved holidays and PD days (Pg. 3). Added Christmas and Spring Break closures to policy and adjusted PD Day schedule (Pg. 4).**

**AMENDED: December 8, 2024 MOTION #0716-2024-17MDC**

**Extend daycare operating hours from 7:45am – 5:15pm**

**AMENDED: Jan 8, 2025 MOTION #0027-2025-17MDC**

**Reduced Number of PD Days.**

