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## Welcome

This handbook contains information to help you, the parents, help the Life-Bridge staff care for your children. While there are other policies and procedures in place for the operation of Life-Bridge, this handbook focuses on procedures involving parents.

Welcome to Life-Bridge Child Care. We hope you and your child's experience at Life-Bridge will result in fond memories and lasting friendships.

The Board and Staff of Life-Bridge Child Care

## Program Statement

Life-Bridge Child Care's primary goal is to enhance the social and emotional well-being of each child through strong connections. Emphasis is put on interactions between educators and children which are positive and support the child's curiosity, interests and development. With this said, all of the educators at Life-Bridge Child Care are qualified Registered Early Childhood Educators and their shared competencies enable the team to work together harmoniously to ensure that each child is viewed as being competent, capable, curious and rich in potential.

Our Story:

We have a commitment to ensure that children feel:

Belonging:

A sense of connectedness to others, an individual's experiences of being valued, of forming relationships with others and making contributions as part of a group, community, and the natural world.

Engagement:

A state of being involved and focused. When children are able to explore the world around them with their natural curiosity and exuberance, they are fully engaged. Through this type of play and inquiry, they develop skills such as problem solving, creative thinking and innovating, which are essential for learning and success in school and beyond.

Expression:

Communication (to be heard, as well as to listen) may take many different forms. Through their bodies, words, and use of materials, children develop capacities for increasingly complex communication. Opportunities to explore materials support creativity, problem solving, and mathematical behaviours. Language-rich environments support growing communications skills, which are foundations for literacy.

Well-being:

The importance of physical and mental health and wellness. It incorporates capacities such as self-care, sense of self, and self-regulation skills

## Our Goals

Goal 1: To promote the health, safety, nutrition and well-being of each child

Our approach is to continuously observe and implement policies and procedures that promote, regular and thorough hand washing, hygienic toileting and diapering routines, required ratios to enable our educators to supervise safe play at all times, a balanced snack and meal plan which promotes variety, healthy choices which are low in salt, high in vegetables, fruits, proteins and starches to promote healthy eating habits for healthy growth and development and finally a welcoming, warm and caring environment which gives each child a strong sense of well-being.

Goal 2: To support positive and responsive interactions among the children, parents, educators and staff

Our approach puts high emphasis on valuing each child and family and creating a home-like environment where everyone feels comfortable, welcome and respected. We have an open door policy so that the centre feels like a home away from home. Our hope is that parents feel welcome to visit and know that their children are in a warm and loving environment. This reflects on the children's sense of security, as a happy parent leads to a happy child.

Our selection of educators is primary in providing this supportive family-like environment. Educators who work at Life-Bridge Child Care recognize the value of parent involvement and take the initiative to encourage parents to be part of their room.

Managing behaviour means teaching and coaching children to learn how to find their own inner controls when playing and learning with others. Educators put emphasis on helping children find positive ways to interact with their friends. They are provided with the tools to wait, listen, ask, and find self control strategies to be cooperative and positive with their friends.

Educators understand the value of "powerful interactions" and spend time engaging in play by being at the children's level, asking open ended questions, acknowledging children's discoveries and successes and guiding them by focusing on what they can do. They try not to focus on what they are doing wrong and they celebrate the achievements the children make each day.

Goal 3: To support positive communication and self-regulation

Children by nature are egocentric and need support to understand and empathize with others in order to better manage their own emotions. Teaching self-regulation through the senses enables children to understand themselves and others. Educators help children acknowledge how they are feeling through discussions, role playing with puppets, visual aids of various feelings faces to enable them to manage their emotions leading to positive communication skills. The recognition of one's own feelings enables them to develop empathy for others. A child, who learns self-regulation skills in the early years, is known to be more successful in future schooling and in life.

Goal 4: To foster the children's exploration, play and inquiry

Children internalize what they feel, touch, see and practice. Play is the curriculum for learning in the early years. Educators provide an environment which provides the children a wide variety of materials to open up their mind to learning about the world. While playing with other children, they are able to

discover and practice life skills which prepare them for future learning. Educators observe and record what the children are interested in and their developmental skills and set up activities which give them confidence to practice what they already know and stretch their imagination and abilities with new and exciting opportunities to learn. The materials support and include all areas of development such as Social, Emotional, Communication, Language & Literacy, Cognitive and Physical – both fine motor and gross motor. As children learn new skills, the educators scaffold the curriculum to provide more of what they know and continue to expand their learning.

Goal 5: To provide child-initiated and adult-supported experiences

A daily routine is vital to the child's sense of security and development and of the ability to take responsibility for their own care and learning. Children need to be respected for their ability to make choices and value their own bodies and ideas. Respecting the child's independence to self-feed, calm oneself to sleep, manage their own physical care when learning to use the washroom, wash hands and self dress and toileting gradually is important to provide each child with self-respect and confidence. Knowing what comes next during the daily routines and taking part in the scheduling, set up, clean up expands on the child's self-confidence. Giving children responsibility throughout the day is important for their emotional and physical development.

Goal 6: To plan for and create positive learning environments and experiences

Early Learning for Every Child Today is a tool which is used to observe and record children's play. From these observations, teachers plan weekly program plans which include activities which are of interest to the children in the room and which enhance and expand on the children's knowledge.

The program includes all of the required Early Learning and Care for Assessment for Quality Improvement (AQI) activities. A variety of hands on play activities are offered to the children with varying age appropriateness for each age group. Activities offered include Sensory, Creative, Construction / Problem Solving, Dramatic Play, Music and Movement, Cognitive, Language and Literacy, Science and Nature, and are all included in the weekly activity plans.

Life-Bridge also enhances the program with the inclusion of a professional music program once weekly, a guitar player for singing and movement once monthly, a sport play activity for the preschoolers bi-weekly and a French program for the preschoolers once weekly.

Emphasis is put on enhancing the children's interests and curiosity through engaging with them in a caring and supportive manner as they explore the materials and learn to play together cooperatively. Activities are inclusive of all children and learning styles. Our open door policy promotes positive and respectful relationships and welcomes parent participation to link the values, traditions and goals of home to daycare.

Outings to visit the local library, farmers market, and nearby parks to learn through literacy, nature and the environment are also incorporated into the program plan. Teachers are provided with weekly planning times to ensure enough time to assess the interest

Goal 7: To Incorporate indoor and outdoor play, active play and quiet time

Daily indoor and outdoor active play is incorporated into the schedule through, games, climbing, running, using tricycles, wheel toys, balls, balancing boards and a variety of outdoor games and activities. The Life-Bridge gym and playground allows space for gross motor activities rain or shine.

Children benefit by developing their gross motor abilities, build strength, balance, stamina, coordination and grow to be healthy and strong enhancing their heart health and overall well being. They also benefit by gaining confidence and a sense of self as they continue to develop their motor abilities as they grow. Children play outdoors for one hour each morning and one hour each afternoon.

Nap time is incorporated into each daily schedule as needed in the infant room and for two hours after lunch in the Toddler, Junior and Senior Rooms. Children are encouraged to rest, sleep or play quietly during this time based on individual needs.

Goal 8: To foster the engagement of an ongoing communication with parents about the program and their children

Daily communication with parents is vital to keep the lines of communication open. Children need consistency to know what is expected and how to grow and mature in a healthy and happy manner.

Goal 9: To involve local community partners and allow those partners to support the children, their families and the staff

Involving the children in various community events and helping build connections with community helpers, services, resources and cultural awareness will enhance the children's horizon and open doors to new and exciting learning opportunities. Building strong relationships with firefighters, police officers, librarians, and various other occupations will help children expand their imaginative play and prepare them for future life skills. Caring for the natural environment and being sensitive and aware of living things will also create a better awareness and compassion for those around them, both human and other animals and creatures.

Goal 10: To support educators with continuous professional development

Knowledgeable educators get involved in play with children to support development, challenge thinking, and extend learning.

Supporting educators in keeping current and being ready for new research, strategies and information to continually expand the program of activities and enable the educators to feel fulfilled and enthusiastic to always learn and grow. An educator who is warm and engaging, has a positive attitude and participates in ongoing learning together with parents and children, is an excellent resource and therefore provides support for children's learning, development, health and well-being.

Goal 11: To document and review the impact of the strategies set out

Observing and documenting children's activities enables educators to better understand how children think and learn. Listening to children, learning about the children during the experience and making learning visible to others, enables educators to plan activities which build on what the children already know and expand their knowledge. The goal is to not only consider the child's development but to capture broader aspects of their experiences for reflection.

Pedagogical documentation:

- Helps educators value children's experiences and include their perspectives;
- Helps educators make children's learning and understanding of the world around them visible to children themselves;
- Is a process for educators to co-plan with children and their families;
- Is a means of sharing perspectives with parents and colleagues. Inviting families and others to contribute to the documentation and share their own interpretations can provide even more insights that children, educators, and families can return to, reflect on, and remember in order to extend learning.

Asking questions like:

1. *How do children demonstrate they are competent and capable of complex thinking?;*
2. *How is a child's current approach to a problem different from an earlier response?;*
3. *What questions and theories do children have about the world around them?"; and*
4. *How do children form relationships with one another?;*

helps to frame documentation, support planning that reflects the complexity of children's experiences and provide a deeper understanding of why these experiences are important for children.

*Resource: How Does Learning Happen? Ontario's pedagogy for the Early Years. A resource about learning through relationships for those who work with young children and their families.*

## Board of Directors, Staff, Students and Volunteers

### Board of Directors

The Board of Directors is the policy and decision-making body of Life-Bridge. The Board of Directors provides an opportunity for Parents and Educators to participate in the growth and development of Life-Bridge through committees and the Executive Director. This input ensures that the various points of view of all groups will be considered when policies are established or changed.

The Board of Directors is composed of three parents (Class A members), six appointed members (Class B members) and one ex-officio member from Canada Life. Elections for participation on the Board occur at each Annual General Meeting (typically held in early April).

Meetings are held at intervals of not more than two months by the Board of Directors. The meetings are open for attendance to the general membership of the corporation. The By-Laws contain a description of the duties of the officers of the corporation as well as the terms of reference for the standing committees of the Board.

### Staff

The Executive Director is a full-time administrator who is responsible to the Board for the smooth running and administration of the Centre. Staff are qualified professionals trained in Early Childhood Education and are required by the province of Ontario to be members in good standing of the College of

Early Childhood Educators. They have degrees or diplomas from recognized educational institutions and a variety of relevant background experiences.

The qualifications and ratios of educators will always meet the Child Care Early Years Act and when financially feasible exceed these standards. Educators are responsible for the development and implementation of a program of activities, health, hygiene and safety standards, transitions, meeting individual child and parent needs and the implementation of Life-Bridge policies and procedures. Support staff will be hired on a full-time or part-time basis to support the ratio requirements of the Child Care Early Years Act. Support staff are trained individuals or those pursuing their qualifications through part-time or full-time studies in Early Childhood Education programs.

Professional Development continues for staff through attending courses, workshops and conferences, visiting other childcare centres and through memberships and subscriptions to professional organizations.

#### Professional Relationships

Educators are responsible to maintain a supportive and professional relationship with all parents. It is a conflict of interest for educators to develop social relationships outside of the daycare with parents or to babysit for children enrolled in the program.

#### Criminal Reference Checks

All staff, students and volunteers as well as members of the Board are required to acquire a criminal reference check every five years.

#### Students and Volunteers

The Centre participates in the training of Early Childhood Education students by providing field placement opportunities. Students are closely supervised by the Centre's staff to ensure that they provide a high level of care and receive a valuable learning experience. Students support the Life-Bridge educators by adding new and innovative program ideas and additional time and care for the children.

Volunteers from community high schools, colleges and universities are incorporated into the program as a means of providing the most possible individual care when available. A volunteer at Life-Bridge must be at least sixteen years old.

Students and volunteers must have a clear criminal reference check, first aid certification, be fully immunized and sign off on Life-Bridge policies and procedures to work with children. Volunteers and students are not permitted to be alone with a child and cannot be counted in staff-child ratios at any time. The supervision of volunteers and students policy is reviewed with staff, volunteers and students, implemented and monitored for compliance and contraventions.

## Services Offered and Hours of Operation

Life-Bridge Child Care is a non-profit corporation which operates a workplace child care centre for the employees, tenants and the surrounding community of the Canada Life campus. The Canada Life

campus includes employees and tenants in the 330 University, 190 Simcoe, 180 Simcoe, and 180 Queen Street buildings.

Life-Bridge is licensed by the Ministry of Education and the City of Toronto Children's Services with a purchase of service agreement to provide fee subsidy for eligible families.

Children are organized in groups by age. There is space for 10 Infants, 13 Toddlers, 16 Junior Preschool children, and 16 Senior Preschool children. We are required to maintain a 1:3 ratio for infants throughout the day. A 1:5 ratio is required for toddlers and a 1:8 ratio for Junior and Senior Preschoolers, between 9:00 am and 4:00 pm. Before and after these times a 1:8 ratio is required for Toddlers and a 1:12 ratio for Junior and Senior Preschoolers. If the children are in the playground after 4:00 pm, the 1:5 and 1:8 ratio must be maintained.

Children, who are eligible for Junior Kindergarten and reach their fourth birthday before December 31st of any given year, may no longer attend the Centre, unless there are reasons which better meet the child's needs and if enrollment numbers allow for space.

#### Hours of Operation

The Centre is open from 7:30am-5:45pm. Children are encouraged to arrive before 9:30am to participate fully in the daily program and routines (i.e., morning snack, circle time, extra-curricular activities etc.). When a child is away sick, late or will not be in that day, parents are required to notify the centre by phone or email.

#### Closure Days

The Centre closes for all statutory holidays, civic holidays, holidays observed by Canada Life and one Professional Development Day in August.

- New Year's Day
- Family Day
- Good Friday
- Victoria Day
- Canada Day
- Civic Holiday
- Labour Day
- Thanksgiving Day
- Christmas Eve – closed at 12:30 pm
- Christmas Day
- Boxing Day

#### Centre Closures Due to Inclement Weather

When severe weather conditions are forecasted and road conditions prevent safe travels to/from the child care centre, Life-Bridge may deem it necessary to close. Additional criteria, including whether the Toronto District School Board closes schools due to inclement weather, will also be strongly considered. A notice will be emailed to families by 6:00am whenever possible, if Life-Bridge determines a centre closure is required.

## Activities Off Premises

Walks and fieldtrips are incorporated into the program during good weather months. Upon enrollment, families are asked to sign permission for their child to participate in spontaneous outings which do not require the use of public transportation or a school bus. Any outing requiring public transportation or a school bus will include a Permission Form stating the timing, route and location of the trip and asking for parents to participate to increase the supervision and the ratio coverage.

### Fieldtrip Guidelines

1. If possible, educators will leave the phone number for their destination and the name of the contact person so that they can be reached in case of emergency.
2. Educators will introduce the children to all of the helpers before leaving so that they are familiar with ever one.
3. Educators will review with the adult helpers what is expected of them, the procedures and guidelines, and which children they are responsible for. The educators will distribute any extra bundles that have to be carried along on the field trip.
4. Educators will put field trip smocks on each child indicating the Centre's name and phone number.
5. Educators will divide the children and adults into groups, according to the following ratios:

Infant	1 Adult	1 Child
Toddler	1 Adult	2 Children
Junior/Senior	1 Adult	No more than 4 Children but ideally 1-2

The children will hold each other's hand/rope/adult's hand.

6. Parents, volunteers and Educators will stay in close contact with one another and the individual children they are responsible for.
7. Safety rules and field trip guidelines specific to each trip and set up by Life-Bridge staff must be followed by all helpers for all children.
8. There will be one Supervisor or Teacher Co-ordinator on each bus/subway trip who will be in charge of head counts / role call (of entire group) and the finances.
9. Educators, parents and volunteers will always take several head counts to make sure all the children are present within their groups (before leaving on a trip, several times during the trip, before leaving the field trip site, and on the way back to the Centre).
10. One educator will be responsible for carrying the knapsack containing the First Aid Kit, etc.
11. When walking, one educator will be at the front of the group and one educator will be at the back of the group. Parents/volunteers will be in the middle of the group.

12. The educator at the front of the group will guide the movements of the group, making sure that everyone crosses the street when it is safe to do so. Educators and parents verbally alert the group of the upcoming crossings.
13. The children will walk up and down the stairs single file, holding onto the railing and their partners.
14. Escalators should be avoided whenever possible.
15. At the subway, the children will go through the gates and the group will wait at the Designated Waiting Area (DWA) and will stand near the wall away from the train tracks until the educator indicates that it is safe to get closer.
16. A pre-designated waiting area will be set up at the field trip site for any misled or lost groups.
17. The purchase of treats on trips is discouraged unless pre-planned.

FIELD TRIP GUIDELINES SHOULD BE REVIEWED PRIOR TO EACH OUTING BY THE CHILDREN EDUCATORS  
/PARENTS/STUDENTS /VOLUNTEERS AND DISCUSSED WITH BEFORE LEAVING THE CENTRE.

Walk Guidelines:

1. Before leaving the Centre, educators will discuss the rules and procedures with the whole group.
2. Educators will familiarize themselves with the location in advance; knowing ahead of time about any highlights to see, obstacles to avoid, and where the safe areas are to cross the street. Educators will inform the Executive Director/Designate of the walk route and expected return time.
3. Educators will bring along a complete first aid kit and emergency information in their knapsack.
4. Educators will let the office know when they leave the Centre, where they are going, and the approximate time of return. Educators will leave a note on the classroom door or in their "special message area" indicating where they've gone and the expected time of return. If the group is going to be late returning (over 1/2 hour), an educator should notify the Centre.
5. Educators will divide the children and adults into groups. The children will hold each other's hand/an adult's hand/the rope.
6. One Educator will be at the front of the group, the other at the back. Other parents and volunteers will be in the middle.
7. The educators at the front of the group will guide the movements of the group, making sure that everyone crosses the street when it is safe to do so. Educators will verbally alert the group of the upcoming crossings.
8. In case of an emergency, one of the educators will notify the Centre. If a medical emergency arises, needing an ambulance, notify 911, then the Centre.
9. There will always be at least two educators supervising on walks.

## Waiting List Policy

### Registration Information

Applications will be accepted on a first-come, first-served basis, by age group, giving preference to full time enrollment over those requiring part time, and to children qualifying for more than one priority, in the following order:

- Children of employees of Canada Life, its subsidiaries and related Companies, who are employed at the Canada Life head office/Toronto campus.
- Siblings of children currently enrolled in Life-Bridge Child Care at the time the space for the younger child becomes available.
- Siblings of children who were previously enrolled in Life-Bridge Child Care, but are no longer enrolled at the time the space for the younger child becomes available
- Children of those with other connections to Canada Life, such as employees of tenants of the Canada Life head office/Toronto campus complex and other relatives of employees of Canada Life, its subsidiaries and related companies.
- Surrounding community of the Canada Life head office/Toronto complex, including children of those who live and work in the community.

A waiting list for each age group is kept. Families requiring daycare in the future should put their application(s) on the waiting list immediately. Applications will not be accepted unless a due date is provided.

All part time children must attend Life-Bridge Child Care on consecutive days. A child requesting a full-time spot may accept a part time spot, however, their application shall remain on the waiting list in the same position until a full time spot is available and their name is reached.

Families on the waiting list are required to renew their application by telephone or email at six-month intervals in order to keep their application active. Failure to contact Life-Bridge will result in their application being put to the bottom of the waiting list in an inactive file.

A family who has found alternate care is asked to let the centre know when they no longer would like to remain on the waiting list. If a family refuses a space when their application comes to the top of the waiting list, in order to remain on the list for a future space, their application will be put to the bottom of the list. If a family is on parental leave, and they are offered a space within 18 months of the birth of the child on the waiting list, their application will remain in its place on the waiting list if they refuse the space offered. However, once the child has turned 18 months, and the family refuses the spot, their application will be moved to the bottom of the waiting list.

If a family has specifically requested a toddler or preschool start date on their application, their application will not be put to the bottom of the waiting list if they refuse an earlier space. Once a spot is accepted, the child must regularly attend Life-Bridge Child Care within one month from the date the space is available.

The Board has the discretion to review the policy from time to time. To apply please complete the application form online at [www.lifebridgechildcare.com](http://www.lifebridgechildcare.com).

## Fees for Services, Enrollment and Withdrawal

A \$425.00 deposit is required upon acceptance of a space in the Centre. The \$425.00 is refunded during the last month of enrolment if one month's notice of cancellation or withdrawal is received, in writing by the Executive Director.

### Fee Guidelines

- Payments are accepted by cheque made payable to Life-Bridge Child Care. Twelve post-dated cheques are required at the time of enrolment, dated the first of each month.
- Fees shall be determined annually by the Board of Directors, with due and proper notification to the full membership. All fees will be subject to review by the Business Committee and the Board of Directors to reflect the Centre's costs.
- Regardless of a child's absence from the program, parents will be required to pay the full fee in order to maintain the child's space within the Centre.
- Subsidized families are entitled to a set number of paid holidays and sick days. Additional time away will be paid by the family at the Life-Bridge full fee rate.
- Part-time enrolled children will not be entitled to request additional days on an occasional basis unless there are temporary spaces open. The fee for these days would be a daily rate for part-time spaces. These families may request a change to full-time enrollment when a space becomes available.

Overdue Payments	As fees are due in advance in the form of postdated cheques, it is unlikely that fee payments will be overdue. Members will be notified in December of overdue postdated cheques for childcare fees.
Refund or Credits	Refunds or credits may be issued in cases of overpayment, adjustments to childcare fee subsidies as determined by Toronto Children's Services, or other circumstances required under the Canada-Wide Early Learning and Child Care (CWELCC) system.
Loss of Place	If the cheques are not submitted within thirty days of notice, the children for whom the fees are in default may, at the discretion of the Board of Directors, lose their place(s) at the Centre.
Reinstatement	Any such children may, at the discretion of the Board, be reinstated when cheques outstanding have been paid and if space is still available.
In Case of Withdrawal	A member shall remain liable for any outstanding payments owed to the Centre. Board Members in default of childcare fees for more than thirty days shall, at the discretion of the Board, lose their Board position.
Fines	Bank charges of \$20.00 for returned cheques will be charged to the Parent.

One month's written notice to advise the Executive Director of cancellation or withdrawal is required. Failure to do so shall result in the loss of the \$425.00 deposit paid at registration time.

We kindly request that parents arrive with ample time for pick-up, in order to exit the building before 5:45pm. With responsibilities and commitments outside of the centre, it is important for our staff to leave on time without being delayed. We will charge a late fee fine of \$1.00 for every minute after 5:45pm. We appreciate and thank you for your support.

Life-Bridge is enrolled in the Canada-Wide Early Learning and Child Care (CWELCC) System. The implementation of the CWELCC System is a five-year plan which includes improving affordability, enhancing quality, increasing child care access, and supporting inclusion in early learning and child care.

Starting January 2026, the daily fee is \$22 per day for children enrolled in infant, toddler, junior and senior preschool programs. Below you will find the complete 2026 Fee Scale outlining full-time monthly fees based on the number of service days in each month. Fees will be pro-rated for part-time enrollment.

#### Monthly Fees

Month	Number of Service Days	Full-Time	Part-Time 3 days/week	Part-Time 2 Days/week
January	22	\$484	\$290	\$194
February	20	\$440	\$264	\$176
March	22	\$484	\$290	\$194
April	22	\$484	\$290	\$194
May	21	\$462	\$277	\$185
June	22	\$484	\$290	\$194
July	23	\$506	\$304	\$202
August	21	\$462	\$277	\$185
September	22	\$484	\$290	\$194
October	22	\$484	\$290	\$194
November	21	\$462	\$277	\$185
December	23	\$506	\$304	\$202

# Policies and Procedures

## Playground Safety Policy

### **Purpose**

Outdoor play is an integral part of the daily schedule and plays an important role in the development of children's overall well-being. In order for children to thrive in outdoor play, it is crucial that there be sufficient toys and equipment for children to engage in active play and that educators engage as active participants in the play.

The *How Does Learning Happen? Ontario's Pedagogy for the Early Years* document describes how children thrive in programs where they can engage in vigorous physical play in natural outdoor spaces and playgrounds that present manageable levels of challenge. In addition to providing physical benefits, active play outdoors strengthens functioning in cognitive areas such as perception, attention, creative problem solving, and complex thinking.

While these environments need to be safe, it is also important for them to provide children with interesting opportunities for a reasonable degree of risk-taking.

The purpose of this policy is to set out the responsibilities of the licensee, staff, students and volunteers in ensuring that the outdoor and playground spaces provide a safe and well-supervised environment for children's play and meet Canadian Standards Association (CSA) standards.

This policy is intended to fulfill the obligations set out under Ontario Regulation 137/15 for a playground safety policy for child care centres.

Note: definitions for terms used throughout this policy are provided in a Glossary at the end of the document.

### **Policy**

#### General

- The child care centre will ensure that there are enough play materials available that are appropriate for the children's age and learning and developmental needs during outdoor play.
- The maximum capacity of the playground will not be exceeded at any time.

#### Playground Inspections/Checks

- Outdoor play space, fixed play structures and surfacing checks will be conducted on a daily, monthly and annual basis.
- All playground inspections will be documented. All documentation and reports will be filed by designated staff in the playground inspection binder.
- The licensee will ensure that where the playground has fixed equipment, the certified playground inspection is conducted by a third party inspector who:
  - Has declared non-conflict of interest including declaration of non-affiliation with playground equipment and protective surface manufacturers, suppliers and/or other contractors involved in the retrofit, upgrade or repair of the playground equipment and protective surfaces;

- has proof of current Professional Errors and Omissions insurance coverage; and \
- has proof of playground inspector certification.

#### Repairs and Maintenance

- All items identified in the checklists as requiring repair will be documented on each monthly inspection form. Note: the amount of time required will depend on the scope of the work and who is required to conduct the repairs.
- Documentation on the repair log will also include:
  - the date the issue was identified;
  - documentation of what steps and efforts have been taken to address any identified items which cannot be repaired immediately due to circumstances out of the child care centre’s control; and
  - the date the related repairs were completed.
- Where outdoor space or playground repairs cannot be completed immediately, the area or space requiring repairs will be sectioned off to prevent children from using that area in order to protect their safety and reduce the risk of injury. Children will be supervised at all times during outdoor play to ensure that they do not approach or use spaces that are sectioned off pending repairs.
- Any repairs requiring alterations or renovations to the playground premises will not begin until site or playground plans are approved by a Ministry of Education Director.

#### Compliance with the CSA Standards

- Any outdoor play space, fixed play structure or surfacing under those structures that is constructed or renovated will meet the requirements set out in the Canadian Standards Association (CSA) standard CAN/CSA-Z614-14, “Children’s Playspaces and Equipment”.
- Written confirmation of compliance with the CSA standard will be obtained from a Certified Playground Safety Inspector, upon completion of any repairs or renovations which have resulted in a non-compliance with the CSA standard as outlined in a playground inspection report.

#### Supervision

- Children will be supervised at all times during outdoor play.
- Staff will position themselves throughout the playground and rotate their position where required to ensure children can be visually supervised while engaging in play.
- Staff to child ratios will be maintained on the playground at all times.
- Reduced ratios will never be used on the playground.
- Infant and toddler children will be separated from other children during outdoor activities.
- Staff will ensure that there all gates are securely closed at all times.

#### Documentation and Report Retention

- All documentation and reports related to the outdoor space or playground will be:
  - Kept for three years from the date they were created and/or updated (whichever date is most recent); and
  - Made available for Ministry of Education staff to review at all times.

#### Playground Safety Procedures

Timeline	Steps to Follow
Daily: before using the outdoor	Designated staff must:

Timeline	Steps to Follow
<p><b>play space/ playground</b></p>	<ul style="list-style-type: none"> <li>• walk around the entire outdoor play space or playground to look for and identify hazards and defects as indicated in the daily playground inspection checklist;</li> <li>• remove any garbage, hazards or defects using gloves;</li> <li>• complete the playground inspection checklist, sign and date it; and</li> <li>• file the playground inspection checklist in the playground inspection binder</li> </ul> <p><b>Where hazards or defects cannot immediately be removed or repaired, staff must:</b></p> <ul style="list-style-type: none"> <li>• report the hazards or defects to the Executive Director or Assistant Director who will log and maintain the information in the repair log and take appropriate action to initiate any repairs.</li> <li>• Section off the area with the hazard/defect if it poses a hazard to children.</li> </ul> <p>In preparation to exit the child care centre to use the outdoor play space or playground, staff must:</p> <ul style="list-style-type: none"> <li>• ensure all emergency medication accompanies children, where applicable;</li> <li>• ensure all emergency contact information is readily available for children;</li> <li>• ensure the attendance record is readily available;</li> <li>• ensure that the allergy and dietary restriction lists are readily available;</li> <li>• ensure appropriate steps related to environmental factors have been implemented (e.g.: children are appropriately dressed for the weather, there are no entanglement risks, bug nets are in place, etc.); and</li> <li>• conduct head counts prior to leaving the indoor play activity area, and while transitioning them to the outdoor play space or playground.</li> </ul>
<p><b>Daily: while using the outdoor play space/ playground</b></p>	<p>Staff must:</p> <ul style="list-style-type: none"> <li>• position themselves in areas that ensure that all children and areas of the playground can be properly supervised at all times;</li> <li>• ensure that there is access to drinking water at all times;</li> <li>• complete head counts of children every 15 minutes</li> <li>• implement the goals and approaches of the program statement, such as engaging with the children in play; and</li> <li>• refrain from using personal cellular phones (except in emergency situations) or using outdoor time to socialize with other staff, students or volunteers during outdoor play.</li> </ul> <p><b>Where a child is injured on the playground, staff must:</b></p> <ul style="list-style-type: none"> <li>• administer first aid, where appropriate;</li> <li>• contact emergency services, where appropriate;</li> <li>• notify the parent of the child;</li> <li>• complete an accident report and provide a copy to the child’s parent; and</li> <li>• follow the serious occurrence policy and procedures, where appropriate.</li> </ul>
<p><b>Daily: When returning from the outdoor play</b></p>	<p>Staff must:</p> <ul style="list-style-type: none"> <li>• conduct head counts prior to returning indoors from the outdoor play space or playground, while transitioning indoors, and upon returning to the indoor play activity space.</li> </ul>

Timeline	Steps to Follow
space/ playground	<ul style="list-style-type: none"> <li>• Ensure that attendance records, emergency medication and children’s emergency contact information is brought indoors with the group.</li> </ul>
Monthly	<p>Designated staff must:</p> <ul style="list-style-type: none"> <li>• walk around the entire outdoor play space or playground to look for and identify hazards and defects as indicated in the monthly playground inspection checklist;</li> <li>• remove any hazards or defects, where possible;</li> <li>• complete the monthly inspection checklist (including verification of seasonal issues), sign and date it; and</li> <li>• file the playground inspection checklist in the playground inspection binder .</li> </ul> <p><b>Where hazards or defects cannot immediately be removed or repaired, staff must:</b></p> <ul style="list-style-type: none"> <li>• report the hazards or defects to the Executive Director or Assistant Director who will log and maintain the information in the repair log and take appropriate action to initiate any repairs.</li> <li>• Section off the area with the hazard/defect if it poses a hazard to children.</li> </ul> <p>The Executive Director or Assistant Director must:</p> <ul style="list-style-type: none"> <li>• review outdoor injuries and accidents that have occurred to look for trends;</li> <li>• take appropriate action to prevent similar injuries and accidents from happening in the future.</li> <li>• review the repair logs and follow up on any outstanding identified issues still requiring repair.</li> </ul>
Annually	<p><b>Where the playground has fixed equipment, the Executive Director or Assistant Director must:</b></p> <ul style="list-style-type: none"> <li>• ensure a certified playground inspector conducts an annual playground inspection;</li> <li>• discuss the findings of the playground inspection with the certified playground inspector, including items that need to be repaired or replaced; and</li> <li>• obtain a copy of the playground inspection report.</li> </ul> <p><b>Where the playground does not have fixed equipment the Executive Director or Assistant Director must:</b></p> <ul style="list-style-type: none"> <li>• walk around the entire outdoor play space or playground to look for and identify hazards and defects as indicated in the annual playground inspection checklist;</li> <li>• remove any hazards or defects, where possible;</li> <li>• complete the annual inspection checklist, sign and date it; and</li> <li>• develop a written plan to address any hazards and/or defects, including a timeline to address the issues identified during the inspection.</li> </ul> <p><b>Where hazards or defects cannot immediately be removed or repaired, staff must:</b></p>

Timeline	Steps to Follow
	<ul style="list-style-type: none"> <li>• report the hazards or defects to the Executive Director or Assistant Director who will log and maintain the information in the repair log and take appropriate action to initiate any repairs.</li> <li>• section off the area with the hazard/defect if it poses a hazard to children.</li> </ul>

Glossary

*Canadian Standards Association (CSA):* a non-profit, voluntary association engaged in standards development and certification activities. The current standard in Ontario for licensed child care centre playgrounds is CAN/CSA Z614-14 - Children’s Playspaces and Equipment. This standard specifies design and maintenance criteria to reduce the risk of injury.

*Certified Playground Inspector:* An individual who holds a current certification with the [Canadian Playground Safety Institute](#).

*Fixed play structure:* a **structure** anchored to the ground that is designed for children to climb on (e.g. a climber).

*Licensee:* The individual or corporation named on the license issued by the Ministry of Education responsible for the operation and management of the child care centre.

*Staff (Employee):* Individual employed by the licensee (e.g. program room staff).

## Anaphylactic Policy

### Purpose

Anaphylaxis is a serious allergic reaction that can be life-threatening. It requires avoidance strategies and immediate response in the event of an emergency. These policies and procedures are intended to help meet the needs and save the lives of children with severe allergies and provide relevant and important information on anaphylaxis to parents, staff, students, volunteers and visitors at the child care centre.

This policy is intended to fulfill the obligations set out under Ontario Regulation 137/15 for an anaphylactic policy for child care centres. The requirements set out in this policy align with [Sabrina's Law, 2005](#).

Note: definitions for terms used throughout this policy are provided in a Glossary at the end of the document.

### Policy

#### Individualized Plans and Emergency Procedures for Children with Life-Threatening/Anaphylactic Allergies

- Before attending the child care centre, the Executive Director or Assistant Director will meet with the parent of a child to obtain information about any medical conditions, including whether the child is at risk of having or has anaphylaxis.
- Before a child attends the child care centre or upon discovering that a child has an anaphylactic allergy, an individualized plan and emergency procedures will be developed for each child with anaphylaxis in consultation and collaboration with the child's parent, and any regulated health professional who is involved in the child's care that the parent believes should be included in the consultation.
- All individualized plans and emergency procedures will include a description of symptoms of an anaphylactic reaction that are specific to the child and the procedures to be followed in the event of an allergic reaction or other medical emergency based on the severity of the child's symptoms.
- The individualized plan and emergency procedures for each child will include information for those who are in direct contact with the child on a regular basis about the type of allergy, monitoring and avoidance strategies and appropriate treatment.
- All individualized plans and emergency procedures will be made readily accessible at all times to all staff, students and volunteers at the child care centre and will be kept posted in each classroom and with each child's emergency medication pouch.
- **All** individualized plans and emergency procedures will be reviewed with a parent of the child annually to ensure the information is current and up to date.
- Every child's epinephrine auto-injector must be carried everywhere the child goes.

#### Strategies to Reduce the Risk of Exposure to Anaphylactic Allergens

The following strategies to reduce the risk of exposure to anaphylactic causative agents must be followed at all times by employees, students and volunteers at the child care centre.

- Do not serve foods where its ingredients are not known.
- Do not serve items with 'may contain' warnings on the label in a room where there is a child who has an individualized plan and emergency procedures specifying those allergens.
- Ask the caterer or cook to provide the known ingredients for all food provided. The ingredients will be reviewed before food is served to children to verify that causative agents are not served to children with anaphylactic allergies.
- In cases where a child has food allergies and the meals and snacks provided by the child care centre cannot meet the child's needs, ask the child's parent to supply snacks/meals for their child. All written instructions for diet provided by a parent will be implemented.
- Ensure that parents label food brought to the child care centre with the child's full name and the date the food arrived at the child care centre, and that parents advise of all ingredients.
- Where food is provided from home for children, ensure that appropriate supervision of children is maintained so that food is not shared or exchanged.
- Encourage parents who serve foods containing allergens at home to ensure their child has been rid of the allergens prior to attending the child care centre (e.g. by thoroughly washing hands, brushing teeth, etc.)
- Do not use craft/sensory materials and toys that have known allergens on the labels.
- Share information about anaphylaxis, strategies to reduce the risk of exposure to known allergens and treatment with all families enrolled in the child care centre.
- Make sure each child's individual plan and emergency procedure are kept-up-to-date and that all staff, students, and volunteers are trained on the plans.
- Refer to the allergy list and ensure that it is up to date and implemented.
- Update staff, students, and volunteers when changes to a child's allergies, signs and symptoms, and treatment occur and review all updates to individualized plans and emergency procedures.
- Update families when changes to allergies occur while maintaining the confidentiality of children.
- Update or revise and implement the strategies in this policy depending on the allergies of children enrolled at the child care centre.

## Communication Plan

The following is our communication plan for sharing information on life-threatening and anaphylactic allergies with staff, students, volunteers, parents and families.

- Parents will be encouraged not to bring foods that contain ingredients to which children may be allergic.
- Anaphylactic allergies and all known allergens at the child care centre will be posted at the entrance to ensure parents and family members are informed.
- A list of all children's allergies including food and other causative agents will be posted in all cooking and serving areas, in each play activity room, and made available in any other area where children may be present.
- Each child with an anaphylactic allergy will have an individualized plan and emergency procedures that detail signs and symptoms specific to the child describing how to identify that they are having an allergic reaction and what to do if they experience a reaction.
- Each child's individualized plan and emergency procedures will be made available and accessible wherever the child may be present while receiving child care.
- The caterer, cook, individuals who collect groceries on behalf of the child care centre and/or other food handling staff, where applicable, will be informed of all the allergies at the child care centre, including those of children, staff, students and volunteers. An updated list of allergies will be

provided to the caterer or cook as soon as new allergies are identified. The Executive Director or Assistant Director will communicate with the caterer/cook about which foods are not to be used in food prepared for the child care centre and will work together on food substitutions to be provided.

- The child care centre will communicate with the Ministry of Education by reporting serious occurrences where an anaphylactic reaction occurs in accordance with the established serious occurrence policy and procedures.
- This communication plan will be continually reviewed to ensure it is meeting the needs of the child care centre and that it is effectively achieving its intended result.

#### Drug and Medication Requirements

- Where drugs or medications will need to be administered to a child in response to an anaphylactic reaction, the drug and medication administration policy will be followed including the completion of a parental authorization form to administer drugs or medications.
- Emergency allergy medication (e.g. oral allergy medications, puffers and epinephrine auto-injectors) will be allowed to remain unlocked or carried by children with parental authorization so that they can be administered quickly when needed.

#### Training

- The Executive Director will ensure that the Executive Director or Assistant Director and/or all staff, students and volunteers receive training from a parent of a child with anaphylaxis on the procedures to follow in the event of a child having an anaphylactic reaction, including how to recognize the signs and symptoms of anaphylaxis and administer emergency allergy medication.
- Where only the Executive Director or Assistant Director has been trained by a parent, the Executive Director or Assistant Director will ensure training is provided to all other staff, students and volunteers at the child care centre.
- Training will be repeated annually, and any time there are changes to any child's individualized plan and emergency procedures.
- A written record of training for staff, students and volunteers on procedures to be followed for each child who has an anaphylactic allergy will be kept, including the names of individuals who have not yet been trained. This will ensure that training is tracked and follow-up is completed where an individual has missed or not received training.

#### Confidentiality

- Information about a child's allergies and medical needs will be treated confidentially and every effort will be made to protect the privacy of the child, except when information must be disclosed for the purpose of implementing the procedures in this policy and for legal reasons (e.g. to the Ministry of Education, College of Early Childhood Educators, law enforcement authorities or a Children's Aid Society).

Procedures to be followed in the circumstances described below:

Circumstance	Roles and Responsibilities
<p>A) A child exhibits an anaphylactic reaction to an allergen</p>	<p>The person who becomes aware of the child’s anaphylactic reaction must immediately:</p> <ul style="list-style-type: none"> <li>• implement the child’s individualized plan and emergency procedures;</li> <li>• contact emergency services and a parent/guardian of the child, or have another person do so where possible; and</li> <li>• ensure that where an epinephrine auto-injector has been used, it is properly discarded (i.e. given to emergency services, or in accordance with the drug and medication administration policy).</li> </ul> <p>Once the child’s condition has stabilized or the child has been taken to hospital, staff must:</p> <ul style="list-style-type: none"> <li>• follow the child care centre’s serious occurrence policies and procedures;</li> <li>• document the incident in the daily written record; and</li> <li>• document the child’s symptoms of ill health in the child’s records.</li> </ul>
<p>B) A child is authorized to carry their own emergency allergy medication.</p>	<p>Staff must:</p> <ul style="list-style-type: none"> <li>• ensure that written parental authorization is obtained to allow the child to carry their own emergency allergy medication;</li> <li>• ensure that the medication remains on the child (e.g., fanny pack, holster) and is not kept or left unattended (e.g. in the child’s cubby or backpack);</li> <li>• ensure that appropriate supervision is maintained of the child while carrying the medication and of children in their close proximity so that other children do not have access to the medication; and</li> <li>• Where there are safety concerns relating to the child carrying their own medication (e.g. exposure to other children), notify the centre Executive Director or Assistant Director and the child’s parent of these concerns, and discuss and implement mitigating strategies. Document the concerns and resulting actions in the daily written record.</li> </ul>

### Glossary

*Anaphylaxis*: a severe systemic allergic reaction which can be fatal, resulting in circulatory collapse or shock. Symptoms can vary for different people, and can be different from one reaction to the next, including:

- Skin: hives, swelling, itching, warmth, redness, rash
- Breathing (respiratory): coughing, wheezing, shortness of breath, chest pain/tightness, throat tightness/swelling, hoarse voice, nasal congestion or hay fever-like symptoms (runny nose and watery eyes, sneezing), trouble swallowing
- Stomach (gastrointestinal): nausea, pain/cramps, vomiting, diarrhea
- Heart (cardiovascular): pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
- Other: anxiety, feeling of “impending doom”, headache, uterine cramps, metallic taste in mouth (Source: <http://foodallergy canada.ca/about-allergies/anaphylaxis/>)

*Causative Agent (allergen/trigger):* a substance that causes an allergic reaction. Common allergens include, but are not limited to:

- eggs
- milk
- mustard
- peanuts
- seafood including fish, shellfish, and crustaceans
- sesame
- soy
- sulphites which are food additives
- tree nuts
- wheat
- latex
- insect stings

*Epinephrine:* A drug used to treat allergic reactions, particularly anaphylaxis. This drug is often delivered through an auto-injector (e.g. EpiPen or Allerject).

*Staff (Employee):* Individual employed by the licensee (e.g. program room staff).

*Licensee:* The individual or corporation named on the license issued by the Ministry of Education responsible for the operation and management of the child care centre.

*Parent:* A person having lawful custody of a child or a person who has demonstrated a settled intention to treat a child as a child of his or her family (all references to parent include legal guardians, but will be referred to as “parent” in the policy).

## Sanitary Practices Policy

### Purpose

Many infectious diseases and illnesses can be prevented through appropriate hygiene, sanitation, and infection prevention/control practices. Sanitary Practices policies for cleanliness and sanitation helps protect the health, safety and well-being of children, as well as staff, volunteers, students.

### Policy

#### Hygiene: Hand Washing Procedures

Teaching children good hand hygiene is essential to the prevention of the spread of germs. Educators and children are required to wash their hands frequently throughout the day after:

- Diapering routine
- Toileting routines
- Sensory/messy activities
- Sneezing or wiping noses

Educators and children are required to wash their hands before:

- Food handling
- Meals: snacks and lunch

#### Hand Washing Environment

Each classroom and the kitchen have designated “Hand Washing” sinks for children and staff to wash their hands. These sinks cannot be used to rinse dishes, tools or other utensils. A designated “Dish/Utensils Sink” is for this purpose.

It is important that staff ensure that each hand washing area has soap, towels and a proper waste basket for all to use.

#### Glove Use

Gloves are used when:

- Changing diapers
- Handling body fluids or contaminants.
- Handling any tools, utensils, or other toys which have been affected by body fluids or other contaminants.

Please refer to the Toronto Public Health’s “Glove Use” posters which are posted in all classrooms for the proper donning and removing of gloves.

- Wash and dry your hands before putting on gloves
- Be careful to not tear or puncture gloves
- Remove gloves using a glove – to –glove/skin-to-skin technique.
- Gloves are **task specific** and **single-use only**.
- Ensure that used gloves are properly disposed into a waste bin after each use.
- Wash hands after using gloves.

#### Cloth Diapering Policy

All Life-Bridge classrooms strongly encourage the use of disposable diapers and wipes for sanitary purposes. Requests for an accommodation to use cloth diapers (due to medical reasons/allergies) will be considered on a case-by-case basis by the Executive Director upon request.

### **Sanitation: Environmental Cleaning and Disinfecting**

All staff, students and support staff are responsible for ensuring the cleanliness of the daycare is maintained to prevent accidents or the spread of infection. A bleach and water solution is used for cleaning and disinfecting.

### **Cleaning/Disinfecting Equipment and Toys**

- Mix bleach and water solution **daily** and keep spray bottle accessible in washroom and on counter (straight stream bottle when used near children so that bleach spray does not get inhaled).

### **Cleaning Equipment:**

- Keep a broom and dustpan in each playroom
- Keep a mop and bucket in the cupboard and use for water and creative spills – empty water and creative tables and disinfect after each use
- Store cleaning equipment on high shelves or in locked cupboards out of reach of children
- Keep all cleaning supply lids and containers closed tightly
- Keep dish cloths accessible on counter and launder daily with bibs, washcloths and smocks – kitchen dishcloths should be laundered at this time daily

### **Vomiting or Diarrhea:**

- Clean and disinfect floors and surrounding equipment immediately with special mop and disposable J-Cloths or paper towels (powder absorbent chemical can be used to easily absorb vomit when children are away from the area)
- Disinfect mop and bucket immediately after clean-up
- Dispose of used J-Cloths immediately
- with as little handling as possible put soiled clothing and linens in a plastic bag to be sent home for laundering
- Ask for extra staff help if needed to cope with the situation or to look after the group
- Gloves should be used and hands should be washed after disposing of gloves and finishing clean up.

### **Playroom Toys and Play Equipment**

Each staff member must ensure general maintenance and clean-up of playroom daily.

Toys and play equipment are washed and disinfected by educators or support staff on a regular basis

- Infant Room daily
- Toddler, Juniors, Seniors weekly (Junior and Senior children can assist with this task)
- Staff must check off the cleaned items on classroom weekly cleaning schedule

### *How toys and play equipment are cleaned*

- A spray bottle with a bleach and water solution must be prepared daily. 1 cap full of bleach to 1-500 ml spray bottle of water
- Toys are first washed with soapy water or in the dishwasher and then laid out on a clean towel and sprayed with the bleach solution and then air dried
- Toy containers are sprayed with bleach solution and air dried
- Toys are left to air dry or after a minimum of 1 minute wipe toys with a clean towel

- Toys that have been mouthed must be taken off the play floor and disinfected before given to another child.

### **Crib/Cot Set Up**

- Shift responsibilities should allow for turn taking in changing crib and cot sheets, setting up and putting away cots
- Put cots down gently to keep them in good condition, to model respect for equipment and to demonstrate a calm and quiet atmosphere prior to nap time
- Label all cribs/cots with child's name
- Sheets and blankets are washed and changed weekly or as needed when soiled
- Disinfect cribs/cots weekly or when soiled or when crib/cot is given to another child
- Post crib/cot chart in the playroom

### **Tables, Counters and Floors**

- Wipe and disinfect tables following creative time, snacks and meals – use separate clothes for sensory/crafts and for food use
- Use designated cloths for wipe up and disinfecting of children's tables, counters, chairs and floor spills
- Return left over and waste foods to kitchen or store leftovers in refrigerator for that day's extra p.m. snack - dispose of p.m. snack waste and leftovers each night and put dishes in dishwasher
- Put milk in refrigerator immediately after delivery and after use
- Keep a refrigerator temperature log and clean refrigerator regularly. Fridge temperature should be between 0 – 4 degrees celcius. Freezers below 0 decrees celcius or as cold as it will go.
- Use mop to clean up visibly soiled floors after snacks and meals, disinfecting after each use
- Designated counter area used for food should not be used for crafts or any other play materials

### **Storage Cupboards and Inventory of Toys and Play Equipment**

- Make a point of knowing and recording inventory of toys and play equipment and where they are stored in cupboards and on shelves
- Update records of inventory as new toys and equipment are purchased
- Maintain general tidiness and orderliness in storage cupboards and shelving
- Ensure for appropriate display of toys and play equipment enabling orderly display and easy tidy-up
- Take care and show respect for toys and equipment and inform Executive Director of repairs required

### **Staff Lounge, Kitchen and Common Areas**

It is everyone's responsibility to:

- Put away their own dishes, mugs and program materials
- Maintain general tidiness in all common areas of the centre
- Have lunch, snacks and hot beverages in the Staff Lounge in order to prevent accidents and to maintain professionalism
- All outside food is allowed in the Staff Lounge only.

### **Toronto Public Health: Infection Prevention and Control Practices**

#### **Identifying an Outbreak**

A suspected outbreak is when there is an increase in the number of incidences which show that a higher than expected number of children and staff is experiencing similar symptoms of illness. To determine whether there is an outbreak:

- Staff must review their daily logs of the children's well being
- Identify similar symptoms of illness in children/staff
- Check recent child/staff absenteeism records and reasons for absence
- Review and eliminate other possible reasons (food, diet change, medications, etc)
- Speak to the Executive director and staff will immediately begin a log
  - Date and time of the first case
  - Date and time of the most recent case
  - Total number of children and staff per room
  - Total number of ill children and staff per room
  - Signs or complaints of symptoms of illness (diarrhea, vomiting, fever)
  - What control measures are being implemented so far

The Executive director will notify the Public Health Department/Medical Officer of Health

City of Toronto Public Health Department: 416-338-8563  
Emergency Line: 416-690-2142  
Communicable Disease Line: 416-392-7411

### **During an Outbreak**

- Water and sensory play will be minimized or excluded from the program when colds and contagious illnesses are in an outbreak situation
- Groups will not mix together when contagious diseases and contagious illnesses are in an outbreak situation
- If possible, children will be kept indoors when weather is extreme and when illnesses are prevalent in a group
- Children will be given adequate rest and will be given individual naps when necessary to meet individual needs
- Children's diets, with consultation with the parents, will be altered according to their needs when diarrhea is prevalent (Parents may be asked to bring in special foods until child is back to normal).

**Note:** If there are 3 or more cases of diarrhea or vomiting in a 48 hour period or 2 or more cases in a 24 hour period, Public Health must be informed so that the appropriate measures may be taken to guide staff and families on how to prevent further spread

*Form an Outbreak Management Team to Confirm the Epidemic*  
(Executive Director and Staff of groups affected)

- Public Health Department will participate in and give direction to the outbreak management team
- Specimens will be collected at the discretion of the medical officer in containers provided by the health department – these will be sent to the public health laboratory
- Children and staff affected would be excluded from the centre
- Education and communication will be provided for staff and parents, visitor and anyone who was involved at the Centre
- The outbreak will be declared over by the medical officer of health

## Monitoring for Illness and Isolating Sick Children

**Policy:** Monitoring for illness is key to identifying and possibly preventing an outbreak. Children and staff who are ill while attending Life-Bridge Child Care, must be isolated and excluded from the program until symptoms improve. The following procedures ensure that there is a plan to respond to signs of illness that may affect the health, safety, and well-being of children and those working directly with children, and ensure these instances are reported, tracked, and followed up on.

### Procedures:

#### Monitoring

Monitoring for illness includes observing for signs and symptoms of disease (i.e., surveillance) and maintaining records. An illness record form is completed for each classroom and includes the following information:

- Attendance and absence of children and staff
- Signs and symptoms of illness
- Dates and times that the symptoms started (onset)
- Time that the ill child was picked up from the child care centre
- Dates of field trips, outings and special events

#### Daily Health Check and Isolating Children When Sick

According to the Child Care and Early Years Act, child care centres must ensure that an observation is made of each child at the beginning of each day to detect possible symptoms of illness. These symptoms include:

- Fever (temperature of 38°C/100.0°F or greater) and/or chills
- Cough (that is new or worsening (e.g., continuous, more than usual if chronic cough) including croup (barking cough, making a whistling noise when breathing)
- Shortness of breath (dyspnea, out of breath, unable to breathe deeply, wheeze, that is worse than usual if chronically short of breath)
- Runny nose or nasal congestion
- Extreme fatigue
- Sore throat
- Gastrointestinal symptoms (nausea, vomiting, diarrhea)

Children and staff who become ill with symptoms while attending the child care centre will be immediately isolated until they are able to go home.

A child will also be isolated when they exhibit symptoms of illness that:

- Prevent the child from participating in activities
- Require greater need for care than staff can provide
- Pose a risk of transmission to others

Parents/guardians or emergency contacts will be notified to pick up sick children as soon as possible.

Additionally:

- Any staff member providing care to a symptomatic individual should wear appropriate PPE
- The child will be provided with tissues and staff will ensure proper hand hygiene, respiratory etiquette, and proper disposal of tissues
- Increase ventilation (e.g., turn on HEPA filter), if it can be done safely
- After providing care to a symptomatic individual, remove PPE carefully following the proper doffing procedure, and discard safely

Parents/guardians of ill children with symptoms will be directed to contact their health care provider, if necessary. It is important for children to stay home when they are sick to prevent the spread of infections.

Guidelines on returning to child care for common symptoms of illness:

Symptom	Exclusion Period
Fever (temperature of 38°C/100.0°F or greater)	Until fever free for at least 24 hours without medication
Cold related symptoms (i.e., cough, congestion, runny nose etc.)	Until symptoms are improving for at least 24 hours
Vomiting and/or diarrhea (more than one occurrence in a 24 hour period)	Until symptom free for at least 48 hours
Conjunctivitis (pink eye)	Until assessed by health care provider, for bacterial conjunctivitis exclude until 24 hours after antibiotics has started
Hand, foot and mouth disease	Until fever free for at least 24 hours without medication and blisters have healed

### Reportable Diseases

Reportable diseases are [Diseases of Public Health Significance](#). If a reportable communicable disease is suspected/confirmed, the Executive Director must:

- Report to the Communicable Disease Notification Unit (CDNU) at 416-392-7411 during business hours Monday to Friday 8:30 a.m. to 4:30 p.m. OR fax: 416-392-0047
- Exception for COVID-19: Current provincial guidelines do not require child care centres and schools to report positive cases to Public Health.

Recognize the signs and symptoms of reportable diseases (see [Guidelines for Common Communicable Diseases](#) for more information).

## Sleep Supervision Policy

### Purpose

Children's sleep and rest play an integral part in a child's well-being and development. The purpose of this policy and procedures described within is to provide staff, students and volunteers with rules and procedures to follow to safeguard children from harm, injury or death while sleeping.

The procedures provided for placing children under 12 months of age on their own backs for sleep align with the requirement to meet the recommendations set out in Health Canada's document entitled "[Joint Statement on Safe Sleep: Preventing Sudden Infant Deaths in Canada](#)".

Procedures for monitoring sleeping children reduce the risk of harm or injury so that caregivers can look for and identify signs of distress and implement immediate responses to protect the health and safety of children.

This policy is intended to fulfill the obligations set out under Ontario Regulation 137/15 for sleep policies for child care centres.

Note: definitions for terms used throughout this policy are provided in a Glossary at the end of the document.

### Policy

#### General

- All children will be provided with the opportunity to sleep or engage in quiet activities based on their needs.
- Children under 18 months of age will be provided time to sleep based on their individual schedules, and will be assigned to a crib.
- Only light, breathable blankets will be used for infants.
- All children 18 months and older will be provided time to sleep for a period of no more than two hours each day, and will be assigned to a cot.
- Where children are sleeping in a separate sleep room or area, their names will be listed on the posted sleep chart so that staff can immediately identify which children are present in the room/area.

#### Placement of Children for Sleep

- Children under 18 months of age will be placed in their assigned cribs for sleep.
- Children over 18 months of age who sleep will be placed on individual cots for sleep.
- All children who are younger than 12 months of age will be placed on their backs to sleep in accordance with the recommendations set out in Health Canada's document entitled "[Joint Statement on Safe Sleep: Preventing Sudden Infant Deaths in Canada](#)", unless other instructions are provided in writing by the child's physician. Parents of these children will be advised of the centre's obligation to place their child(ren) to sleep on their backs.

#### Consultation with Parents

- All parents of children who regularly sleep at the child care centre will be advised of the centre's policies and procedures regarding sleep at the time of their child's enrolment and/or any time the

policies and procedures are revised, as applicable. This information will be available to parents in the Parent Handbook.

- Staff will consult with parents about their child’s sleeping arrangements at the time of enrolment and at any other appropriate time (e.g. when a child transitions to a new program or room, or at the parent’s request).
- Written documentation will be kept in each child’s file to reflect the sleep patterns identified by their parent, and updates to the documentation will be made whenever changes are communicated to the child care centre.
- Parents will be advised by the supervising staff of any significant changes in their child’s behaviours during sleep and/or sleeping patterns.
- Staff will document their observations of changes in a child’s sleep behaviours in the daily written record.
- Any changes in sleep behaviours will result in adjustments being made to the child’s supervision during sleep time, where appropriate, based on consultation with the child’s parent.

#### Direct Visual Checks

- Direct visual checks of **each** sleeping child (i.e. every child placed for sleep in a crib or cot) will be conducted to look for indicators of distress or unusual behaviours. Direct visual checks will be documented by staff on sleep charts in each class.
- Direct visual checks are not required for children engaging in quiet activities, but these children will be supervised at all times.
- For infants (children under 18 months of age), direct visual checks will be completed at a frequency based on consultation with each parent and may be increased based on the observed sleeping patterns and/or medical needs of each infant.
- The frequency of direct visual checks and the steps to complete them will depend on the typical sleep patterns of each child and their age, as identified in the sleep supervision procedures provided in this policy.
- Staff will ensure that all sleep areas have adequate lighting available to conduct the direct visual checks of sleeping children.

#### Use of Electronic Devices

- Where electronic devices are used to monitor children’s sleep, staff will:
  - **not use electronic sleep monitoring devices to replace direct visual checks;**
  - check the monitor daily to verify that it is functioning properly (i.e. it is able to detect and monitor the sounds and, if applicable, video images of every sleeping child); and
  - actively monitor each electronic device at all times.

#### Procedures

Age Group	Frequency of Direct Visual Checks*
Infant	According to each infant’s needs as identified by their parent, or at least every 30 minutes.
Toddler	Intervals of 30 minutes
Preschool and/or Kindergarten	Intervals of 30 minutes

\* **This is the minimum frequency of direct visual checks.** Should a child have symptoms of illness (e.g. a cold) or if there are other issues or concerns related to the child’s health, safety and well-being during sleep, the frequency of direct visual checks must be increased. The individual needs of each child during sleep as identified by the parent and/or the child’s physician must be followed at all times.

### Procedures for Completing Direct Visual Checks

Staff must:

- be physically present beside the child;
- check each child's general well-being by looking for signs of distress or discomfort including, at a minimum:
  - laboured breathing;
  - changes in skin temperature;
  - changes in lip and/or skin colour;
  - whimpering or crying; and
  - lack of response to touch or voice.

Where signs of distress or discomfort are observed, the staff who conducted the direct visual check must attempt to wake the child up. Where no signs of distress or discomfort are observed, proceed to step 3.

Where the child wakes up, staff must:

- attend to the child's needs;
- separate the child from other children if the child appears to be ill;
- document the incident in the staff communication book and in the child's symptoms of ill health record, where applicable.

Where the child does not wake up, staff must immediately:

- perform appropriate first aid and CPR, if required;
- inform other staff, students and volunteers in the room of the situation;
- contact emergency services or, where possible, direct another individual to contact emergency services;
- separate the child from other children or vice versa if the child appears to be ill;
- inform the Executive Director or Assistant Director of the situation; and
- contact the child's parent;

Where the child must be taken home or to the hospital, the Executive Director or Assistant Director must immediately:

- contact the child's parent to inform them of the situation and next steps.

Where the child's condition has stabilized, and/or after the child has been taken home and/or to the hospital, the staff who conducted the direct visual check and any staff who assisted with responding to the incident must:

- follow the serious occurrence policies and procedures, where applicable;
- document the incident in the daily written record; and
- document the child's symptoms of illness in the child's records.

Staff must:

- adjust blankets as needed;
- ensure the child's head is not covered;
- ensure there are no other risks of suffocation present;

**Procedures for Completing Direct Visual Checks**

- document the date, time and initial each direct visual check on the room's sleep supervision chart; and
- verbally inform other staff in the room that the check has been completed, where applicable and possible.

## Serious Occurrence Policy

### Purpose

The purpose of this policy and the procedures within is to provide clear instructions for staff, students and volunteers to follow for how to identify, respond to and report a serious occurrence. It ensures that there is a plan to deal with any serious incidents that may affect the health, safety and well-being of children and those working directly with children, and that these serious incidents are reported, tracked and followed up on.

This policy requires that an annual review be conducted of serious occurrences that took place over the last calendar year for an opportunity to reflect on the incidents that took place and consider approaches that will be implemented to minimize the chance that the incidents will occur again in the future.

This policy is intended to fulfill the obligations set out under Ontario Regulation 137/15 for policies and procedures with respect to serious occurrences for child care centres.

Note: definitions for terms used throughout this policy are provided in a Glossary at the end of the document.

### Policy

#### Identifying a Serious Occurrence

Under the Child Care and Early Years Act, 2014, serious occurrences are defined as:

1. the death of a child who received child care at a child care centre,
2. abuse, neglect or an allegation of abuse or neglect of a child while receiving child care at a child care centre,
3. a life-threatening injury to or a life-threatening illness of a child who receives child care at a child care centre,
4. an incident where a child who is receiving child care at a child care centre goes missing or is temporarily unsupervised, or
5. an unplanned disruption of the normal operations of a child care centre that poses a risk to the health, safety or well-being of children receiving child care at the child care centre.

#### Reporting a Serious Occurrence

- Staff will notify the licensee, Executive Director or Assistant Director of a serious occurrence as soon as they become aware of the incident.
- All serious occurrences will be reported to the Ministry of Education in the Child Care Licensing System (CCLS) within 24 hours of the licensee, Executive Director or Assistant Director becoming aware of the occurrence.
- Identifying information such as children or staff names will not be included in the serious occurrence reports.
- If CCLS cannot be accessed (e.g. where CCLS or an internet connection is unavailable), the licensee, Executive Director or Assistant Director will notify the program advisor (PA) assigned to the licence by email or by telephone within 24 hours of becoming aware of the occurrence. A serious occurrence report will be submitted in CCLS as soon as the system can be accessed.

- Where a Ministry of Education PA cannot be reached by telephone, a voicemail message will be left to notify the PA of the incident.
- All updates to serious occurrences will be reported in CCLS through update reports until the serious occurrence has been closed by the Ministry of Education.
- Where the Ministry of Education requests updates to a serious occurrence in CCLS, these will be provided as soon as possible through update reports.
- Serious occurrences reported to the Ministry of Education will be documented in the daily written record.

#### **Posting a Serious Occurrence Summary (Notification Form)**

- Within 24 hours of becoming aware of a serious occurrence, the Executive Director or Assistant Director will complete a Serious Occurrence Notification Form in either CCLS or using the form.
- The form will provide a summary of the serious occurrence and of any action taken by the child care centre.
- The summary will not include identifying information (e.g. names and ages of children, staff, or program rooms) and will contain gender-neutral language.
- The summary will be posted at the child care centre in a place that is visible and accessible to parents for a minimum of 10 business days, regardless of the serious occurrence type and the status of any related investigation.
- All updates to the serious occurrence will be added to the posted summary, and the summary will remain posted for an additional 10 business days each time any updates are added.
- All serious occurrence summaries will be retained for 3 years from the date they are created or last updated (whichever date is most recent).

#### **Annual Analysis of Serious Occurrences**

- An annual analysis of all serious occurrences that occurred in the previous calendar year will be completed by the Executive Director or Assistant Director
- The annual analysis will be used to identify issues, trends and actions taken.
- The analysis and record of actions in response to the analysis will be kept on file for Ministry of Education review and retained for 3 years from the date the analysis and record of actions were created.

#### **Concerns about the Suspected Abuse or Neglect of a Child**

- If any person, including a person who performs professional duties with respect to children, has reasonable grounds to suspect that a child has suffered, or is at risk to suffer, physical or emotional harm or sexual exploitation or molestation inflicted by the person having charge of the child, the person will report the suspicion directly to a children's aid society (CAS).
- Suspected abuse or neglect that will be reported will include physical, emotional and sexual abuse and/or neglect.
- Where a parent expresses concerns that a child is being abused or neglected, the parent will be advised to contact their local CAS directly. The person who becomes aware of these concerns is also required to report the concerns to the local CAS.

#### **Procedures to Respond to a Serious Occurrence**

Steps to Follow for All Serious Occurrences

<b>Steps for Staff, Students and Volunteers to Follow:</b>	<b>Steps for the Licensee/Executive Director or Assistant Director to Follow:</b>
<p>Immediately:</p> <ul style="list-style-type: none"> <li>• Ask for assistance from other staff, students, or volunteers.</li> <li>• Provide immediate medical assistance, if applicable, according to Standard First Aid and CPR training, where applicable.</li> <li>• Call emergency services and follow direction from emergency services personnel, where applicable,</li> <li>• Ensure that other children are removed from the scene and do not have access to the area, where applicable.</li> <li>• Address any risks to the health or safety of the child and/or other children present to prevent the risk of further harm.</li> <li>• Notify the Executive Director or Assistant Director.</li> </ul> <p>Ongoing and after the incident:</p> <ul style="list-style-type: none"> <li>• Follow any direction provided by third-party authorities (e.g. police, CAS, public health, etc.)</li> <li>• Ensure that children are supervised at all times.</li> </ul> <p>Within 24 hours:</p> <ul style="list-style-type: none"> <li>• Document the incident in: <ul style="list-style-type: none"> <li>• the daily written record;</li> <li>• the child’s record of symptoms of illness, if applicable; and/or</li> <li>• in an accident report, if applicable.</li> </ul> </li> <li>• Where an accident report is created, provide a signed copy to a parent of the child.</li> </ul>	<p>Immediately:</p> <ul style="list-style-type: none"> <li>• Provide assistance to children, staff, students, volunteers and families.</li> <li>• Provide immediate medical assistance, if applicable, according to Standard First Aid and CPR training.</li> <li>• Call emergency services and follow direction from emergency services personnel, where applicable.</li> </ul> <p>Within 24 hours of becoming aware of the incident:</p> <ul style="list-style-type: none"> <li>• Collect all pertinent information to report the incident to the Ministry of Education as a serious occurrence, including: <ul style="list-style-type: none"> <li>• A description of the incident;</li> <li>• The date, time, place where it occurred, actions taken and outcome;</li> <li>• The current status of the incident and child/parties involved; and</li> <li>• All other parties notified (e.g., emergency services, CAS, parents).</li> </ul> </li> <li>• Report the serious occurrence in CCLS, or notify the Ministry of Education program advisor by telephone or email where CCLS is not available. Note: Where CCLS is not available, a serious occurrence report will be submitted in CCLS as soon as it becomes available.</li> <li>• Post a summary of the serious occurrence and of any action taken by the child care centre in a place that is visible and accessible to parents.</li> </ul> <p>Ongoing and after the incident:</p> <ul style="list-style-type: none"> <li>• Follow any direction provided by third-party authorities (e.g. police, CAS, public health, etc.)</li> <li>• Maintain confidentiality at all times.</li> <li>• Update the serious occurrence report in CCLS, as required.</li> <li>• Conduct an internal review of the serious occurrence with staff, students and volunteers</li> </ul>

Steps for Staff, Students and Volunteers to Follow:	Steps for the Licensee/Executive Director or Assistant Director to Follow:
	<p>to establish next steps and reduce probability of repeat occurrences.</p> <ul style="list-style-type: none"> <li>• Provide children, parents, staff, students and/or volunteers with supports, if needed.</li> <li>• Review with staff, students and volunteers the child care centre’s program statement policies and procedures that set out prohibited practices and expectations of promoting the health, safety, nutrition and well-being of all children.</li> </ul>

Steps to Follow According to Specific Serious Occurrence Categories

Serious Occurrence Category	Steps for Staff, Students and Volunteers to Follow:	Steps for the Licensee/Executive Director or Assistant Director to Follow:
<p><b>Death of a Child</b></p>	<p><b>Death occurs while a child is receiving child care:</b></p> <p>See ‘Steps to Follow for All Serious Occurrences’ for staff, students and volunteers.</p>	<p>See ‘Steps to Follow for All Serious Occurrences’ for the Licensee/Executive Director or Assistant Director, and Immediately, upon becoming aware of the incident:</p> <ul style="list-style-type: none"> <li>• Contact a parent of the child, or where a parent cannot be reached, contact the child’s emergency contact.</li> </ul> <p>Death occurs while a child is not receiving child care:</p> <p><b>Within 24 hours of becoming aware of the incident:</b></p> <ul style="list-style-type: none"> <li>• Contact local Children’s Aid Society (CAS) or police services to find out if there is an investigation. If an investigation is ongoing, conduct an internal investigation after CAS or police services have completed their investigation, if applicable.</li> </ul>
<p><b>Allegation of Abuse and/or Neglect</b></p>	<p>‘Steps to Follow for All Serious Occurrences’ for staff, students and volunteers, and</p>	<p>See ‘Steps to Follow for All Serious Occurrences’ for the Licensee/Executive Director or Assistant Director, and</p>

Serious Occurrence Category	Steps for Staff, Students and Volunteers to Follow:	Steps for the Licensee/Executive Director or Assistant Director to Follow:
	<p><b>Where there is a concern about the abuse or neglect of a child by any person:</b></p> <p>Immediately:</p> <ul style="list-style-type: none"> <li>• Report concerns to the local Children’s Aid Society (CAS) as per the duty to report obligations under the <i>Child and Family Services Act</i> (CFSA).</li> <li>• Document the conversation with CAS and follow their recommendations.</li> <li>• Notify the Executive Director or Assistant Director of the incident and the report made to CAS, where appropriate.</li> <li>• Refrain from discussing the allegation with others.</li> <li>• Maintain confidentiality at all times.</li> </ul>	<p><b>Where there is a concern about the abuse or neglect of a child by a staff, student or volunteer, or where a person has otherwise reported alleged abuse/neglect concerns to the Executive Director or Assistant Director:</b></p> <p>Immediately:</p> <ul style="list-style-type: none"> <li>• Notify the person who reported concerns about their duty to report obligations under the <i>Child and Family Services Act</i> (CFSA).</li> <li>• Report the concerns to the local Children’s Aid Society (CAS) as per the duty to report obligations under the CFSA, unless it is confirmed that a report has already been made to CAS.</li> <li>• Document the concerns.</li> <li>• Contact and notify a parent of the child, where appropriate.</li> <li>• Based on the nature of the allegation and/or the direction of CAS and/or internal policies, determine next steps such as disciplinary measures and additional actions, such as an internal investigation to protect children in care.</li> <li>• Determine whether the individual alleged to have abused/neglected a child is registered with a professional regulatory body (e.g. College of Early Childhood Educators, Ontario College of Teachers, etc.). If so: <ul style="list-style-type: none"> <li>• Report the allegation of abuse to the appropriate regulatory body;</li> <li>• Report to the College of Early Childhood Educators when the employment of a registered early childhood educator (RECE) is suspended</li> </ul> </li> </ul>

Serious Occurrence Category	Steps for Staff, Students and Volunteers to Follow:	Steps for the Licensee/Executive Director or Assistant Director to Follow:
		<p>or terminated or if the RECE resigns.</p> <ul style="list-style-type: none"> <li>• Refrain from discussing the allegation with others.</li> <li>• Maintain confidentiality at all times.</li> </ul> <p>Once all external investigations are complete (e.g. by police and/or CAS), if applicable:</p> <ul style="list-style-type: none"> <li>• Update the serious occurrence report in CCLS, as required.</li> <li>• Update all other authorities to whom the allegation was reported (e.g. College of Early Childhood Educators, Ontario College of Teachers, CAS, etc.).</li> </ul>
<b>Life-threatening Injury or Illness Injury</b>	See 'Steps to Follow for All Serious Occurrences' for staff, students and volunteers.	See 'Steps to Follow for All Serious Occurrences' for the Licensee/Executive Director or Assistant Director.
<b>Missing or Unsupervised Child(ren) Child was found Child is still missing</b>	<p>'Steps to Follow for All Serious Occurrences' for staff, students and volunteers, and</p> <p>Immediately, upon becoming aware that a child or children are missing:</p> <ul style="list-style-type: none"> <li>• Alert the Executive Director or Assistant Director, and all staff, students and volunteers;</li> <li>• Search the child care premises, including outdoor areas (e.g. hallways, washrooms, playground, outdoor classrooms, etc.);</li> <li>• Ensure that remaining children are supervised at all times.</li> </ul> <p>Where the child or children are <u>not found</u> after being deemed missing.</p> <ul style="list-style-type: none"> <li>• Continue to search the premises.</li> <li>• Update the Executive Director or Assistant Director.</li> </ul>	<p>See 'Steps to Follow for All Serious Occurrences' for the Licensee/Executive Director or Assistant Director, and</p> <p>Immediately, upon becoming aware that a child is missing:</p> <ul style="list-style-type: none"> <li>• Assist with searching for the missing child(ren).</li> </ul> <p>Where the child or children are <u>not found</u> after being deemed missing:</p> <ul style="list-style-type: none"> <li>• Call emergency services and follow direction from emergency services personnel.</li> <li>• Contact the child(ren)'s parent(s), or where a parent cannot be reached, contact the child's emergency contact.</li> </ul> <p>Where the child or children <u>are found</u> after being deemed missing:</p>

Serious Occurrence Category	Steps for Staff, Students and Volunteers to Follow:	Steps for the Licensee/Executive Director or Assistant Director to Follow:
	<p>Where the child or children <u>are found</u> after being deemed missing.</p> <ul style="list-style-type: none"> <li>Update the Executive Director or Assistant Director.</li> </ul> <p>After the child or children have been found, after being deemed missing:</p> <ul style="list-style-type: none"> <li>Document the incident in the daily written record.</li> </ul>	<ul style="list-style-type: none"> <li>Update the child(ren)'s parent(s), or where a parent cannot be reached the child(ren)'s emergency contact(s).</li> </ul>
<p><b>Unplanned Disruption of Normal Operations</b></p> <p><b>Fire</b></p> <p><b>Flood</b></p> <p><b>Gas Leak</b></p> <p><b>Detection of Carbon Monoxide</b></p> <p><b>Outbreak</b></p> <p><b>Lockdown</b></p> <p><b>Other Emergency Relocation or Temporary Closure</b></p>	<p>'Steps to Follow for All Serious Occurrences' for staff, students and volunteers, and</p> <p>Where the incident is suspected to be an <u>outbreak</u>:</p> <p>Immediately:</p> <ul style="list-style-type: none"> <li>Notify the Executive Director or Assistant Director on site of concerns.</li> <li>Separate children who are showing symptoms of illness from other children.</li> <li>Follow the child care centre's sanitary practices policy and procedures.</li> </ul> <p>Within 24 hours:</p> <ul style="list-style-type: none"> <li>Record symptoms of ill health in the affected child(ren)'s records,</li> <li>Document the incident in the daily written record.</li> </ul> <p>Where the incident is not an outbreak (<u>all other disruptions of normal operations</u>):</p> <p>Immediately:</p> <ul style="list-style-type: none"> <li>Follow the child care centre's fire safety and evacuation plan and/or the emergency management policies and procedures, as applicable.</li> </ul> <p>Within 24 hours:</p>	<p>See 'Steps to Follow for All Serious Occurrences' for the Licensee/Executive Director or Assistant Director, and</p> <p>Where the incident is suspected to be an <u>outbreak</u>:</p> <p>Immediately:</p> <ul style="list-style-type: none"> <li>Contact the local public health department.</li> </ul> <p>Where the incident is deemed an outbreak by public health:</p> <p>Immediately:</p> <ul style="list-style-type: none"> <li>Follow instructions from the local public health department.</li> <li>Contact the parent(s) of the affected child(ren) and ensure the affected child(ren) are picked up by their parent(s) and/or taken to hospital.</li> <li>Obtain an outbreak posting from the local Medical Officer of Health and post in an area easily accessible for parents.</li> </ul> <p>Note: Outbreaks must be reported as a serious occurrence only if deemed an outbreak by public health.</p> <p>As soon as possible:</p> <ul style="list-style-type: none"> <li>Notify all parents of children enrolled at the child care centre of the outbreak.</li> </ul>

Serious Occurrence Category	Steps for Staff, Students and Volunteers to Follow:	Steps for the Licensee/Executive Director or Assistant Director to Follow:
	<ul style="list-style-type: none"> <li>Document the incident in the daily written record.</li> </ul>	<p>Where the incident is <u>not deemed an outbreak</u>, follow sanitary practices policy.</p> <p>Where the incident is not an outbreak (<u>all other disruptions of normal operations</u>):</p> <p>Immediately:</p> <ul style="list-style-type: none"> <li>Follow the child care centre’s fire safety and evacuation plan and/or the emergency management policies and procedures, as applicable.</li> </ul> <p><b>Note:</b> a hold and secure (an external threat in the area) is not a reportable serious occurrence.</p>

**Glossary**

*Children’s Aid Society (CAS):* A local agency with the exclusive mandate, under the Child and Family Services Act, to investigate allegations of child abuse or neglect and to deliver child protection services.

*Emergency:* An urgent or pressing situation in which immediate action is required to ensure the safety of children and adults in the child care centre.

*Interact:* To be or become involved in communication, social activity or work with somebody else or one another (Source: Encarta Dictionary). Examples of interactions with children include conversing, playing, directing, intervening, supervising or assisting in fulfilling their needs (e.g. food/drink consumption, toilet use).

*Licensee:* The individual or agency licensed by the Ministry of Education responsible for the operation and management of each child care centre it operates (i.e. the operator).

*Lockdown:* A threat inside the building that will restrict movement within the child care centre.

*Parent:* A person having lawful custody of a child or a person who has demonstrated a settled intention to treat a child as a child of his or her family (all references to parent include legal guardians, but will only be referred to as “parent” in this policy).

*Serious Occurrence:* An incident that must be reported to the ministry of education within 24 hours.

## Medication Policy

### Purpose

The purpose of this policy and the procedures outlined within is to provide clear direction for staff, students and volunteers to follow for administering drugs or medication to children at the child care centre and for appropriate record-keeping.

Where the term drugs and/or medications is used in this policy, the term refers to any product with a drug identification number (DIN), with the exception of sunscreen, lotion, lip balm, bug spray, hand sanitizer and diaper cream that is not used for acute, symptomatic treatment. For the purpose of this policy, drugs and medications fall into the following two categories, unless otherwise specified:

- Prescription, intended for acute, symptomatic treatment; and
- Over-the-counter, intended for acute, symptomatic treatment.

The policy and procedures support children's health, safety and well-being by setting out measures to:

- ensure children receive only those drugs or medications deemed necessary and appropriate by their parents;
- reduce the potential for errors;
- ensure medications do not spoil due to improper storage;
- prevent accidental ingestion;
- administer emergency allergy and asthma drugs or medications quickly when needed; and
- safely administer drugs and medications according to established routines.

This policy is intended to fulfill the obligations set out under Ontario Regulation 137/15 for the administration of drugs and medication in a child care centre.

Note: definitions for terms used throughout this policy are provided in a Glossary at the end of the document.

### Policy

Parental Authorization to Administer Medication:

- Whenever possible, parents will be encouraged to administer drugs or medications to their children at home if this can be done without affecting the child's treatment schedule.
- Prescription and over-the-counter medications for acute, symptomatic treatment will only be administered to a child where a parent of the child has given written authorization to do so by completing the child care centre's Authorization for Medication Administration. The Authorization for Medication Administration form must be accompanied by a doctor's note for over-the-counter medications.
- The authorization must include a schedule that sets out the times the drug or medication is to be given and the amounts to be administered.
- Where a drug or medication is to be administered to a child on an "as needed" basis (i.e. there is no specific schedule or time of the day for administration), the drug or medication must be accompanied with a doctor's note outlining signs and symptoms for administering the drug or

medication and the appropriate dosage. In addition, the Authorization for Medication Administration Form must clearly indicate the situations under which the medication is to be given as outlined in the doctor's note, including observable symptoms. Examples may include:

- 'when the child has a fever of 39.5 degrees Celsius';
  - 'when the child has a persistent cough and/or difficulty breathing'; and
  - 'when red hives appear on the skin', etc.
- Prescription/over-the-counter skin products (with a DIN) that need to be administered for acute or symptomatic treatment will only be administered to a child where a parent of the child has given written authorization to do so by completing the child care centre's Authorization for Medication Administration.
  - Authorization for Medical Administration Forms will be reviewed with parents daily to ensure the dosage continues to be accurate (e.g. based on the child's age or weight).
  - As long as sunscreen, lotion, lip balm, bug spray, hand sanitizer and diaper cream are non-prescription and/or are not for acute (symptomatic) treatment, and due to their longer-term daily usage, these products:
    - must have a blanket authorization from a parent on the enrolment form;
    - can be administered without an Authorization for Medication Administration form; and
    - do not require record-keeping

#### Drug and Medication Requirements:

All drugs and medications to be administered to children must meet the following requirements:

- All drugs and medications must be stored in their original containers as supplied by a pharmacist, or their original packages. Medications that have been removed from their original package or transferred into a different container will not be accepted or administered to children.
- All drug or medication containers must be clearly labelled with:
  - The child's full name;
  - The name of the drug or medication;
  - The dosage of the drug or medication;
  - Instructions for storage;
  - Instructions for administration;
  - The date of purchase of the medication for prescription medications; and
  - The expiry date of the medication, if applicable.
- The information provided on the written parental authorization must match with all the requirements listed above.
- Where information is missing on a drug or medication label and/or the written parental authorization does not match the label on the labelled container, the child care centre will not accept or administer the medication until the label and/or written parental authorization accurately contains all the required information.
- Over-the-counter epinephrine purchased for a specific child can be administered to a child with an individualized plan and emergency procedures for an anaphylactic allergy as long as it is accompanied by a doctor's note and is clearly labeled with the child's name, the name of the drug or medication, the dosage, the date of expiration and the instructions for storage and administration.
- Drugs or medications purchased by staff, students or volunteers for their own use will be kept inaccessible (e.g. stored in locker versus left in a purse in the classroom) to children and will not be administered to children at any time, except where written parental authorization to administer has been obtained (e.g. hand sanitizer).

#### Drug and Medication Handling and Storage:

- All drugs or medications will be kept inaccessible to children at all times in a locked container or area (e.g. in a refrigerator, cabinet, cupboard or drawer). There are exceptions for emergency medications as outlined below:
  - Emergency medications will never be locked up and will be made easily accessible to all staff while being kept out of the reach of children, including during outdoor play periods and off-premises activities.
  - Where a child has written permission to carry their emergency allergy or asthma medication, precautions will be taken to ensure that these medications are not accessible to other children (e.g., in cubbies or backpacks that are unattended).
- In case of an emergency, all staff, students and volunteers will be made aware of the location of children's emergency medications at all times.
- Emergency medications will be brought on all field trips, evacuations and off-site activities.
- Any topical products or drugs/medication in the first aid kit will not be used on children to clean or treat wounds. Children's cuts and wounds will be disinfected in accordance with local public health recommendations.
- All drugs and medications for children will be stored in accordance with the instructions for storage on the label. Medication requiring refrigeration will be stored in the refrigerator in a locked container.
- Where drugs or medications are past their expiry date, they will be returned to the parent of the child, where possible, and this will be documented on the Authorization for Medication Administration Form.
- Any drugs or medications remaining after the treatment period will be returned to a parent of the child, where possible, and this will be documented on the Authorization for Medication Administration Form.
- Where attempts have been made to return a drug or medication to a parent and the parent has not taken the medication home, the person in charge of drugs and medications will ensure that the efforts made to return the drug or medication have been documented in the appropriate staff communication book (e.g. daily written record), and the drug or medication may be returned to a pharmacist for proper disposal.

#### Drug and Medication Administration:

- Drugs or medications will be administered according to the instructions on the label and only with written parental authorization.
- Designated person(s) in charge of medications will deal with all drugs and medications to reduce the potential for errors, whether on or off the premises. Where the person(s) is absent, they will delegate this responsibility to another individual. The name of the individual who has been delegated and the duration of the delegation will be documented in the appropriate staff communication book (e.g. daily written record).
- A drug or medication will only be administered from its original container as supplied by a pharmacist or its original package, and where the container is clearly labelled as outlined under the Drug and Medication Requirements section of this policy.
- A drug or medication will only be administered using the appropriate dispenser (e.g. syringe, measuring spoon/cup, etc.).
- To support the prompt administration of emergency medication:
  - Emergency medications may be administered to a child by any person trained on the child's individualized plan at the child care centre; and

- Children will be allowed to carry their own asthma or emergency medication in accordance with this policy, the drug and medication administration procedures, and the child’s individualized plan, where applicable.
- Drugs or medications that are expired (including epinephrine) will not be administered at any time.

**Record-Keeping:**

- Records of medication administration will be completed using the Records of Medication Administration every time drugs or medications are administered. Completed records will be kept in the child’s file.
- Where a child’s medication administration form includes a schedule setting out specific times to administer the medication and the child is absent on a day medication would have been administered, the child’s absence will be documented on the medication administration record to account for all days during the treatment period (excluding weekends, holidays and planned closures).
- If a dose is missed or given late, reasons will be documented on the record of medication administration and a parent will be notified as soon as possible as it may impact the treatment schedule or the child’s health.
- Where a drug or medication is administered ‘as needed’ to treat specific symptoms outlined in a child’s medication administration form or individualized plan and emergency procedures for an anaphylactic allergy (e.g. asthma, fever, allergic reaction), the administration and the reason for administering will be documented in the appropriate staff communication book (e.g. daily written record) and in the child’s symptoms of illness record. A parent of the child will be notified.

**Confidentiality**

- Information about a child’s medical needs will be treated confidentially and every effort will be made to protect the privacy of the child, except when information must be disclosed for the purpose of implementing the procedures in this policy and for legal reasons (e.g. to the Ministry of Education, College of Early Childhood Educators, law enforcement authorities or a Children’s Aid Society).

**Drug and Medication Administration Procedures**

Scenarios	Roles and Responsibilities
<p>A) A parent requests that a drug or medication (prescription or over-the-counter) be administered to their child and provides the drug or medication.</p>	<p>Staff must:</p> <ol style="list-style-type: none"> <li>1. provide the parent with the appropriate form to complete to obtain written authorization to administer the medication;</li> <li>2. verify that drug or medication: <ul style="list-style-type: none"> <li>• is accompanied by a doctor’s note (for over-the-counter medications);</li> <li>• is in its original container as prescribed by the pharmacist or in the case of over-the counter medications is in its original package; and</li> <li>• is not expired.</li> </ul> </li> <li>3. obtain the appropriate dispenser, where applicable; review the medication administration form and (and doctor’s note, where applicable), and the label to verify that all sections are complete and accurate, and that the information in the authorization matches the medication label.</li> </ol>

Scenarios	Roles and Responsibilities
	<ol style="list-style-type: none"> <li>4. Where errors are found on the form or the label is incomplete, the form/medication must be returned to the parent to make and initial corrections;</li> <li>5. sign the form once it is complete and accurate;</li> <li>6. take the drug or medication and dispenser and store it in the designated locked storage space in accordance with the instructions for storage on the label; and</li> <li>7. log the receipt of the authorization form and the drug or medication for the child in the appropriate staff communication book (e.g. daily written record).</li> </ol>
<p>B) A child is authorized to carry their own emergency allergy medication.</p>	<p>Staff must:</p> <ol style="list-style-type: none"> <li>1. ensure that written parental authorization is obtained to allow the child to carry their own emergency medication;</li> <li>2. ensure that the medication remains on the child (e.g., fanny pack, holster) and is not kept or left unattended anywhere at the child care centre (e.g. in the child’s cubby or backpack);</li> <li>3. ensure that appropriate supervision is maintained of the child while they are carrying their medication and children in their proximity so that other children do not have access to the medication; and</li> <li>4. Where there are safety concerns relating to the child carrying their own medication (e.g. exposure to other children), notify the centre Executive Director or Assistant Director and the child’s parent of these concerns and discuss and implement mitigating strategies. Document the concerns and resulting actions in the appropriate staff communication book (e.g. daily written record).</li> </ol>
<p>C) A prescription or over-the-counter drug or medication must be administered to a child.</p>	<p><b>Where a non-emergency medication must be administered</b>, the person in charge must:</p> <ol style="list-style-type: none"> <li>1. prepare the medication dosage in a well-lit area in the appropriate measuring device, where applicable (e.g. do not use a household spoon for liquid medications);</li> <li>2. where possible, remove the child from the activity area to a quiet area with the least possible interruption;</li> <li>3. administer the medication to the child in accordance with the instructions on the label and the written parental authorization;</li> <li>4. document the administration of the drug or medication and any comments/observations on the medication administration record after it has been administered;</li> <li>5. store the medication in the designated storage space in accordance with the instructions on the label and the parental authorization received on the medication administration form; and</li> <li>6. where applicable, document any symptoms of ill health in the child’s records.</li> <li>7. Where a medication is administered on an “as needed” basis, notify a parent of the child.</li> </ol>

Scenarios	Roles and Responsibilities
	<p data-bbox="581 233 1398 296">8. Where a child is absent, document the absence on the Record of Drug/Medication Administration.</p> <p data-bbox="532 344 1398 453"><b>Where an emergency allergy medication must be administered due to a severe allergic reaction, the staff who becomes aware of the emergency situation must immediately:</b></p> <ol data-bbox="581 470 1398 709" style="list-style-type: none"> <li>1. administer the emergency medication to the child in accordance with the emergency procedures on the child’s individualized plan;</li> <li>2. administer first aid to the child, where appropriate;</li> <li>3. contact, or have another person contact emergency services, where appropriate; and</li> <li>4. contact, or have the Executive Director or Assistant Director contact a parent of the child.</li> </ol> <p data-bbox="532 751 1036 783"><b>After the emergency situation has ended:</b></p> <ul data-bbox="581 789 1398 993" style="list-style-type: none"> <li>• document the administration of the drug or medication on the medication administration record;</li> <li>• document the incident in the appropriate staff communication book (e.g. daily written record).; and</li> <li>• document any symptoms of ill health in the child’s records, where applicable.</li> </ul> <p data-bbox="521 1037 1292 1108"><b>Where a child is authorized to self-administer their own drug or medication, the person in charge must:</b></p> <ol data-bbox="581 1119 1398 1858" style="list-style-type: none"> <li>1. supervise and observe the child self-administer the drug or medication to ensure that the proper dosage and procedure for administration is being followed;</li> <li>2. where the child asks for help, assist the child in accordance with the parent’s written authorization;</li> <li>3. document the administration of the drug or medication and any comments/observations on the medication administration record after it has been administered;</li> <li>4. store the medication in the designated storage space in accordance with the instructions on the label and the parental authorization received on the medication administration form, unless the child is authorized to carry their own emergency allergy medication (in such cases, follow the steps outlined in Scenario C [a child is authorized to carry their own emergency allergy medication]);</li> <li>5. where applicable, document any symptoms of ill health in the child’s records; and</li> <li>6. where there are safety concerns relating to the child’s self-administration of drugs or medications, notify the centre Executive Director or Assistant Director and the child’s parent of these concerns, and discuss and implement mitigating strategies.</li> </ol>

Scenarios	Roles and Responsibilities
	Document the concerns and resulting actions in the appropriate staff communication book (e.g. daily written record).
D) A child has a reaction to an administered drug or medication.	<p>Where adverse symptoms appear upon medication administration, the person in charge must immediately:</p> <ol style="list-style-type: none"> <li>1. administer first aid to the child, where appropriate;</li> <li>2. contact emergency services, where appropriate and send the drug/medication and administration information with the child if they are leaving the premises to seek medical attention;</li> <li>3. notify a parent of the child;</li> <li>4. notify the Executive Director or Assistant Director;</li> <li>5. document the incident in the appropriate staff communication book (e.g. daily written record); and</li> <li>6. document any symptoms of ill health in the child’s records, where applicable.</li> </ol> <p><b>Where the reaction results in a life-threatening situation for the child, call emergency services and follow the serious occurrence policy and procedures.</b></p>
E) A drug or medication is administered incorrectly (e.g. at the wrong time, wrong dosage given).	<p>The person in charge must immediately:</p> <ol style="list-style-type: none"> <li>1. where applicable, follow the steps outlined in Scenario D (a child has a reaction to administered medication); and</li> <li>2. contact the parent of the child to report the error;</li> <li>3. report the error to the Executive Director or Assistant Director;</li> <li>4. document the actual administration of the drug or medication on the medication administration record; and</li> <li>5. document the incident in the appropriate staff communication book (e.g. daily written record).</li> </ol> <p><b>Where any reaction to a drug or medication results in a life-threatening situation for the child, call emergency services and follow the serious occurrence policy and procedures.</b></p>
F) A drug or medication is administered to the wrong child.	<p>The person in charge must immediately:</p> <ol style="list-style-type: none"> <li>1. where applicable, follow the steps outlined in Scenario D (a child has a reaction to administered medication); and</li> <li>2. contact the parents of the children affected to report the error;</li> <li>3. report the error to the Executive Director or Assistant Director;</li> <li>4. document the incident in the appropriate staff communication book (e.g. daily written record); and</li> <li>5. administer the medication to the correct child per Scenario B (a drug or medication must be administered to a child).</li> </ol> <p><b>Where any reaction to a drug or medication results in a life-threatening situation for the child, call emergency services and follow the serious occurrence policy and procedures.</b></p>
G) Surplus or expired medication is on site.	Where possible, the surplus or expired medication must be returned to a parent of the child.

Scenarios	Roles and Responsibilities
	<p>Where attempts have been made to return a drug or medication to a parent and the parent has not taken the medication home, the person in charge of drugs and medications will attempt to return unused drugs or medications to a local pharmacist for proper disposal.</p> <p><b>Do not flush any drugs or medications down the toilet or sink or throw them in the garbage.</b></p>

Glossary

*Drug Identification Number (DIN):* An eight-digit number assigned by Health Canada to a drug product prior to being marketed in Canada. It uniquely identifies all drug products sold in a dosage form in Canada and is located on the label of prescription and over-the-counter drug products that have been evaluated and authorized for sale in Canada.

*Drug or Medication:* Any product with a drug identification number (DIN), with the exception of sunscreen, lotion, lip balm, bug spray, hand sanitizer and diaper cream that is not used for acute, symptomatic treatment. Drugs and medications fall into the following two categories, unless otherwise specified in this policy:

- Prescription, intended for acute, symptomatic treatment; and
- Over-the-counter, intended for acute, symptomatic treatment.

*Emergency Medication:* Prescription drugs or medications that are used in case of an urgent medical reaction that requires immediate treatment. Emergency medications include medications used to treat asthma (e.g. puffers) and anaphylactic allergies (e.g. epinephrine).

*Licensee:* The individual or corporation named on the license issued by the Ministry of Education responsible for the operation and management of the child care centre.

*Parent:* A person having lawful custody of a child or a person who has demonstrated a settled intention to treat a child as a child of his or her family (all references to parent include legal guardians, but will be referred to as “parent” in the policy).

*Person who is in Charge of All Drugs and Medications (a.k.a. the ‘person in charge’):* The individual at the child care centre who is responsible for administering medication to children. The person in charge may be one designated person per program room or age group. In the absence of the person in charge, they may temporarily delegate this responsibility to another person.

*Staff (Employee):* Individual employed by the licensee (e.g. program room staff, cook).

## Supervision of Volunteers and Students

### **Purpose**

Life-Bridge Child Care welcomes both placement students and volunteers into the various programs offered in our child care program. We believe it is a valuable part in gaining experience in a child care environment. Volunteers and students also play an important role in supporting staff in the daily operation of child care programs.

This policy will provide supervising staff, students and volunteers with a clear understanding of their roles and responsibilities.

This policy is intended to fulfill the obligations set out under Ontario Regulation 137/15 for policies and procedures regarding volunteers and students for child care centres.

Note: definitions for terms used throughout this policy are provided in a Glossary at the end of the document.

### Policy

#### General

- Students and volunteers will always be supervised by an employee and never permitted to be alone with any child or group of children who receive child care.
- Students and volunteers will not be counted in staff to child ratios.

#### Student and Volunteer Supervision Procedures: Roles and Responsibilities

The Executive Director or Assistant Director must:

- Ensure that all applicable policies, procedures and individual plans are reviewed with students and/or volunteers before they start their educational placement or begin volunteering, annually thereafter and when changes occur to the policies, procedures and individualized plans to support appropriate implementation.
- Ensure that all students and/or volunteers have been trained on each child's individualized plan.
- Ensure that a vulnerable sector check (VSC) and annual offence declarations are on file for all students and/or volunteers in accordance with the child care centre's criminal reference check policy and procedures and Ontario Regulation 137/15.
- Ensure that expectations are reviewed with students and/or volunteers including, but not limited to
  - how to report their absence;
  - how to report concerns about the program;
- Inform students and/or volunteers that they are never to be included in staff to child ratios or left alone with children.
- Appoint supervising staff to the students and/or volunteers, and inform them of their supervisory responsibilities.
- Inform students and/or volunteers of their duty to report suspected child abuse or neglect under the Child and Family Services Act.

#### **The supervising staff must:**

- Ensure that students/volunteers are never included in staff to child ratios.
- Ensure that students/volunteers are supervised at all times and never left alone with children.
- Introduce students and/or volunteers to parents/guardians.
- Provide an environment that facilitates and supports students' and/or volunteers' learning and professional development.
- Provide students and/or volunteers with clear expectations of the program in accordance with the established program statement and program statement implementation policy.
- Provide students and/or volunteers with feedback on their performance.
- Work collaboratively with the student's practicum supervising teacher.
- Monitor and notify the Executive Director or Assistant Director of any student and or volunteer misconduct or contraventions with the centre's policies, procedures, prohibited practices or individual plans (where applicable) in accordance with the child care centre's written process for monitoring compliance and contraventions.

**Students and/or volunteers must:**

- Maintain professionalism and confidentiality at all times, unless otherwise required to implement a policy, procedure or individualized plan.
- Notify the Executive Director or Assistant Director if they have been left alone with children or have any other concerns about the child care program (e.g. regarding staff conduct, program statement implementation, the safety and well-being of children, etc.).
- Submit all required information and documentation to the licensee, Executive Director or Assistant Director prior to commencing placement or volunteering, such as a valid VSC.
- Review and implement all required policies, procedures and individualized plans, and sign and date a record of review, where required.
- Review allergy lists and dietary restrictions and ensure they are implemented.
- Respond and act on the feedback and recommendations of supervising staff, as appropriate.
- Report any allegations/concerns as per the "Duty to Report" under the *Child and Family Services Act*
- Complete offence declarations annually, no later than 15 days after the anniversary date of the last VSC or offence declaration (whichever is most recent) in accordance with the child care centre's criminal reference check policy.
- Provide an offence declaration to the Executive Director or Assistant Director as soon as possible any time they have been convicted of a Criminal Code (Canada) offence.

**Glossary**

*Licensee:* The individual or corporation named on the license issued by the Ministry of Education responsible for the operation and management of the child care centre.

*Staff (Employee):* Individual employed by the licensee (e.g. program room staff).

*Student:* Individual who is enrolled in an education program/school and is completing a placement.

*Volunteer:* An individual who participates in the child care program and interacts with children in care but is not paid by the licensee (e.g. parents assisting on an occasional or recurring basis with child care programming, such as excursions, field trips, etc.).

## Fire Safety/Evacuation Procedures

1. Daycare staff's first and only responsibility is to evacuate children quickly and safely.
2. Do not use fire extinguishers or attempt to put out fire. If there is a fire in the daycare, activate the fire alarm by removing the plastic cover and pulling down the pull station. There are four in the daycare centre at each exit: lobby exit, St. Patrick St. exit, playground exit and Infant room exit.
3. Juniors and Senior Groups go out the St. Patrick St. Exit and walk to the Assembly Area at the Great West Life (GWL) garage on St. Patrick St.
4. Infants and toddlers go out the playground exit (take your key) walk to the north end of the playground and go out the gates to the Assembly area at the GWL garage on St. Patrick St. If it is unsafe to go through the daycare to the gym and out the playground exit, Infants and Toddlers should go out to the front through the Infant room exit. They should not walk across the front patio to the ramp as this will get in the way of the fire department but should go down the stairs and along Simcoe to the path to St. Patrick St. at the GWL garage. Ask people to assist in taking the strollers down the stairs.
5. 1<sup>st</sup> Stage Alarm – slow beeps – go to the doors and prepare to evacuate – dress children.
6. 2<sup>nd</sup> Stage Alarm – fast beeps – evacuate immediately without dressing the children. In the winter, when it is cold, cross the street to the apartment building across the street. In warm weather, go to the Assembly area. Take extreme caution when crossing the street. It is very important to avoid other accidents from occurring when evacuating. One or two persons should stand and hold up stop signs to stop traffic while everyone crosses between the stop signs.
7. Everyone should remain outside until security comes and gives us the all clear announcement. Do not undress the children or go back into the centre until this announcement has been made.
8. When only certain floors are evacuated, the daycare always evacuates. In order to prevent crowding in the stairwells, only the floor where the pull station has been pulled as well as the floor above and below are asked to evacuate to give the people at the most risk the opportunity to evacuate first. If the fire is not contained quickly, the rest of the building will be evacuated.
9. When cooking or lighting candles (for birthday parties only), take extreme caution. Plugs should always be pulled from the wall by the plug and not the cord to prevent shorts that can cause fires. Check that plugs are securely attached to cords. Read labels on candles. Do not purchase candles that go back on after blowing out or sparklers. No scented candles or plug-in air fresheners are permitted. Avoid using very carefully.

### **REMEMBER:**

1. Respond to all alarms (1<sup>st</sup> and 2<sup>nd</sup> Stage)
2. 1<sup>st</sup> stage – go to door and prepare to evacuate
3. 2<sup>nd</sup> stage – evacuate to Assembly area
4. Before reentering the building, wait for security to give the all clear signal
5. Cross street safely in cold weather to go to Apartment Building. (A tape recording of the actual alarm will be made for us.)

## Evacuation Policy

In the event of a sudden evacuation due to fire, bomb threat or any other dangerous circumstance, parents working in the 180 Simcoe building who are alerted to this evacuation are requested to immediately come down to the Centre to assist the staff in evacuating the daycare.

Alternate locations to evacuate are:

1. On the east side (Hester How Child Care Centre – City Hall) and
2. On the west side (St. Patrick German Parish – 131 McCaul St. – corner of Dundas and McCaul Streets)
3. Designed areas to go if we are unable to return to the building. Parents will be notified as to where to pick up their children.

## Parent Issues and Concerns Policies and Procedures

### **Purpose**

The purpose of this policy is to provide a transparent process for parents/guardians, the child care licensee and staff to use when parents/guardians bring forward issues/concerns.

### Definitions

*Licensee:* The individual or agency licensed by the Ministry of Education responsible for the operation and management of each child care centre it operates (i.e. the operator).

*Staff:* Individual employed by the licensee (e.g. program room staff).

### **Policy**

#### General

Parents/guardians are encouraged to take an active role in our child care centre and regularly discuss what their child(ren) are experiencing with our program. As supported by our program statement, we support positive and responsive interactions among the children, parents/guardians, child care providers and staff, and foster the engagement of and ongoing communication with parents/guardians about the program and their children. Our staff are available to engage parents/guardians in conversations and support a positive experience during every interaction.

All issues and concerns raised by parents/guardians are taken seriously by the Life-Bridge Child Care staff and administration and will be addressed. Every effort will be made to address and resolve issues and concerns to the satisfaction of all parties and as quickly as possible.

Issues/concerns may be brought forward verbally or in writing. Responses and outcomes will be provided verbally, or in writing upon request. The level of detail provided to the parent/guardian will respect and maintain the confidentiality of all parties involved.

An initial acknowledgement to an issue or concern will be provided to parents/guardians within two business day(s). The person who raised the issue/concern will be kept informed throughout the resolution process. Investigations of issues and concerns will be fair, impartial and respectful to parties involved.

#### Confidentiality

Every issue and concern will be treated confidentially and every effort will be made to protect the privacy of parents/guardians, children, staff, students and volunteers, except when information must be disclosed for legal reasons (e.g. to the Ministry of Education, College of Early Childhood Educators, law enforcement authorities or a Children's Aid Society).

#### Conduct

Our centre maintains high standards for positive interaction, communication and role-modeling for children. Harassment and discrimination will therefore not be tolerated from any party.

If at any point a parent/guardian, provider or staff feels uncomfortable, threatened, abused or belittled, they may immediately end the conversation and report the situation to the Executive Director.

#### Concerns about the Suspected Abuse or Neglect of a child

Everyone, including members of the public and professionals who work closely with children, is required by law to report suspected cases of child abuse or neglect.

If a parent/guardian expresses concerns that a child is being abused or neglected, the parent will be advised to contact the [local Children's Aid Society](#) (CAS) directly.

Persons who become aware of such concerns are also responsible for reporting this information to CAS as per the "Duty to Report" requirement under the *Child and Family Services Act*.

For more information, visit

<http://www.children.gov.on.ca/htdocs/English/childrensaidthereportingabuse/index.aspx>

#### Procedures

When concerns occur, every effort will be made to resolve the problem through open communication to improve the situation to best meet the needs of the child and family. Should a parent be dissatisfied with an aspect of the program/services/care provided by Life-Bridge Child Care and should a resolution of the concern be too difficult to resolve through open communication, the following procedures will be taken.

1. The parent will submit their concerns in writing addressed to the Executive Director.
2. The Executive Director will reply verbally or in writing the steps to be taken to improve the situation or the reasons why these concerns cannot be resolved.
3. These two letters will be submitted to the President of the Board and Ex-officio member of the Board for review.
4. Every effort will be made to resolve the problem while meeting the best interest of the child.
5. The President of the Board and the Ex-officio member of the Board will meet with the Parent and the Executive Director and following their discussions will recommend steps to be taken to resolve the problem.
6. If it is deemed that the problem cannot be resolved while following the Life-Bridge Child Care Policies and Procedures, the parent will be offered the choice of accepting and following the existing structure or finding alternate child care arrangements.
7. If in any way the parent is disruptive or threatening to the staff and/or children of Life-Bridge Child Care, the parent will be required to terminate their child's enrollment at the Centre. As we have an open door policy, it is essential that the interactions between educators, parents and children are respectful and are in the best interests of the children at all times.

Procedures Specific to Nature of Concern or Issue

Nature of Issue or Concern	Steps for Parent and/or Guardian to Report Issue/Concern:	Steps for Staff and/or Licensee in responding to issue/concern:
<p><b>Program Room-Related</b> E.g: schedule, sleep arrangements, toilet training, indoor/outdoor program activities, feeding arrangements, etc.</p>	<p>Raise the issue or concern to</p> <ul style="list-style-type: none"> <li>- the classroom staff directly</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>- the Executive Director or Assistant Director.</li> </ul>	<ul style="list-style-type: none"> <li>- Address the issue/concern at the time it is raised</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>- arrange for a meeting with the parent/guardian within two business days.</li> </ul> <p>Document the issues/concerns in detail. Documentation should include:</p>
<p><b>General, Centre- or Operations-Related</b> E.g: child care fees, hours of operation, staffing, waiting lists, menus, etc.</p>	<p>Raise the issue or concern to</p> <ul style="list-style-type: none"> <li>- the Executive Director or the Assistant Director.</li> </ul>	<ul style="list-style-type: none"> <li>- the date and time the issue/concern was received;</li> <li>- the name of the person who received the issue/concern;</li> <li>- the name of the person reporting the issue/concern;</li> <li>- the details of the issue/concern; and</li> </ul>
<p><b>Staff, Duty parent</b></p>	<p>Raise the issue or concern to</p> <ul style="list-style-type: none"> <li>- the individual directly</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>- the Executive Director or the Assistant Director.</li> </ul> <p>All issues or concerns about the conduct of staff that puts a child’s health, safety and well-being at risk should be reported to the Executive Director or Assistant Director as soon as parents/guardians become aware of the situation.</p>	<ul style="list-style-type: none"> <li>- any steps taken to resolve the issue/concern and/or information given to the parent/guardian regarding next steps or referral.</li> </ul> <p>Provide contact information for the appropriate person if the person being notified is unable to address the matter.</p> <p>Ensure the investigation of the issue/concern is initiated by the appropriate party within two business days or as soon as reasonably possible thereafter.</p>
<p><b>Student- / Volunteer-Related</b></p>	<p>Raise the issue or concern to</p> <ul style="list-style-type: none"> <li>- the staff responsible for supervising the volunteer or student</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>- the Executive Director or Assistant Director</li> </ul> <p>All issues or concerns about the conduct of students and/or volunteers that puts a child’s health, safety and well-being at risk should be reported to the Executive Director or Assistant Director as soon as parents/guardians become aware of the situation.</p>	<p>Document reasons for delays in writing.</p> <p>Provide a resolution or outcome to the parent(s)/guardian(s) who raised the issue/concern.</p>

**Escalation of Issues or Concerns:** Where parents/guardians are not satisfied with the response or outcome of an issue or concern, they may escalate the issue or concern verbally or in writing to the President of The Board of Directors.

Issues/concerns related to compliance with requirements set out in the *Child Care and Early Years Act, 2014* and Ontario Regulation 137/15 should be reported to the Ministry of Education's Child Care Quality Assurance and Licensing Branch.

Issues/concerns may also be reported to other relevant regulatory bodies (e.g. local public health department, police department, Ministry of Environment, Ministry of Labour, fire department, College of Early Childhood Educators, Ontario College of Teachers, College of Social Workers etc.) where appropriate.

**Contacts:** Lucy Ngo, Executive Director and/or individual who oversees the programs, ministries and local authorities, professional membership bodies]

Ministry of Education, Licensed Child Care Help Desk: 1-877-510-5333 or [childcare\\_ontario@ontario.ca](mailto:childcare_ontario@ontario.ca)

Ministry of Education: Jodie Ritchie

City of Toronto Children's Services: Anne Conway

## Emergency Management Policies and Procedures

### **Purpose**

The purpose of this policy is to provide clear direction for staff and licensees to follow to deal with emergency situations. The procedures set out steps for staff to follow to support the safety and well-being of everyone involved. Clear policies and procedures will support all individuals to manage responses and responsibilities during an emergency, resulting in the safest outcomes possible.

### **Definitions**

*All-Clear:* A notification from an authority that a threat and/or disaster no longer pose a danger and it is deemed safe to return to the child care premises and/or resume normal operations.

*Authority:* A person or entity responsible for providing direction during an emergency situation (e.g. emergency services personnel, the licensee).

*Emergency:* An urgent or pressing situation where immediate action is required to ensure the safety of children and adults in attendance. These include situations that may not affect the whole child care centre (e.g. child-specific incidents) and where 911 is called.

*Emergency Services Personnel:* persons responsible for ensuring public safety and mitigating activities in an emergency (e.g. law enforcement, fire departments, emergency medical services, rescue services).

*Evacuation Site:* the designated off-site location where shelter is obtained during an emergency. The evacuation site is used when it is deemed unsafe to be at or return to the child care centre.

*Licensee:* The individual or agency licensed by the Ministry of Education responsible for the operation and management of each child care centre it operates (i.e. the operator).

*Meeting Place:* the designated safe place near the child care centre where everyone is to initially gather before proceeding to the evacuation site, or returning to the child care centre if evacuation is not necessary.

*Staff:* Individual employed by the licensee (e.g. program staff, Executive Director or Assistant Director).

*Unsafe to Return:* A notification from an authority that a threat and/or disaster continue to pose a danger and it is unsafe to return to the child care premises.

### **Policy**

Staff will follow the emergency response procedures outlined in this document by following these three phases:

1. Immediate Emergency Response;
2. Next Steps during an Emergency; and

### 3. Recovery.

Staff will ensure that children are kept safe, are accounted for and are supervised at all times during an emergency situation.

For situations that require evacuation of the child care centre, the **meeting place** to gather immediately will be located at: 20 St. Patrick St.

If it is deemed 'unsafe to return' to the child care centre, the **evacuation site** to proceed to is located at:  
West Side: St. Patrick German Parish – 131 McCaul St  
East Side: City Hall – Nathan Philip Square

**Note: all directions given by emergency services personnel will be followed under all circumstances, including directions to evacuate to locations different than those listed above.**

For any emergency situations involving a child with an individualized plan in place, the procedures in the child's individualized plan will be followed.

If any emergency situations happen that are not described in this document, Life-Bridge Child Care will provide direction to staff for the immediate response and next steps. Staff will follow the direction given.

If any emergency situations result in a serious occurrence, the serious occurrence policy and procedures will also be followed.

All emergency situations will be documented in detail by the Executive Director or the Assistant Director in the daily written record.

#### Additional Policy Statements

Monthly evacuation drills will be made including occasional walks to evacuation sites. Each group will have an emergency back pack which they will bring with them whenever they leave the centre with a group.

#### Procedures

##### Phase 1: Immediate Emergency Response

<b>Emergency Situation</b>	<b>Roles and Responsibilities</b>
<b>Lockdown</b> When a threat is on, very near, or inside the child care centre. E.g. a suspicious individual in the building who is posing a threat.	The staff member who becomes aware of the threat must inform all other staff of the threat as quickly and safely as possible.  Staff members who are outdoors must ensure everyone who is outdoors proceeds to a safe location.  Staff inside the child care centre must: remain calm; gather all children and move them away from doors and windows;

	<p>take children’s attendance to confirm all children are accounted for;  take shelter in closets and/or under furniture with the children, if appropriate;  keep children calm;  ensure children remain in the sheltered space;  turn off/mute all cellular phones; and  wait for further instructions.</p> <p>If possible, staff inside the program room(s) should also:  close all window coverings and doors;  barricade the room door;  gather emergency medication; and  join the rest of the group for shelter.</p> <p>The Executive Director or the Assistant Director will immediately contact security to  lock all child care centre entrance/exit doors, if possible; and  take shelter.</p> <p><b>Note: only emergency service personnel are allowed to enter or exit the child care centre during a lockdown.</b></p>
<p><b>Hold &amp; Secure</b>  When a threat is in the general vicinity of the child care centre, but not on or inside the child care premises. E.g. a shooting at a nearby building.</p>	<p>The staff member who becomes aware of the external threat must inform all other staff of the threat as quickly and safely as possible.</p> <p>Staff members who are outdoors must ensure everyone returns to their program room(s) immediately.</p> <p>Staff in the program room must immediately:  remain calm;  take children’s attendance to confirm all children are accounted for;  close all window coverings and windows in the program room;  continue normal operations of the program; and  wait for further instructions.</p> <p>The Executive Director or the Assistant Director must immediately:  Contact security to ensure that all doors are locked to all entrances/exits of the child care centre;  close all blinds and windows outside of the program rooms; and  place a note on the external doors with instructions that no one may enter or exit the child care centre.</p> <p><b>Note: only emergency services personnel are allowed to enter or exit the centre during a hold and secure.</b></p>
<p><b>Bomb Threat</b>  A threat to detonate an explosive device to cause property</p>	<p>The staff member who becomes aware of the threat or the Executive Director or the Assistant Director must  remain calm;  Contact GWL security and call 911 or 9-911 if emergency services is not yet aware of the situation;</p>

<p>damage, death, or injuries E.g. phone call bomb threat, receipt of a suspicious package.</p>	<p>follow the directions of emergency services personnel; and take children’s attendance to confirm all children are accounted for.</p> <p>Where the threat is received by telephone, the person on the phone should try to keep the suspect on the line as long as possible while another individual calls 911 and communicates with emergency services personnel.</p> <p>Where the threat is received in the form of a suspicious package, staff must ensure that no one approaches or touches the package at any time.</p>
<p><b>Disaster Requiring Evacuation</b></p> <p>A serious incident that affects the physical building and requires everyone to leave the premises. E.g. fire, flood, power failure.</p>	<p>The staff member who becomes aware of the disaster must inform all other staff of the incident and that the centre must be evacuated, as quickly and safely as possible. If the disaster is a fire, the fire alarm pull station must be used and staff must follow the centre’s fire evacuation procedures.</p> <p>Staff must immediately:</p> <ul style="list-style-type: none"> <li>remain calm;</li> <li>gather all children, the attendance record, children’s emergency contact information any emergency medication;</li> <li>exit the building with the children using the nearest safe exit, bringing children’s outdoor clothing (if possible) according to weather conditions;</li> <li>escort children to the meeting place; and</li> <li>take children’s attendance to confirm all children are accounted for;</li> <li>keep children calm; and</li> <li>wait for further instructions.</li> </ul> <p>If possible, staff should also:</p> <ul style="list-style-type: none"> <li>take a first aid kit; and</li> <li>gather all non-emergency medications.</li> </ul> <p>Designated staff will:</p> <ul style="list-style-type: none"> <li>help any individuals with medical and/or special needs who need assistance to go to the meeting place (in accordance with the procedure in a child’s individualized plan, if the individual is a child); and</li> <li>in doing so, follow the instructions posted on special needs equipment or assistive devices during the evacuation.</li> </ul> <p>If individuals cannot be safely assisted to exit the building, the designated staff will assist them and ensure their required medication is accessible, if applicable; and</p> <ul style="list-style-type: none"> <li>wait for further instructions.</li> </ul> <p>If possible, the Executive Director or Assistant Director must conduct a walk-through of the child care centre to verify that everyone has exited the building and secure any windows or doors, unless otherwise directed by emergency services personnel.</p>

<p><b>Disaster – External Environmental Threat</b></p> <p>An incident outside of the building that may have adverse effects on persons in the child care centre. E.g. gas leak, oil spill, chemical release, forest fire, nuclear emergency.</p>	<p>The staff member who becomes aware of the external environmental threat must inform all other staff of the threat as quickly and safely as possible and, according to directions from emergency services personnel, advise whether to remain on site or evacuate the premises.</p> <p><b>If remaining on site:</b></p> <p>Staff members who are outdoors with children must ensure everyone who is outdoors returns to their program room immediately.</p> <p>Staff must immediately:</p> <ul style="list-style-type: none"> <li>remain calm;</li> <li>take children’s attendance to confirm all children are accounted for;</li> <li>close all program room windows and all doors that lead outside (where applicable);</li> <li>contact building managers to seal off external air entryways located in the program rooms (where applicable);</li> <li>continue with normal operations of the program; and</li> <li>wait for further instructions.</li> </ul> <p>The Executive Director or the Assistant Director must ensure that that building managers are informed to</p> <ul style="list-style-type: none"> <li>seal off external air entryways not located in program rooms (where applicable);</li> <li>will place a note on all external doors with instructions that no one may enter or exit the child care centre until further notice; and</li> <li>turn off all air handling equipment (i.e. heating, ventilation and/or air conditioning, where applicable).</li> </ul> <p><b>If emergency services personnel otherwise direct the child care centre to evacuate,</b> follow the procedures outlined in the “Disaster Requiring Evacuation” section of this policy.</p>
<p><b>Natural Disaster: Tornado / Tornado Warning</b></p>	<p><i>The staff member who becomes aware of the tornado or tornado warning must inform all other staff as quickly and safely as possible.</i></p> <p>Staff members who are outdoors with children must ensure everyone who is outdoors returns to their program room(s) immediately.</p> <p><i>Staff must immediately:</i></p> <ul style="list-style-type: none"> <li>remain calm;</li> <li><i>gather all children;</i></li> <li><i>go to the basement or take shelter in small interior ground floor rooms such as washrooms, closets or hallways;</i></li> <li>take children’s attendance to confirm all children are accounted for;</li> <li><i>remain and keep children away from windows, doors and exterior walls;</i></li> <li>keep children calm;</li> <li>conduct ongoing visual checks of the children; and</li> <li>wait for further instructions.</li> </ul>
<p><b>Natural Disaster: Major Earthquake</b></p>	<p>Staff in the program room must immediately:</p> <ul style="list-style-type: none"> <li>remain calm;</li> </ul>

	<p>instruct children to find shelter under a sturdy desk or table and away from unstable structures;  ensure that everyone is away from windows and outer walls;  help children who require assistance to find shelter;  for individuals in wheelchairs, lock the wheels and instruct the individual to duck as low as possible, and use a strong article (e.g. shelf, hard book, etc.) to protect their head and neck;  find safe shelter for themselves;  visually assess the safety of all children.; and  wait for the shaking to stop.</p> <p>Staff members who are outdoors with children must immediately ensure that everyone outdoors stays away from buildings, power lines, trees, and other tall structures that may collapse, and wait for the shaking to stop.</p> <p>Once the shaking stops, staff must:  gather the children, their emergency cards and emergency medication; and  exit the building through the nearest safe exit, where possible, in case of aftershock or damage to the building.</p> <p>If possible, prior to exiting the building, staff should also:  take a first aid kit; and  gather all non-emergency medications.</p> <p>Individuals who have exited the building must gather at the meeting place and wait for further instructions.</p> <p>Designated staff will:  help any individuals with medical and/or special needs who need assistance to go to the meeting place (in accordance with the procedure in a child’s individualized plan, if the individual is a child); and  in doing so, follow the instructions posted on special needs equipment or assistive devices during the evacuation.  If individuals cannot be safely assisted to exit the building, the designated staff will assist them to evacuate and ensure their required medication is accessible, if applicable; and  wait for further instructions.</p> <p>The Executive Director or the Assistant Director must conduct a walkthrough of the child care centre to ensure all individuals have evacuated, where possible.</p>
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Immediate Emergency Response Procedures for Other Emergencies to Be Added When Needed

The Executive Director and / or the Assistant Director will oversee that everyone is accounted for during all emergencies and evacuations.

#### Phase 2: Next Steps during the Emergency

Where emergency services personnel are not already aware of the situation, the Executive Director or the Assistant Director must notify emergency services personnel or 9-911 and GWL security of the emergency as soon as possible.

Where the child care centre has been evacuated, emergency services must be notified of individuals remaining inside the building, where applicable.

If the licensee is not already on site, the site designate must contact the licensee to inform them of the emergency situation and the current status, once it is possible and safe to do so.

#### List of Emergency Contact Persons:

Responsible Life-Bridge Child Care Staff overseeing emergencies: Lucy Ngo, Executive Director

Local Police Department: 52 Division – Dundas near St. Patrick – 416-808-5200

Ambulance: 9-911

Local Fire Services: 9-911

Executive Director: Lucy Ngo

Licensee Contact(s): Jodie Ritchie

Child Care Centre Site Designate: Danielle Moore, Bianca Que, Delia Martins-Heggie

Where any staff, students and/or volunteers are not on site, the Executive Director or the Assistant Director must notify these individuals of the situation and instruct them to proceed directly to the evacuation site if it is not safe or practical for them return to the child care centre.

The Executive Director or the Assistant Director must wait for further instructions from emergency services personnel. Once instructions are received, they must communicate the instructions to staff and ensure they are followed.

Throughout the emergency, staff will:

- help keep children calm;
- take attendance to ensure that all children are accounted for;
- conduct ongoing visual checks and head counts of children;
- maintain constant supervision of the children; and
- engage children in activities, where possible.

In situations where injuries have been sustained, staff with first aid training will assist with administering first aid. Staff must inform emergency personnel of severe injuries requiring immediate attention and assistance.

#### Procedures to Follow When “All-Clear” Notification is Given

<p>Procedures</p>	<p>The individual who receives the ‘all-clear’ from an authority must inform all staff that the ‘all-clear’ has been given and that it is safe to return to the child care centre.</p> <p>Designated staff who have assisted individuals with medical and/or special needs with exiting the building will assist and accompany these individuals with returning to the child care centre.</p> <p>Staff must:  take attendance to ensure all children are accounted for;  escort children back to their program room(s), where applicable;  take attendance upon returning to the program room(s) to ensure that all children are accounted for; where applicable; and  re-open closed/sealed blinds, windows and doors.</p> <p>The Executive Director or the Assistant Director will determine if operations will resume and communicate this decision to staff.</p>
<p>Communication with parents/guardians</p>	<p>As soon as possible, the Executive Director or the Assistant Director must notify parents/guardians of the emergency situation and that the all-clear has been given.</p> <p>Where disasters have occurred that did not require evacuation of the child care centre, the Executive Director or the Assistant Director must provide a notice of the incident to parents/guardians by email notification.</p> <p>If normal operations do not resume the same day that an emergency situation has taken place, the Executive Director must provide parents/guardians with information as to when and how normal operations will resume as soon as this is determined.</p>

<p><b>Procedures to Follow When “Unsafe to Return” Notification is Given</b></p>	
<p>Procedures</p>	<p>The individual who receives the ‘unsafe to return’ notification from an authority must inform all staff of this direction and instruct them to proceed from the meeting place to the evacuation site, or the site determined by emergency services personnel.</p> <p>Staff must take attendance to confirm that all children are accounted for, and escort children to the evacuation site.</p> <p>Designated staff who have assisted individuals with medical and/or special needs with exiting the building will assist and accompany these individuals to the evacuation site.</p> <p>The Executive Director or the Assistant Director will post a note for parents/guardians on the child care centre entrance with information on the evacuation site, where it is possible and safe to do so.</p> <p>Upon arrival at the evacuation site, staff must:</p>

	<p>remain calm;  take attendance to ensure all children are accounted for;  help keep children calm;  engage children in activities, where possible;  conduct ongoing visual checks and head counts of children;  maintain constant supervision of the children;  keep attendance as children are picked up by their parents, guardians or authorized pick-up persons; and  remain at the evacuation site until all children have been picked up.</p>
Communication with parents/guardians	<p>Upon arrival at the emergency evacuation site, the Executive Director or the Assistant Director will notify parents/guardians of the emergency situation, evacuation and the location to pick up their children.  Where possible, the Executive Director or the Assistant Director will update the child care centre’s voicemail box as soon as possible to inform parents/guardians that the child care centre has been evacuated, and include the details of the evacuation site location and contact information in the message.</p>

Additional Procedures for Next Steps During an Emergency

E.g. documenting children’s accidents/injuries, providing water and/or snacks, etc. The educators will document and accidents or injuries which may occur and treat them according to the Life-Bridge Child Care accident policy. Water and snacks will be provided to the children.

<p>Procedures for Resuming Normal Operations  E.g. where, applicable, reopening the child care centre, contacting the Ministry of Education Program Advisor, responding to media and community inquiries, contacting the insurance company, informing the caterer, temporarily relocating, etc.</p>	<p>All support services will be contacted to inform them of the end of an emergency situation.</p> <p>The Executive Director or the Assistant Director will contact:  The Ministry of Education – David Noble  Cornerstone Insurance Brokers – Rose Siciliano  Real Food for Real Kids  Tenants Services – GWL  St. Patrick German Parish</p>
<p>Procedures for Providing Support to Children and Staff who Experience Distress</p>	<p>Should there be the need for the distress services, resources will be sought out to provide support meetings to children, parents and staff as needed.</p>
<p>Procedures for Debriefing Staff, Children and Parents/ Guardians  Include, where, applicable, details about when and how the debrief(s) will take place, etc.</p>	<p>The Executive Director and / or the Assistant Director will debrief the staff, children and parents/guardians after the emergency to be sure everyone is updated and aware of the recovery plan.</p>

Phase 3: Recovery (After an Emergency Situation has Ended)

## Children with Special Needs Policy

### **Purpose**

This policy applies to “children with special needs.” “Children with special needs” are defined by the Ontario Municipal Social Services Association as “children who, due to emotional, familial, physical, behavioural, developmental, cognitive, community or emotional factors are at risk of not maximizing their potential. Children with special needs encompass children who require support with daily living, whether formally diagnosed or not, and whether a diagnosis is short or long-term in nature.”

The Centre adheres to the City of Toronto's Every Child Belongs Policy which proposes that all children have the right to be cared for in childcare environments within their own communities that can meet their needs and help them grow and develop to their full potential.

The Centre will work collaboratively with parents and external supports/services in order to meet the needs of all children.

If the classroom teacher(s) and/or Director observe that a child is having difficulty in integrating into the classroom and/or following the curriculum, the process is as follows:

### **Policy**

- The Director and teacher(s) will meet to discuss and record their observations about the child.
- The Director will schedule a meeting with the parents of the child in order to (i) relay her observations and (ii) collaboratively develop a plan of action to address the child's difficulties/challenges. The plan of action will identify the challenges/difficulties observed and strategies to address those difficulties/challenges.
- Within one month of this initial meeting, the Director, teachers and parents will meet again to review the progress or lack thereof being made in integrating the child. If the Director is of the view that the proposed strategies in the action plan have been ineffective in addressing the observed difficulties/challenges being experienced by the child, she will seek the parents' consent to contact the Centre's Special Needs Resource (SNR) for an individual consultation regarding the child. The SNR is a City of Toronto staff resource available to all licensed childcare centres in order to facilitate the integration of children with special needs into those centres.
- The individual consultation is collaboration between the SNR, parents, and Centre staff to support the development of individual program plans, goals, adaptations, teaching strategies for an individual child with special needs. The SNR may recommend and provide additional resources for the classroom to facilitate the integration of the child and may make referrals for external services specific to the child (including referrals for Childcare Support Funds, Occupational Therapy or Behavioural Therapy Consultation Services).
- The Centre may also request CCSF Funding through the SNR. This is municipal funding to hire short-term enhanced staff for the affected classroom so that the regular staff can implement strategies to include the child in the classroom. In the absence of CCSF funding, the Director may request that the

parents of the child fund additional classroom staff to mitigate any resourcing and/or safety issues arising from the child's special needs.

- If the parents consent to the external supports and/or services recommended by the SNR, the SNR will periodically continue to visit the classroom and provide ongoing documentation of the child's progress and any supports/services through periodic progress reports.
- If the parents of the child do not agree to the initial meeting with the Centre staff or the consultation with the SNR or the implementation of any requests/ recommendations for the integration/adaptation of the child made by either the Centre staff and/or the SNR and the Director is of the view that the child is not successfully integrating into the classroom/curriculum, she may (following notification of the Board of Directors) ask the parents to withdraw the child from the Centre. In this scenario, the Director will follow the steps outlined in the general Withdrawal Policy in this handbook.
- If the Director is of the view that, despite the engagement of external supports/services/resources, the child is not successfully integrating into the classroom/curriculum, she may ask the parents to withdraw the child from the Centre.

If the Director asks the parents to withdraw the child from the Centre, she will ensure that she notifies the Board and the SNR (if engaged) and provides the parents with written documentation of any discussions regarding the child.

## Behavior Management Policy

### **Centre's Emphasis**

Guidance (discipline) involves methods and attitudes that help produce self-control and self direction in children. The goal of guidance is to help the child become responsible and develop inner controls. The emphasis in the Centre is on the prevention of situations that require discipline.

### **Staff Role**

Unacceptable behavior is a clear message that something is out of control with a child. Young children who may not be communicating through language may use non-verbal methods (ie. crying, biting, etc.) to express their needs. The role of the staff is to support a child's sense of being a worthwhile person while providing opportunities for the child to learn appropriate ways to interact with others.

### **4 Key Principles**

Behaviour management refers to the management of unacceptable behaviour. Key principles of behaviour management include:

1. Consistency
2. Guidance (Discipline)
3. Knowledge and Understanding of Child Development
4. Strategies for prevention of Behaviour Difficulties

### **Principle #1: Consistency**

#### **Consistency in behaviour management techniques:**

It is important to be consistent in your behaviour management techniques. Discuss behaviour management methods with each parent to ensure that methods used by both caregiver and parent(s) are consistent, thereby encouraging the child's cooperation and adequate guidance.

#### **Use of Judgment:**

Life-Bridge Child Care always tries to anticipate and defuse potentially difficult situations. Staff recognize that children may also learn from their conflicts. Staff must therefore use their judgment in allowing children to resolve some of their own conflicts. This judgment is based on whether or not the situation is within the emotional, cognitive, and physical ability of the child in question provided there is no danger of physical harm to any child. This policy recognizes that children, as people, should enjoy human rights.

### **Principle #2: Guidance (Discipline)**

#### **Definition:**

Guidance, often referred to as discipline, is a learning situation – not a punishment. The technique in which the educator guides a child is referred to as guidance.

#### **Educator/Environment/Program adaptation:**

Before identifying a behavioural problem, the educator must evaluate their own expectations and approach, the program and the layout of the environment. Sometimes changing something external to the child's behavior will assist with the problem.

#### **For Infants and Toddlers:**

Often, redirection of the child's activities is the only form of guidance that is required. The staff is there to model the skills and the words that are needed to solve problems in a non-aggressive way.

The first step with any behaviour problem is to be sure that the child knows that although we do not approve of what she/he is doing at the moment, it does not interfere with our positive feelings and caring relationship with the child. Gradually the child will develop the language to deal with, and the ability to understand their conflict with others. In this way, she/he will learn to solve many difficulties by co-operating with other children and adults.

#### **Juniors and Seniors:**

For older children, behaviour management is a learning process which is a continuation of skills learned when very young. However, older children, if not socializing appropriately, may need very clear and consistent guidance to help manage their behaviour.

#### **Prevention of situations:**

The emphasis in the Centre is on the prevention of situations that require discipline. Staff always tries to anticipate and defuse potentially difficult situations.

#### **Child's home life and behaviour:**

Staff are also aware that changes in a child's home life may affect their behaviour at a daycare. It is therefore essential to talk with each parent on a daily basis sharing any pertinent information about their child's day.

#### **Always available:**

The Executive Director and staff are always available to discuss any issues or concerns the parent feels their child may be experiencing in order to establish and foster a close relationship between home and daycare.

#### **Solving their own problems:**

The staff recognizes that children also learn from conflicts. They must therefore use judgment in deciding to allow a child to solve some of their own problems given the child's emotional, cognitive and physical ability.

#### **Prohibited reprimands and punishments:**

The following types of reprimands and punishments are not permitted by any staff member under any circumstances:

- Corporal punishment such as striking (directly or with a physical object), shaking, shoving, spanking, kicking, squeezing or other forms of aggressive contact, including:
  - forcing the repetition of physical movements
  - forcing the consumption of food
  - requiring that a child maintain an uncomfortable position
- Deliberate, harsh or degrading measures which would humiliate a child or undermine a child's self-respect.
- Restriction or denial of usual comforts or basic needs (ie. shelter, clothing, food or bedding). Threats such as restriction or denial are also prohibited.
  - Children must not be confined or locked in any room. A staff person must remain with any child removed from the group to "calm down".

### **Principle #3: Knowledge**

#### **Knowledge and understanding of child development:**

Staff should be guided by knowledge and understanding of a child's growth and development, as well as an understanding of the individual child. As in all areas of child development, the development of self-control and social skills follows a sequence from birth to adulthood.

Within this sequence, infants and toddlers require more adult intervention and closer supervision and guidance. As children grow older, they are able to exercise more self-control and have a greater understanding of concepts such as health, safety and respect for other's property.

### **Principle #4: Strategies**

#### **Strategies for prevention of behaviour difficulties:**

Behaviour management strategies are effective only within the context of the entire curriculum. Many undesirable behaviours can be prevented by ensuring that all curriculum components are of high quality. Curriculum components include staff, environment, program, parent involvement and evaluation.

#### **Strategies for staff:**

Strategies for the staff include the following:

- Establish a positive relationship with each child
- Have reasonable expectations and clear communication
- Set age appropriate limits
- Be consistent within the limits but flexible enough to modify the limits when it seems reasonable to do so
- Avoid offering choices when they do not exist
- Suggest or redirect the child to an activity that is related to their own interests or purposes, e.g. give the child paper to colour on if they are colouring on the wall, or bring the child to a climber if they are climbing on the table.

#### **Strategies for the environment:**

After ensuring that health and safety standards are met, structure the environment by:

- arranging the environment to meet the developmental needs of the children
- provide appropriate-sized equipment
- remove breakable and dangerous objects
- enrich the environment with a variety of activities
- restrict the space when needed
- reduce the level of stimulation when the children are expected to become controlled and quiet
- restructuring activities if individuals or groups are encountering failure
- moving closer to or standing near someone who is beginning to disrupt
- being aware of how situations might be reorganized to reduce disruptive behaviour
- using signals or cues to stop behaviours from occurring
- being constantly alert to the entire situation of the children
- never leaving the children alone without supervision
- breaking down tasks into smaller steps in order to ensure success if a child is having difficulty performing them
- making sure body language is consistent with verbal language

#### **Strategies for the program:**

Strategies for the program include the following:

- have a well planned daily routine with limited transition times
- provide a variety of developmentally age appropriate activities
- prepare a child for change by:
  - Avoiding confusion and disappointment by discussing with a child changes that are going to happen and events that must take place, reassuring the child that everything will be ok
  - Forewarning a child that an activity is going to change or come to an end shortly (e.g. stating how many turns or amount of time left).

Note: Consequences to behaviour must make sense, and be related to the behaviour

### **Strategies for parent involvement**

Strategies for parent involvement include the following:

- have ongoing information sharing with parent(s) (both verbal and written)
- take opportunities for parent interview/meetings
- share resources with parent(s)

### **Strategies for evaluations:**

Strategies for evaluation include the following:

- review guidelines and regulations regularly
- hold ongoing discussions of program/children/goals

### **Guidelines when implementing strategies:**

Ensure the guidelines are followed when using behaviour management:

- implement as soon as possible after troublesome behaviour develops in order to help the child understand and rectify the difficulty as soon as possible
- strive to be clear, concise, calm and positive in your approaches with children
- try to be reasonable, fair and consistent in all your dealings with children
- give praise generously for positive behaviour, e.g. smile, nod, verbal, gentle pat
- use problem-solving techniques to encourage the child(ren) to discuss what has happened, the child(ren)'s feelings and other ways that could have been used to communicate

### **Steps: When troublesome behaviour develops:**

As soon as troublesome behaviour develops, and behaviour management strategies are implemented, staff should ensure the following steps are taken:

<b>Step</b>	<b>Action</b>
1	Establish a log to record behaviour difficulties to assist identification of any patterns while at the same time establishing specific goals.
2	Meet to discuss behaviour difficulties with parent(s) – first informally, then formally
3	Document clearly and concisely the behaviour(s), a copy of which is to be given to the parent, and one copy to go into the child's file.
4	Share information and facilitate ongoing discussions with the parent(s), other staff in the program, and with the Executive Director to provide consistency in handling of behaviour(s), involvement and evaluation [i.e. are the techniques helping achieve the targeted goal(s)?]

5	Executive Director keeps Board members informed of the situation before the stage of seeking outside agency support.
6	Monitor the situation and seek outside agency support as early as possible where staff effectiveness in management of behaviour(s) becomes a concern or behaviour quickly escalates

**Results:**

When worked with in an understanding manner and supportive environment, a child

- feels cared for, safe, loved and wanted
- has positive feelings about him/herself and the world
- is able to try again after making a mistake
- feels they would like to do the right thing know that we still accept him/her even though we do not always approve of what they do

## Child Abuse Policy and Procedures

This information provides staff with a better understanding of how they can recognize or detect child abuse, and their responsibilities in the event that they suspect a child is the victim of abuse or at risk of abuse.

Generally, child abuse falls into the following four categories:

- Neglect
- Physical abuse
- Sexual abuse
- Emotional abuse

### Child Abuse – Reporting Requirements

The provisions of The Child and Family Services Act set out a mandatory reporting requirement that states: “People working with children are responsible for reporting suspicions of child abuse, not for providing whether or not child abuse has occurred. It is the responsibility of a Children’s Aid Society to investigate, with police where necessary, and decide on the best plan for the child.”

### Duty to Report

1. Every person in Ontario, including someone who works with children, must call The Children’s Aid Society immediately to report his/her suspicion that a child may have been abused or is at risk for abuse.

The person who suspects that a child may have been abused or is at risk for abuse must report to The Children’s Aid Society, and cannot ask anyone else to report for him/her. It is the legal responsibility of the person who initially suspects the abuse to report directly to a Children’s Aid Society, regardless of the opinions of anyone else. If more than one staff is involved as a witness, staff should decide among themselves who will report. The reporting staff will ensure that the Children’s Aid worker is aware of the fact that there were additional witnesses.

Suspicions should NOT be discussed with anyone. No one can help an individual decide if a report should be made. If the individual is unsure, he/she should consult with a Children’s Aid Worker.

No one can advise an individual NOT to report suspicions of child abuse, or try to stop the person from reporting or consulting with a Children’s Aid Society.

A Staff who suspects a child has been abused is responsible for seeking immediate medical attention for the child if necessary, and should not request parent permission to do so.

If a person has more suspicions or information about a child, then The Children’s Aid Society must be contacted again, even if other reports have been made before.

When contacting a Children’s Aid Society, individuals are expected to provide their name, their position, the Centre name, and their telephone number.

A report of Suspicion of Child Abuse must be made to one of the following locations:

Children’s Aid Society – 416-924-4646

Catholic Children's Aid Society – 416-395-1500  
Jewish Family and Child Services – 416-638-7800  
Native Community Services – 416-969-8510

2. Staff should inform the Executive Director that they have contacted or are contacting the Children's Aid Society to report suspected abuse. The role of the Executive Director is to act as a support to the staff member, and to ensure that the staff is afforded appropriate time and resources to make their report.
3. Suspicions may arise from noticing signs and visible marks on a child, or from a child's disclosure about incidents that have occurred and/or changes in behaviour. Neglect is also a form of abuse, and if a staff feels that a child is being neglected, this is to be reported. Disclosure and signs can also come from a parent/caregiver. A written report is to be prepared, signed and dated by the staff member. Information should include:
  - child's name, age, sex, address, phone number
  - nature of suspected abuse, including any previous documentation
4. In some cases the police may also need to be contacted. This is usually the responsibility of the Children's Aid Worker. Staff is only to call police if a child is in imminent danger or if the Children's Aid Worker specifically informed staff that the issue was ONLY a police matter.
5. The issue of informing the parents should be discussed with the Children's Aid Worker. In some cases, the centre staff may want to inform the parents directly and if C.A.S. says this is okay, it may be considered. The decision of who should inform parents is to be determined by the child protection officials or the police.
6. Depending on the outcome of the conversation with a Children's Aid worker, and if the incident is considered a serious occurrence, the REPORTING PROCEDURE RE: SERIOUS OCCURRENCE may also need to be followed.
7. Anytime that a staff member has contact with a Children's Aid worker, staff are to record the worker's full name and telephone number, and document the conversation.
8. In the event that staff are on the receiving end of a telephone or in-person inquiry from a Children's Aid Worker or Police Officer:
  - Ask for identification (name, title, phone number, badge number, etc.)
  - If an individual phones saying they are from C.A.S. or the police, ask for the person's name and telephone number. Obtain confirmation/verification from C.A.S. or the police (tell the individual you will phone back, or place the call on hold while you make the telephone call to verify the person's identity).
  - If an individual arrives at the site saying they are from C.A.S. or the police, ask for identification (business card, badge, etc.) Keep the individual's business card.
  - Staff are expected and allowed to answer questions relating to the safety and protection of the child.

9. Documentation regarding suspected abuse together with any and all follow-ups is to be maintained in a separate file, i.e. not included in the child's basic file. This file should be stored in a locked filing cabinet in the Executive Director's office.
10. ALL STAFF, STUDENTS AND VOLUNTEERS ARE REQUIRED TO CO-OPERATE WITH CHILDREN'S AID WORKERS AND POLICE ONCE THE INDIVIDUAL'S IDENTIFICATION HAS BEEN VERIFIED. IF THE CHILDREN'S AID WORKER AND/OR POLICE OFFICER WANT TO TAKE A CHILD INTO CUSTODY, THEY ARE LEGALLY ENTITLED TO DO SO, WITH OR WITHOUT A WARRANT. STAFF SHOULD CLARIFY WHO WILL BE INFORMING THE PARENT.

#### **Process for Management of Staff during an Investigation**

11. In the event that a parent accuses or suspects a staff member of abuse, the parent should be directed to report the suspicion to the Children's Aid Society. The Executive Director should be notified. Follow-up with the staff should NOT occur until C.A.S. has been consulted.
12. In the event that a staff member accuses or suspects another staff member of abuse, the staff member should be directed to report the suspicion to the Children's Aid Society. The suspected staff member should not be informed. The Executive Director should be notified.
13. During an investigation, the suspected staff member will be placed on a paid leave of absence. If the facts are true as reported, the staff member will be immediately discharged. The incident will be reported as a Serious Occurrence to the City of Toronto and the Ministry of Education.

## Antibias Policy, Harassment and Discrimination Policy

Life-Bridge Child Care has a philosophy to create an environment which is free of all bias in all aspects of daycare life. In order to practice this philosophy we aspire to:

- Treat every individual with dignity and respect
- Expose and help children to become familiar with the areas of diversity (ie. ability, age, appearance, gender, culture, beliefs, values, religion, family composition, race, sexuality, class).
- Promote an awareness of the needs, perspectives and rights of others.
- Empower each person to take action when encountering unfair treatment.

### Goals

- To help children develop a positive understanding and respect for the world around them.
- To create an environment which allows all members of the community to feel at ease, comfortable, respected and feel self pride.

### Practice

- Throughout the daily program, children will be exposed routinely to exploration of varied cultural events, holidays, customs and traditions through discussions, toys and materials, props, decorations, dress up clothes, books, photos, posters, etc.
- In order not to impose or teach values, the explanation which will be used to learn and explore the ways people live will include phrases such as “Some people celebrate or do not celebrate ...” or, “Some people believe that or do not believe that ...”
- Parents and Staff will be encouraged to incorporate varying cultural events, holidays and traditions to represent all children in the group.
- Parents and Staff will be encouraged to participate in Antibias workshops and training courses as available to heighten their sensitivity and awareness of the implementation of the Policy.
- Respect for all will be of absolute importance. There will be no tolerance for any bias which would discriminate against anyone.

### Procedures to Respond to Incidents of Racism and Bias Involving Children

In the case of an incident between children, staff is required to respond in a timely fashion to the children to re-establish the targeted child’s self-esteem as well as to change, not punish, the offending child’s behaviour. With such young children it is important for staff to clearly and respectfully put the situation into an understandable and age appropriate context expressing that every child is special and that it is not acceptable to diminish anyone for any reason. A positive and respectful outcome ensuring that all children involved are able to understand and carry on in a respectful relationship with each other. ***Any incidents of racism and bias will be reported as a serious occurrence.***

### Declaration of Non-Discrimination Policy

Life-Bridge Child Care has adopted and upholds equal opportunity and non-discrimination policies by which discrimination on the grounds of race, creed, colour, national origin, political or religious affiliation, sex, sexual orientation, age, marital status, family relationship, and disability is prohibited by or within the organization.

## No Smoking Policy

*(Policy for a Smoke Free Centre and Smoke Free Ontario Act)*

### **Policy**

Smoking tobacco, medical cannabis and the use of electronic cigarettes and cannabis products is prohibited in any childcare centre licensed under the Child Care Early Years Act and the Centre shall provide a completely smoke free environment for the children. In addition:

- “No Smoking” signs are posted on all entrances and exists to the Centre, including the entrance to the playground and the adult washrooms.
- No person smoking or holding a lit cigarette is permitted on the premises of the Centre or within 9 metres of the entrances to the property.
- All staff, parents, volunteers, students and visitors are advised that smoking and the handling of cigarettes is prohibited on the premises and on the centre’s property whether children are present or not.
- Any person who refuses to comply is in contravention of the Smoke-Free Ontario Act and the Centre’s “No Smoking” Policy.

### **Procedures**

- Policy is to be reviewed with all staff/students/volunteers prior to commencing employment, volunteering and/or placements
- Employers shall sign a statement regarding the Centre’s “No Smoking” Policy.
- Non-compliance by the staff will be subjected to disciplinary action in accordance with the Centre’s disciplinary policies or as determined by the Centre’s Board of Directors
- Policy to be reviewed with parents prior to enrollment and a copy of policy is to be provided to them
- Non-compliance by persons other than employees will be subjected to disciplinary actions as determined by the Centre’s Board of Directors.
- No ashtrays are to be present on the Centre’s premises or property

## Flushing for Lead Policy

*(Policy for Safe Drinking Water Act)*

### **Policy**

Plumbing (i.e. every tap) is to be flushed once weekly in each room before the children enter the program.

### **Procedure**

Each Monday:

- Child care staff arrive 5 minutes prior to the childcare opening
- All cold water taps in all rooms in the Centre are tuned on for flushing
- Flushing continues until the temperature of the water stabilizes (a minimum of 5 minutes)
- Staff shuts off taps
- Staff record flushing after every flush on "Lead Flushing Record"

The records shall be kept for a minimum of 6 years.

## Safe Arrival and Dismissal Policy

### Purpose

This policy and the procedures within help support the safe arrival and dismissal of children receiving care.

This policy will provide staff, students and volunteers with a clear understanding of their roles and responsibilities for ensuring the safe arrival and dismissal of children receiving care, including what steps are to be taken when a child does not arrive at the child care centre as expected, as well as steps to follow to ensure the safe dismissal of children.

This policy is intended to fulfill the obligations set out under Ontario Regulation 137/15 for policies and procedures regarding the safe arrival and dismissal of children in care.

Note: definitions for terms used throughout this policy are provided in a Glossary at the end of the document.

### Policy

#### General

- Life-Bridge Child Care will ensure that any child receiving child care at the child care centre is only released to the child's parent/guardian or an individual that the parent/guardian has provided written authorization the child care centre may release the child to.
- Children may only be released to an adult.
- Where a child does not arrive in care as expected or is not picked up as expected, staff must follow the safe arrival and dismissal procedures set out below.

### Procedures

#### Accepting a child into care

1. When accepting a child into care at the time of drop-off, program staff in the room must:
  - greet the parent/guardian and child.
  - ask the parent/guardian, how was the child's evening/morning? Where the parent/guardian has indicated that someone other than the child's parent/guardians will be picking up, the staff must confirm that the person is listed on child's Medical and Emergency Information form. Where the individual is not listed, the staff will document the parent's verbal authorization in the daily written record.
  - document the change in pick-up procedure in the daily written record.
  - sign the child in on the classroom attendance record.

#### **Where a child has not arrived in care as expected**

1. Where a child does not arrive at the child care centre and the parent/guardian has not communicated a change in drop-off (e.g., left a voice message or advised the closing staff at pick-up), the staff in the classroom must:

- inform the Executive Director.
  - the Executive Director or classroom staff must contact the parent/guardian by email or phone, no later than 11:00 am to confirm the child's absence. If a response is not received, two additional attempts will be made to contact the child's parent/guardian by phone at 30-minute intervals.
  - if the child's parent/guardian cannot be reached, the Executive Director or classroom staff will notify the child's emergency contacts by phone.
2. Once the child's absence has been confirmed, program staff shall document the child's absence on the attendance record and any additional information about the child's absence in the daily written record.

### **Releasing a child from care**

1. The staff who is supervising the child at the time of pick-up shall only release the child to the child's parent/guardian or individual that the parent/guardian has provided written or verbal authorization that the child care may release the child to. Where the staff does not know the individual picking up the child (i.e., parent/guardian or authorized individual),
- confirm with another staff member that the individual picking up is the child's parent/guardian/authorized individual.
  - where the above is not possible, ask the parent/guardian/authorized individual for photo identification and confirm the individual's information against the parent/guardian/authorized individual's name on the child's file or written authorization.

### **Where a child has not been picked up as expected (before centre closes)**

1. Where a parent/guardian has previously communicated with the staff a specific time or timeframe that their child is to be picked up from care and the child has not been picked up within one hour of the specified time, the Executive Director or classroom staff shall contact the parent/guardian by phone and advise that the child is still in care and has not been picked up.
- Where the staff is unable to reach the parent/guardian, staff must leave a message for the parent/guardian. Where the individual picking up the child is an authorized individual and their contact information is available, the staff shall proceed with contacting the individual to confirm pick-up as per the parent/guardian's instructions or leave a voice message to contact the centre.
  - Where the staff has not heard back from the parent/guardian or authorized individual who was to pick up the child the staff shall refer to the procedures under "where a child has not been picked up and program is closed".

### **Where a child has not been picked up and the centre is closed**

1. Where a parent/guardian or authorized individual who was supposed to pick up a child from care and has not arrived by 5:45pm, staff shall ensure that the child is given a snack and/or activity, while they await their pick-up.

2. One staff shall stay with the child, while a second staff proceeds with calling the parent/guardian to advise that the child is still in care and inquire their pick-up time. In the case where the person picking up the child is an authorized individual, the staff shall contact the parent/guardian first and then proceed to contact the authorized individual responsible for pick-up if unable to reach the parent/guardian. [Click or tap here to enter text.](#)
3. If the staff is unable to reach the parent/guardian or authorized individual who was responsible for picking up the child, the staff shall contact emergency contacts listed in the child's file.
4. Where the staff is unable to reach the parent/guardian or any other authorized individual listed on the child's file (e.g., the emergency contacts) by 6:30pm the staff shall proceed with contacting the local Children's Aid Society (CAS) at 416-924-4646. Staff shall follow the CAS's direction with respect to next steps.

### **Glossary**

*Individual authorized to pick-up/authorized individual:* a person that the parent/guardian has advised the child care program staff in writing can pick-up their child from care.

*Parent/guardian:* A person having lawful custody of a child or a person who has demonstrated a settled intention to treat a child as a child of his or her family.