

Upper Yonge Village Daycare Centre
14 St. Clements Avenue
Toronto, Ontario
M4R 1G9

Phone: 416-487-2861
Fax: 416-487-2862
Email: director@uyvdc.ca
Website: www.uyvdc.ca



PARENT HANDBOOK & PROGRAM STATEMENT

January 25th, 2024

**Upper Yonge Village Daycare Centre
(UYVDC)**

Daniela Durisova- Young , RECE
Executive Director

TABLE OF CONTENTS**Welcome to Upper Yonge Village Daycare Centre****1. Introduction**

- 1.1. Overview- Management Structure of UYVDC
- 1.2. Program Statement
 - 1.2.1. Program Statement Framework
 - 1.2.2. Our Philosophy
 - 1.2.3. Our Strategy
 - 1.2.4. Our Practices
- 1.3. Program Statement Implementation Policy
- 1.4. Prohibited Practices policy
- 1.5. Monitoring for Compliance with the Program Statement Policy
- 1.6. Implementation and Review of Policies, Procedures and individualized Plans
- 1.7. Monitoring Compliance and Contravention Policy

2. Intake and Admission

- 2.1. Waiting List, Admission and Withdrawal policy
- 2.2. Full Fee Policy
- 2.3. Subsidy
- 2.4. Reduced Ratios Policy

3. Custody and Access

- 3.1. Custody and Access Arrangements
- 3.2. Custody and Access Orders
- 3.3. Restraining Orders
- 3.4. Telephone Inquiries
- 3.5. Request for Release of Child by Non-Custodial Parent

4. Client Complaint

- 4.1. Parents Issues and Complaints Policy

5. Operations

- 5.1. Hours of Operation
- 5.2. Early Closing on Christmas Eve and New Year's Eve
- 5.3. Opening and Closing UYVDC
- 5.4. Communication

6. Attendance

- 6.1. Children's Attendance Form
- 6.2. Conducting Regular Head Counts
- 6.3. Separation of Group
- 6.4. Pick- up of Children.
- 6.5. Late Pick up Policy
- 6.6. After Hours –Extraordinary Circumstances
- 6.7. Pick-Up of Child by Intoxicated Parent/ Guardian
- 6.8. Closure- Disaster on Premises

7. Programs

- 7.1. Staffing
- 7.2. Parent/ Guardian Involvement
- 7.3. Emergency Contact Information
- 7.4. Neighbourhood Outings/ Walks
- 7.5. Child Missing from Centre

8. Policies

- 8.1. The Accessibility Standard for Customer Service Policy
- 8.2. Anti-Bias Policy
- 8.3. Civility Policy
- 8.4. Child Abuse Policy
- 8.5. Code Of Conduct Policy
- 8.6. Emergency, Fire Drills and Evacuation Policy

- 8.7. Emergency Management Policy and Procedure
- 8.8. Self- Regulation Policy
- 8.9. Fragrance Free Policy
- 8.10. Inclusion Policy
- 8.11. Serious Occurrence Policy
- 8.12. Sleep Room Supervision Policy
- 8.13. Supervision of Volunteers and Students Policy
- 8.14. Supervision of Children Policy
- 8.15. Individual Support Plan for Children with Special Needs Policy
- 8.16. Visitors to the Centre Policy
- 8.17. Playground Safety, Supervisor and Communication Policy
- 8.18. Smoke-Free Policy and Procedure
- 8.19. Children with Medical Needs Policy
- 8.20. Field Trip Policy
- 8.21. Safe Arrival and Dismissal Policy and Procedure

9. Health Policies and Practices

- 9.1. Children Health and Well- Being
- 9.2. Daily Visual Check
- 9.3. Isolation Due to Illness
- 9.4. Exclusion Due to Illness
- 9.5. Re-Admittance to the Centre/ Program
- 9.6. Record of Illness
- 9.7. Head Lice
- 9.8. Administering Prescription Medication Policy
- 9.9. Anaphylactic Policy
- 9.10. Children with Medical Needs Policy
- 9.11. Health and Sanitary Practices Policy
 - 9.11.1. Guidelines for Ill Children, Staff and Volunteers
 - 9.11.2. Management and Reporting of Communicable Diseases
 - 9.11.3. Plan for Reportable Diseases
 - 9.11.4. Required Immunization for Children
 - 9.11.5. Injury/ Medical Emergency in the Centre
 - 9.11.6. Routine Practices
 - 9.11.7. Hand Hygiene
 - 9.11.8. Glove Use
 - 9.11.9. Diapering and Toileting
 - 9.11.10. Environmental Cleaning and Disinfection
 - 9.11.11. Housekeeping- Cleaning – Disinfecting Checklists
 - 9.11.12. Pest Control
 - 9.11.13. Pets and Animals
 - 9.11.14. Food Safety/ Snack and Lunch Preparation
 - 9.11.15. Expressed Breast Milk
 - 9.11.16. Food Services
 - 9.11.17. Expectations and Procedures for Snack and Lunch
 - 9.11.18. Machine Dishwashing Guidelines
 - 9.11.19. Managing Outbreaks
 - 9.11.20. Surveillance and Monitoring
- 9.12. Extreme Weather – Smog and Heat Policy
- 9.13. Extreme Cold Weather Policy
- 9.14. Safe Drinking Water Policy
- 9.15. Linens Policy

10. Additional Information

- 10.1. Diapers. Toilet Training
- 10.2. Clothing
- 10.3. Photographing Children

- 10.4. Specialized Services
- 10.5. Private Childcare Services
- 10.6. Birthday/ Event Services
- 10.7. Transitioning

11. Revisions

12. References

Dear Parents and Guardians,

Welcome to Upper Yonge Village Daycare Centre (UYVDC or Centre)

This Handbook is intended to provide you with basic information about our Centre. It is available to parents of children enrolled in our centre, as well as anyone interested in obtaining care. It is also available on our website at www.uyvdc.ca.

Our Program Statement is reflected in the policies under which we operate our Centre.

To better support your child's needs and to achieve our goals, we ask that you read and follow all the policies and procedures we have presented in this Parent Handbook.

We encourage you to provide feedback and get involved in a variety of ways. You are welcome to contact the Executive Director (ED) by telephone, email, or stop by the office.

Thank you in advance for your cooperation and participation.

Please do not allow anyone else in the door when you enter or exit or give our keypad access code to anyone who is not recognized by staff or officially authorized to pick up your child.

The Parents/ Guardians are welcome to leave their own strollers in the Stroller shed , note UYVDC is not responsible for any damage or loss of a stroller.

*Daniela Durisova- Young, RECE
Executive Director*

1. INTRODUCTION

Upper Yonge Village Daycare Centre (UYVDC) is a not-for-profit childcare Centre, and a registered, charitable corporation serving the needs of the community since June 18, 1984. We are governed by a volunteer Board of Directors formed of parents and community members who have a high degree of commitment.

UYVDC is a not-for-profit Centre licensed by the Ministry of Education (MOE) and meets the provincial standards of The Child Care Modernization Act, 2014. In addition, UYVDC follows The Assessment for Quality Improvement (AQI). For more information, please visit the Toronto Children Services website.

[Assessment for Quality Improvement \(AQI\) – City of Toronto](#)

We have a purchase of service agreement with the City of Toronto for the provision of subsidized child care.

We are pleased to share that UYVDC has opted into the **Canada-Wide Early Learning and Child Care (CWELCC)** system between the Province of Ontario and the Government of Canada.

[Canada-Ontario early years and child care agreement | ontario.ca](#)

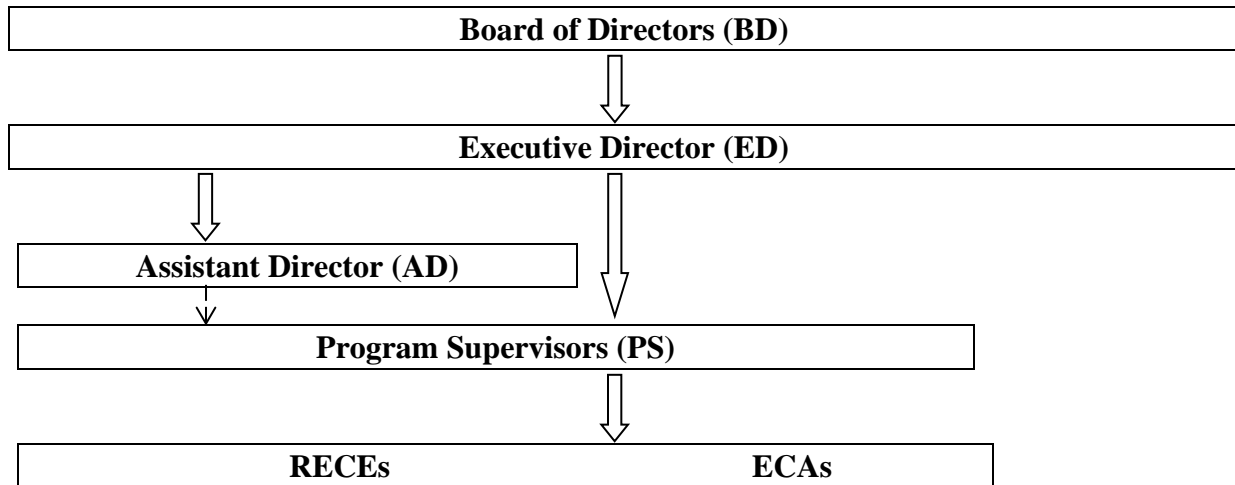
We believe that child care provides a strong foundation for early childhood development and well-being of children while parents work and we are committed to providing child care services that meet the needs of your children and families. Participating in the CWELCC system will help us continue to provide high quality childcare that is accessible, affordable, inclusive, and sustainable. UYVDC is fully enrolled into the program. The Ontario childcare fee subsidy program will also continue to be available for eligible families. Fee reduction through the CWELCC is for children under six years old (and any child who turns six years old between January 1 and June 30 in that calendar year), retroactive to April 1, 2022.

Parents/guardians are welcome to visit the Ministry of Education (MOE) Child Care Licensing Manual.

[Child care centre licensing manual | ontario.ca](#)

1.1. Overview of UYVDC- *Management Structure of UYVDC*

The Daycare is overseen by the Board of Directors and the Executive Director. In addition, one RECE acts as the Assistant Director, and has additional administrative responsibilities. This person can act in the position of the Executive Director (ED) in the Executive Director’s absence.



1.2 Our Program Statement

UYVDC is committed to promoting and providing an inclusive and safe environment that uses *How Does Learning Happen? (HDLH)* Ontario’s Pedagogy for the Early Years framework used as a guide to govern our programs and integrate the four foundations of **Belonging, Well-being, Engagement, and Expression** in our daily practices. We strive to build strong and responsive relationships between children, teachers, families and our community, which continually develops the abundance of potential in every child.

Play serves a very important role in a child learning about self, others, and the world. When we give children the time and opportunity to engage in active self-directed play we recognize the need for children to explore, examine, investigate, and ask questions. Inquiry-based play is a fundamental mode of learning for all children; children learn about the natural world through self-created experiences. Play enables children to explore a variety of creative uses of common materials and environments (indoor and outdoor spaces), it challenges conventional ways to use materials, and gives children a sense of power, control and mastery of their own learning.

In an addition to Play Based Philosophy, UYVDC has Implemented **Land Learning Philosophy**.

“Land Learning is an integral component to providing well a rounded, inclusive learning environment for children in early childhood. Expanding from the views of children, families and educators within the context of early years environment from the Ontario provincially published document “How Does Learning Happen” (2014), establishing land as a teacher provides additional opportunities for learning outside of the traditional classroom and playroom settings. The Land as Teacher brings together many concepts, including, but not limited to, the importance of language, the geography of stories, relationality and accountability and a connection to reconciliation. Land based education supports reconciliation by bringing awareness to languages and

cultures that are at risk of becoming extinct and teaching children, families and caregivers about the history of residential schools. While these may be conversations and learning opportunities that may not be easily incorporated into the learning journeys of the children here at Upper Yonge Village Daycare Centre, we are striving to provide every child in our care the opportunity to develop their own connection to the land and hopefully lay the foundation for them to continue to develop the tools to care for and protect the land". by Rosalee Wall, RECE- PS

Additional resources are below;

[Leading the Process – FNMI \(fnmiprofessionallearning.ca\)](http://fnmiprofessionallearning.ca)

[INDIGENOUS EARLY LEARNING AND CHILD CARE FRAMEWORK \(canada.ca\)](http://canada.ca)

UYVDC Program Statement will be reviewed annually to ensure that it is aligned with, and upholding the pedagogy and practices set forth in the Minister of Education’s policy statement.

Program Statement: Goals + Approaches = s. 46(3)(a)-(k)		
	Goals (What)	Approaches (How)
<i>(a) Promote the health, safety, nutrition and well-being of the children</i>	We promote an inclusive and safe environment that promotes race, ethnicity, physical, mental, and emotional well-being of the children.	<p>Children’s diversity is respected in choices and materials used throughout the program.</p> <ul style="list-style-type: none"> ▪ Staff monitor the environment (inside and outside) daily for any immediate or potential hazards ▪ Staff being trained in first aid and CPR ▪ The ED or AD conducts monthly fire drills ▪ Centre follows the sanitation and disinfecting procedures established by TPH ▪ Centre has Illness Policy and Procedures ▪ Children’s nutrition is valued through menu choices that reflect the Canada Food Guide and is monitored by a registered dietician. Food choices are respectful of family beliefs and practices Catered by Reel Food for Real Kids (RFRK) ▪ Staff adhere to all food restrictions and allergies and document the

Program Statement: Goals + Approaches = s. 46(3)(a)-(k)		
	Goals (What)	Approaches (How)
		children's health. Concerns are brought forward to families immediately.
<i>(b) Support positive and responsive interactions amongst the children, parents, childcare providers and staff</i>	All children, families, and staff entering the centre shall be treated equally, with respect and be given the support and opportunities needed within our environment.	<p>Opportunities are given for staff and families to connect daily and for families to discuss their child's development and program.</p> <ul style="list-style-type: none"> ▪ Staff facilitates a play-based curriculum that encourages children to be curious, take risks, and lead their own learning.
<i>(c) Encourage the children to interact and communicate in a positive way and support their ability to self-regulate</i>	Staff will support a child by providing a developmentally appropriate framework for children to communicate in a positive manner and promote self-regulation.	<p>Staff model positive interactions and communication by respecting each child's individuality and being engaged in children's play.</p> <ul style="list-style-type: none"> ▪ Staff model and encourage children to recognize feelings in others. ▪ Staff provide opportunities and teach how to use self-soothing techniques with children to resolve issues. Specifically, planning activities that allow for turn-taking, extended focus, conflict resolution, and positive interactions with peers.
<i>(d) Foster the children's exploration, play and inquiry</i>	We recognize each child's natural desire and ability to learn. Staff will foster children's natural curiosity to explore and be leaders in their learning.	<p>Through observations and documentation, staff will expand children's interests and inquiries through curriculum planning.</p> <ul style="list-style-type: none"> ▪ Staff will provide materials and experiences (both indoor and outdoor) that encourage children to explore through open-ended activities, build-on

Program Statement: Goals + Approaches = s. 46(3)(a)-(k)		
	Goals (What)	Approaches (How)
		experiences and expand learning opportunities.
<i>(e) Provide child-initiated and adult supported experiences</i>	We recognize each child's natural desire and ability to learn. Staff will foster children's natural curiosity to explore and be leaders in their learning.	<p>Staff will provide materials and experiences (both indoor and outdoor) that encourage children to explore.</p> <ul style="list-style-type: none"> ▪ Staff act as facilitators in the environment- through observations and documentation. <p>This allows staff to plan group and individual experiences.</p> <ul style="list-style-type: none"> ▪ Staff will be active listeners (observers) with children and plan according to children's interests, abilities, and experiences using documentation.
<i>(f) Plan for and create positive learning environments and experiences in which each child's learning and development will be supported</i>	Staff will engage children by planning experiences that are based on their interests and developmental needs.	<p>Staff will provide materials and experiences (both indoor and outdoor) that encourage children to explore.</p> <ul style="list-style-type: none"> ▪ Staff will be active listeners (observers), using observations and developmental assessments to plan according to children's interests and experiences.
<i>(g) Incorporate indoor and outdoor play, as well as active play, rest and quiet time, into the day, and give consideration to the individual needs of the</i>	A variety of experiences will be planned and facilitated for the child that incorporate all times of the day (indoor, outdoor, active, and quiet) while ensuring the individual needs of the children are being met.	<p>Staff meet the individual needs of the children by following individual plans, observations, family-instructed needs, and regulations set forward for the centre.</p> <ul style="list-style-type: none"> ▪ Staff plan adaptations for experiences/activities so that all children are successful and engaged. ▪ There are learning centres in the environment to foster children's varying

Program Statement: Goals + Approaches = s. 46(3)(a)-(k)		
	Goals (What)	Approaches (How)
<i>children receiving child care</i>		needs. There are opportunities for children to have quiet and reflective time, and areas that allow for play that is more active (both indoor and outdoor).
<i>(h) Foster the engagement of and ongoing communication with parents about the program and their children</i>	We promote a culture of family involvement by engaging families in partnerships with our teachers that support their children's development and learning.	<p>There are opportunities for staff and families to connect daily and for families to discuss their child's development and program.</p> <ul style="list-style-type: none"> ▪ Parents are encouraged to provide input into experiences that are planned for their children. ▪ Parents are encouraged to participate in the program through various measures (read a book to a group, cooking activities, Conduct Language or Exercise programs or lessons, etc.)
<i>(i) Involve the local community partners and allow those partners to support the children, their families and staff</i>	We will engage various stakeholders in the community to support our children, families, and staff	<p>We support families and community.</p> <ul style="list-style-type: none"> ▪ The Centre has a Resource Teacher via TCS that can assist families needing support and provide resources for families and teachers when needed free of charge. ▪ We liaise with community members and facilitate programs, workshops, trainings that support our families, children, and staff. ▪ We work with the St. Clements school in a collaboration of programming and visits of Toronto Public

Program Statement: Goals + Approaches = s. 46(3)(a)-(k)		
	Goals (What)	Approaches (How)
		Library, Local Fire Station, community based places and stores.
<i>(j) Support staff or others who interact with the children at a childcare centre in relation to continuous professional learning</i>	We will support staff to attend professional learning opportunities and encourage on-going training as related to the childcare field.	Staff attend workshops that are provided throughout the year through various avenues; i.e. internal trainings, external workshops, and performance goal development. <ul style="list-style-type: none"> ▪ Financial support is available for staff training.
<i>(k) Document and review the impact of the strategies set out in clauses (a) to (j) on the children and their families</i>	To ensure that the strategies set out in (a) to (j) are meeting the needs of our children and families and that opportunities are provided to make changes if needed.	Through documentation of feedback from families, children, and staff, we assess and explore opportunities for improvements in our approaches. <ul style="list-style-type: none"> ▪ Families are surveyed throughout the year using an online formal survey. ▪ Monitoring of the program through a developed checklist <i>NDDS and Ages & Stages (if required)</i> that reflects the strategies set out in the program statement.

1.2.1 Program Statement Framework

Our Program Statement describes the following:

- The philosophy which summarizes our goals
- The strategies which guide our approaches to achieve our goals
- The plans of action which execute these strategies;
- The practices which help us implement, monitor and evaluate plans, and continually improve our performance.

1.2.2 Our Philosophy

“UYVDC FOLLOWS A PLAY-BASED REFLECTING THE CHILDREN’S INTERESTS & LAND LEARNING APPROACH”

Our goal is to enhance the learning and early development of the children in our programs.

- **We achieve** this by creating an enriched program that meets the individual needs of each child.
- **We recognize** the dignity and worth of each child and we aim to be an inclusive child-care Centre.
- **We believe** in freedom within limits. Our staff encourages rational thinking, fair play, self-reliance, and personal responsibility.
- **We promote** diversity by respecting cultural differences, recognizing our similarities, and celebrating our differences in a non-biased, nurturing, and caring environment.

UYVDC’s mandate is to provide a culturally appropriate, racially sensitive, and non-discriminatory environment for staff, children, and parents/guardians and to promote employment and service equity.

UYVDC strives to provide a nurturing environment where children develop physically, mentally, emotionally, and intellectually.

With these principles in mind, UYVDC aims to:

- *Provide a happy, relaxed, and stimulating environment, which fosters self-confidence, self-respect, self-discipline and a feeling of security.*
- *Provide a well-supervised creative program that will encourage each child to develop to his/her/ their own potential.*
- *Accept the child, his/her/ their strengths and weaknesses, and respect his/her/ their individuality.*
- *Understand and accept routines and limits.*
- *Develop the child's willingness to share and ability to respect the rights of others.*
- *Model caring and respect for others regardless of race, color, sex, religion, nationality, and social origin.*
- *Complement the child's home experience through information sharing and consultation with parents/guardians - providing an inclusive enriched childcare environment, which honours and respects all children’s beliefs, cultures, languages, and experiences acquired from their family and community.*
- *Promote children’s health and well-being.*
- *Foster the children’s need for exploration, play and inquiry.*
- *Capture and document our practice.*
- *Support the children’s ability to self-regulate so that all the children feel comfortable and confident.*

- *Foster the children’s health and well-being indoors and outdoors.*
- *Form trusting relationships with children and their families.*
- *Provide everyone with a sense of belonging.*
- *Help children learn to: care about other people; understand other’s feelings; cooperate and share; express their opinions; resolve conflicts; and develop self-competence, self-worth, and self-regulation.*

1.2.3 Our Strategy

The strategies used to achieve our Program Statement are guided by the work done on Ontario’s Pedagogy for the Early Years (“How Does Learning Happen”). We understand that learning and development happen within the context of relationships among children, families, educators, and their environments. We understand that for children to grow and flourish, the four following foundational conditions need to exist:

- A sense of Belonging.
- A sense of Well-Being
- Opportunities and support for Engagement.
- Opportunities and support for Expression

We have adopted the following 11 Strategies to create these conditions:

1. Provide a healthy and safe environment which supports general well-being.
2. Promote good nutrition and safe food preparation.
3. Support positive and responsive interactions.
4. Encourage the children to interact and communicate.
5. Foster explorations play and inquiry.
6. Provide child-initiated and adult-supported experiences.
7. Plan for and create positive learning environments and experiences.
8. Incorporate indoor and outdoor play, active play, and quiet time.
9. Foster parent communication and engagement.
10. Involve local community partners.
11. Support others in relation to continuous professional learning.

1.2.4 Our Practices

1. All new staff (on hiring), and all existing staff (annually) will acknowledge and review the following:
 - This Program Statement document
 - All relevant and attached guidelines.
2. A parent survey will be conducted when needed to assess performance implementing the 11 Strategies.
3. An Internal Rating (AQI) for each Plan of Action will be conducted annually for each program.

4. We will undertake monthly staff meetings, which include an agenda item to discuss performance against the Program Statement and plan for improvement for next month.
5. Each monthly staff meeting will, on a rotational basis, include on the agenda 1 of the 11 Strategies to create the conditions promoted by the *HDLH* document. Staff will discuss and reflect on current practices against this strategy, and any opportunities for improvement will be captured.
6. We will undertake, management/board meetings, which include an agenda item to discuss performance against the Program Statement and plan for improvement for next period.
7. Management and staff will gather together annually to review and reflect on our performance and capture outcomes and set goals for the next period.
8. We will undertake a “performance outcomes and goals review” with Management and document and incorporate their feedback.
9. We will budget a professional development investment for each staff and align the professional development with the program statement needs.

The annual employee performance review will include a self-assessment of the 11 Strategies to create the conditions promoted by the *HDLH* document. Staff will annotate the assessment with an example of each and identify goals for improvement for

UYVDC is committed to promoting and providing an inclusive and safe environment that uses *How Does Learning Happen? Ontario’s Pedagogy for the Early Years* framework used as a guide to govern our programs and integrate the four foundations of **Belonging, Well-being, Engagement, and Expression** in our daily practices. We strive to build strong and responsive relationships between children, teachers, families and our community, which continually develops the abundance of potential in every child.

Play serves a very important role in a child learning about self, others, and the world. When we give children the time and opportunity to engage in active self-directed play, we recognize the need for children to explore, examine, investigate, and ask questions. Inquiry-based play is a fundamental mode of learning for all children; children learn about the natural world through self-created experiences. Play enables children to explore a variety of creative uses of common materials and environments (indoor and outdoor spaces), it challenges conventional ways to use materials, and gives children a sense of power, control and mastery of their own learning.

This program statement will be reviewed annually to ensure that it is aligned with, and upholding the pedagogy and practices set forth in the Minister of Education’s policy statement.

Each program's daily schedule provides a balance of quiet and active experiences, individual and group activities, indoor and outdoor activities, and child-initiated and adult-directed activities with transition periods in between. Care routines, such as eating, toileting, diapering, sleeping, and dressing, are an integral part of the daily schedule.

UYVDC provides a positive learning environment for children that enhance their personal level of development. We believe that children learn about the world around them through play. Through play experiences and guidance by specially trained staff, the children are exposed to situations that will stimulate: communication and social skills through child-child and adult-child

interactions; fine motor development; gross motor development through physical activity and outdoor play; self-esteem and decision-making capabilities; curiosity, initiative and independence. Children are guided by skilled Registered Early Childhood Educators (RECEs) who establish a flexible program in an inclusive, supportive, and non-discriminatory environment. Children's ideas are the crux of the emergent curriculum that is based on the interests and needs of the children. Open communication between and among staff, children, families and the community is crucial to realizing a warm and safe environment in which the children at UYVDC can play, learn and thrive. We provide programs to support our "holistic" approach to child development, including sports, dramatic and creative arts, self-help skills, and science experiences. Children are encouraged, but not forced, to participate in all activities. We strive to provide a stimulating program that offers services to children, families and the community, within the framework of the Child Care and Early Years Act and ideologies in Ontario's Pedagogy for the Early Years ("How Does Learning Happen").

[How Does Learning Happen? Ontario's Pedagogy for the Early Years](#)

Our emergent curriculum is organized around the following 5 areas of development: (i) physical (gross and fine motor); (ii) social (awareness, respect, ability to share and cooperate); (iii) communication (verbal and non-verbal); (iv) self-esteem (self-awareness and positive self-image); (v) cognitive (comprehension, problem solving, and skill acquisition). Staff provide parents with the opportunity to discuss their child's progress through on-going discussions supported by weekly observations completed and accessible to parents/guardians at all times by using "Lillio" app; get.lillio.com/lillio-overview/?mscl-kid=61c78d8f42811c8bc81fe84d1ea1dc19&utm_source=bing&utm_medium=cpc&utm_campaign=Lillio&utm_term=lillio&utm_content=Lillio which are based on the ELECT skills.

[ELECT document.pdf \(google.com\)](#)

We believe capturing and documenting our practice is a form of reinforcement of the learning process for educators, family and children. Parent meetings are offered after completing the developmental checklists for each child based on the age milestones of the tool; We provide meetings/interviews more throughout the year if necessary or requested by parents/guardians or the staff to ensure we offer the best possible support for the individual learning needs of our children. If there are any problems or concerns regarding a child, the teachers will discuss it with the parent/guardian so that everyone is working together. At UYVDC, our goal is to help foster anti-racist views and avoid gender bias values, attitudes, and practices. Our programs and activities reflect the ethno-cultural diversity of Toronto and promote respect and appreciation of differences.

We believe in staff forming trusting relationships with children and their families, providing everyone with a sense of belonging. We are committed to helping children learn to: care about other people; understand other's feelings; cooperate and share; express their opinions; resolve conflicts; and develop self-competence, self-worth, and self-regulation.

1.3. Program Statement Implementation Policy

UYVDC uses the *How Does Learning Happen?* Framework to govern the program provided at our Centre. As a part of the framework, a *Program Statement* has been established to ensure an inclusive and safe environment for the children.

Staff, students and volunteers are required to implement the approaches outlined in the *Program Statement* when they are applicable. Staff students and volunteers will review the *Program Statement* prior to interacting with children, at any time when the program statement is modified when required thereafter.

The Assessment for Quality Improvement tool, Toronto Public Health guidelines, and the Child Care Early Years Act, 2014 will be reviewed and implemented on an on-going basis by the staff and ED to aid in ensuring the *Program Statement* is upheld.

1.4. Prohibited Practices Policy

Purpose of the Policy

Prohibited practices are in place to protect children and ensure that staff interact with them in a positive and constructive manner.

Understanding Behaviour

How Does Learning Happen? States that children are competent, capable of complex thinking, curious and rich in potential. With this in mind, an understanding of why a child is having difficulty self-regulating their behaviour is necessary to help them cope with the stress they are feeling. Ongoing communication between parents and staff ensures the best possible care for children. This cooperation benefits children, especially during times when they are having difficulties coping with the daily routine at home or in the Centre. Parent-staff discussions may provide answers to a child's behaviour, which may otherwise be labeled a behaviour problem.

Factors that may affect a child's behaviour include:

- Lack of sleep
- Stress
- Sight or hearing difficulties
- Maturity
- Boredom
- Curiosity
- Rules that are not clearly defined
- Too many "no's"
- Family crisis
- Environment or food sensitivities
- Illness
- Physical discomfort

- Manipulative or masked behaviours
- Personality conflicts
- Testing limit

Establishing Expectations and Consequences

Establishing expectations for acceptable behaviour functions to raise the child's self-esteem by reminding them what they are capable of, and to set clear triggers for consequences (The Center for Parenting Education, 2006, p. 1). Children's behaviour is guided in a positive manner at a level that is appropriate to their actions and ages in order to promote and maintain self-regulation and the respect for the rights of others, and to ensure health and safety. Specific strategies and approaches practiced by staff include reflecting children's feelings, redirection, using positive language and positive reinforcement. These strategies set and reinforce limits, promote co-operation and support autonomy.

Autonomy can be further supported by enabling children to solve problems. The teacher's role in the problem-solving approach is to establish limits to behaviour to ensure children's health and safety, and also to follow through with logical consequences when limits are exceeded. This enables children to develop their own sense of accountability, by teaching them how to think independently, rather than telling them what to think (Markham, 2014, p. 1).

To use consequences effectively in teaching self-regulation, consequences must be thought of as a teaching-tool, and not as punishment (The Center for Parenting Education, 2006, p. 1).

When deciding on appropriate consequences consider what the child needs to learn, and what would be the most effective way to instruct them. Consequences are most effective when children have to do certain things to have the consequence lifted; this gives the child more power, and lets them internalize the lesson (The Center for Parenting Education, 2006, p. 5).

Act with caution, care, and respect when enforcing limits.

How Does Learning Happen? Describes educators as “competent and capable, curious and rich in experience. They are knowledgeable, caring, reflective, and resourceful professionals...” With such qualities educators are expected to utilize a variety of strategies, either direct or indirect, to intervene in children's behaviour (College of Early Childhood Educators, 2016, p. 9). The following lists outline tips for effective intervention:

Indirect Intervention:

- Focus on how children are grouped together
- Create sensory experiences in the learning environment
- Ignore certain behaviours
- Actively listen to children expressing themselves
- Intervene with words

[CECE Code of Ethics and Standards of Practice for RECEs in Ontario \(college-ece.ca\)](http://college-ece.ca)

Direct Intervention:

- Be consistent and use clear, developmentally appropriate language when setting limits and boundaries.
- Be flexible and prepared to change your strategies, interventions and problem-solving approaches in order to meet the needs of individuals and group dynamics.
- Consider if behaviours and situations are worth ignoring. Reflect on strategies for re-directing and distracting children when appropriate. Model positive emotional expression by acknowledging and labelling your own emotions.
- Always maintain a positive view of each child when deciding your response:
- What is the child showing you they need in order to return to a state of calm? Do they need a hug, a quiet space or natural and logical consequences?
- How can you support children to cope, solve problems and return to a state of calm? Show children you believe in them.
- Reflect on whether you use the words “good,” “bad” or “nice” throughout your day? What do these words communicate to children? What words are useful?
- Model problem-solving strategies.
- Look beyond challenging behaviours, observe potential causes and stressors and react warmly and supportively to a child who is struggling with self-regulation.
- Acknowledge and positively reinforce children’s hard work in a meaningful way and be specific when describing actions and reactions.
- Seek support and advice from colleagues, supervisors and community resource persons (College of Early Childhood Educators, 2016, p. 12)

1.4. PROHIBITED PRACTICES

RECEs should be aware that certain unacceptable practices are outlined in the College’s Code of Ethics and Standards of Practice. Standard V: A1 states “ECEs do not abuse physically, sexually, verbally, psychologically or emotionally a child who is under the member’s professional supervision.” The unacceptable practices reflected in this standard are also included in Section 2(3) of the Ontario Regulation 223/08: Professional Misconduct under the Early Childhood Educators Act, 2007 (College of Early Childhood Educators, 2016, p. 17.

UYVDC will not tolerate:

- 1. Any type of corporal punishment (i.e. striking a child directly, or with any physical object, shaking, shoving, spanking or other forms of aggressive behaviour).***
- 2. Physical restraint of the child, such as confining the child to a high chair, stroller or other device for the purposes of discipline or in lieu of supervision, unless the physical restraint is for the purpose of preventing a child from hurting himself/ herself or someone else, and is used only as a last resort and only until the risk of injury is no longer imminent.***
- 3. Forcing a child to eat or drink against their will. Exceptions to this will only be made in situations that have been deemed medically necessary and the child will be required to have a doctor’s letter on file indicating the specifics of such direction.***

4. *Harsh, humiliating, belittling or degrading measures or threats or use of derogatory language directed or used in the presence of a child that would humiliate, shame or frighten the child or undermine his or her self-respect, dignity or self-worth.*
5. *A child being deprived of basic needs including food, drink, shelter, sleep, toilet use, clothing or bedding.*
6. *Locking the exits of the child care centre for the purposes of confining a child, or confining a child in an area or room without adult supervision. Please note: Under our Lockdown Procedure, children could be contained to a room temporarily until the emergency is resolved.*

If there are concerns regarding a child's behaviour or social, emotional, physical or cognitive development, the following procedures are followed:

1. The staff documents observations made by the parents, staff, and volunteers (confidential). There will be a meeting with the parent(s)/guardian(s) of the child to discuss the observations and plan strategies regarding the concerns (i.e. if a child appears to have sight or hearing difficulties, it is recommended for the child to see their family doctor or optometrist, or an outside agency may be discussed).
2. The staff and parent(s)/guardian(s) will continue discussions to help the child. All discussions are documented and are kept on file in UYVDC.

Some difficulties a child may experience are beyond the scope of the staff and parent(s)/guardian(s). In these situations, appropriate agencies are accessed for guidance and assistance. Parents who refuse to allow access to these agencies will result in the Centre giving parents' notice of withdrawal of the child from the program. While two months' notice is the usual standard notice period, UYVDC reserves the right to amend the notice period based on the severity of the situation and the health and safety risks to the child and others who are in contact with the child.

UYVDC makes every effort to serve the parents and children enrolled in the program; however, there may be exceptional circumstances where UYVDC is unable to meet a child's needs. The Board of Directors reserves the right to suspend a child temporarily with conditions or permanently as the situation may warrant. The parent(s)/guardian(s) are informed of the decision in writing and if possible an alternate arrangement is suggested. The District Consultant at Children's Services is notified of the child leaving care. UYVDC will endeavor to provide parent(s)/guardian(s) with two months' notice to arrange alternative care for their child; however, notice will depend on the severity of the situation and the safety of other children and staff. Confidentiality is respected throughout this difficult time.

Consequences for Contravention of the Prohibited Practice Policy

Behaviours by staff or volunteers that violate this policy may be reported as a serious occurrence, and may be considered child abuse. The following actions will be taken in response to every violation:

1. Any staff member or volunteer observed using measures that contravene the standards outlined in this document, shall be reported immediately to the centre Executive Director. The Executive Director will take immediate steps to investigate the alleged incident.
2. The Executive Director will immediately speak privately to the staff member involved, at which time the Executive Director will have to be satisfied that they have the facts, that the facts are as reported, that the incident is documented, a copy of the documentation is placed in the staff file. A verbal warning will be given, and a letter of warning will be placed in the staff file.
3. If a second incident is reported and the Executive Director certain that this incident occurred, the Executive Director will briefly discuss the incident with the staff and proceed by sending them home. A meeting will be arranged for the next day with the staff member, the Executive Director and the Board of Directors.
4. The outcome of this meeting will be based on whether returning the employee to their job would place the children at risk. If the employee remains on staff, the employee will be issued a written warning letter, and a copy of the letter will be placed in their file.
5. Any further incidents will result in immediate suspension, followed by an emergency meeting with the employee, the Executive Director, and the Board of Directors, at which time dismissal would be considered.
6. If the Executive Director is observed contravening the standards outlined in this document, the observer, whether parent or staff, will report the incident directly to the Board of Directors. The Board of Directors will attempt to get clarification and meet with the Executive Director as quickly as possible in order to take appropriate measures. The Board of Directors has to be satisfied that this is an isolated incident. However, if the Board hears of one or more incidents the Board would follow steps 3, 4, and 5, except that the meetings would be with the Executive Director and the Board of Directors.
7. Documentation will be kept and filed at each step.

Suspicion of Child Abuse:

UYVDC is required by law under the Child and Family Services Act to report any suspicion of child abuse or risk for abuse. The following information is a brief summary of what the legal obligations are, as outlined in UYVDC Child Abuse Policy.

Duty to Report:

1. “All RECEs have a duty to report to a Children’s Aid Society suspicions of harm and the risk of harm to a child under the Child and Family Services Act, 1990. This requirement includes reporting child abuse perpetrated by colleagues or other professionals. The College’s Professional Advisory: Duty to Report highlights all of the

- responsibilities of RECEs under this legislation” (College of Early Childhood Educators, 2016, p. 17).
2. A person who works with children has an added legal responsibility to report immediately any suspicion of child abuse to a Children’s Aid Society.
 3. All child abuse reports are constituted as a serious occurrence by the centre; reports are filed with the Ministry of Education.

All employees, volunteers, and students who care for or supervise children at UYVDC will be observed for monitoring the Supervision of Children and Compliance with the Prohibited Practices Policy. Observation will take place 2 times per year and recorded on the “Supervision of Children and Compliance with the Prohibited Practices Policy” form. The observation recorded on this form is in addition to any mandatory reporting related to specific contraventions of the Prohibited Practices Policy. All records of contraventions to this policy will be stored in a secure location for a period of 3 years.

1.5. Monitoring for Compliance with The Program Statement Policy

ED will complete a minimum of one observation per year per staff (a quarterly basis), student, and volunteer, to be documented on the *Program Statement Monitoring Form* to assess and ensure compliance of the *Program Statement* within the centre. These observations will be reviewed with staff immediately in the following manner:

Contravention of Prohibited Practices

Any staff observed or alleged to be contravening the *Prohibited Practices* shall be immediately removed from the classroom. The *Child Abuse Policy* will be followed.

Any student or volunteer observed or is alleged to be contravening the *Prohibited Practices* shall be immediately removed from the classroom and the placement or volunteer arrangement will be immediately terminated. The placement faculty will be immediately contacted. The *Child Abuse Policy*

Contravention of Program Statement (other than *Prohibited Practices*)

Every effort is made by the ED to assist staff, students and volunteers in maintaining a positive attitude and in setting examples of exemplary behavior in the classrooms for children, peers and parents.

If a staff, student or volunteer is observed contravening any area of the *Program Statement* that does not pertain to Prohibited Practices, one the following may occur:

They shall be immediately spoken to by the ED and asked to correct their actions immediately; and/or disciplinary action may be taken up to and including termination.

Annual Performance Appraisal

All observations and corrections made throughout the year will be reviewed with staff at their Annual Performance Appraisal.

1.6. Implementation and Review of Policies Procedures and Individualized Plans

The *Child Care and Early Years Act, 2014* requires that there are policies, procedures and individualized plans (where necessary) in all child care centres. The purpose of policies, procedures and individualized plans is to ensure that staff, volunteers or students are aware of their roles and responsibilities and are better equipped to provide for the health, safety, and well-being of children receiving care.

UYVDC will ensure that the policies, procedures and individualized plans are reviewed on an annual basis, or as required to ensure that they are current.

An individualized plan is defined as a written plan that indicates how the childcare centre will support a child; that is developed in consultation with parents and other professionals. *The Anaphylaxis Emergency Plan of Care, The Individualized Support Plan for Children with Special Needs and the Guidelines to support children with special accommodation due to medical needs are individualized plans.*

Implementation

All policies, procedures and individualized plans will be reviewed as follows:

- a) With **staff**, before they begin their employment.
- b) With **volunteers or students** who will be interacting with children, before they begin to volunteer or before they begin their educational placement;
- c) With each person described in (a) or (b), at least annually after the first review and at any other time when changes are made to a policy, procedure or individualized plan.

After policies, procedures and individualized plans are read, the individuals will have the opportunity to ask any questions for clarification. The individual will be required to sign and date the *Policy and Procedure Sign off* form acknowledging **that:**

- They have read and agree to follow the policies, procedures and individualized plans. The ED/Designate will also sign off and date the *Policy and Procedure Sign Off* form and place in the individual's file.

1.7. Monitoring Compliance and Contravention Policy

Purpose

To provide direction on how UYVDC monitors compliance and contraventions of required policies and individual plans.

Applicable Law

- *Child Care and Early Years Act, 2014*, Ontario Regulation 137/15
- *Childcare Centre Licensing Manual*

Definitions/Acronyms

For the purposes of this policy, the following definitions/acronyms apply:

- Child Care and Early Years Act, 2014 (CCEYA)

Policy

Staff, students and volunteers will be monitored on a regular basis to ensure they are complying with required policies and procedures:

- *Playground Safety, Supervision and Communication Policy*
- *Anaphylactic Policy*
- *Health and Sanitary Practices Policy*
- *Sleep Room Supervision Policy*
- *Serious Occurrence Policy*
- *Administering Prescribed Medication Policy*
- *Supervision of Volunteers and Students Policy*
- *Program Statement Implementation Policy*
- *Staff Training and Development Policy*
- *Criminal Reference Check/Vulnerable Sector Check Policy*
- *Fire Safety/, Emergency and Evacuation Policy*
- *Individual Plans*
- *Waiting List, Admission and Withdrawal Policy*

There is a written process in place for monitoring, recording and addressing compliance and contraventions.

Roles & Responsibilities

Executive Director

- The ED will provide all staff, volunteers and students with a copy (digital or paper) of all policies, procedures, processes and individual plans before any person interacts with children.
- ED is responsible for training staff, volunteers and students about the policies, procedures, processes and individual plans they are expected to follow.
- The ED is responsible for on-going observations to ensure compliance.
- At least once annually, the ED will complete the *Compliance & Contraventions Checklist* with all staff, students and volunteers to monitor, record and address compliance and contraventions.

Staff, Students and Volunteers

- It is the responsibility of all staff, students and volunteers to read, review and ensure compliance of all required policies, procedures, processes and individual plans.
- Staff, students and volunteers will receive a digital or paper copy of policies, as well as information related to updated content. They are responsible for signing off on all policies,

procedures, processes and individual plans at least annually and whenever there are updated versions.

2. INTAKE AND ADMISSION

There is a process in place for all children being considered for a space at UYVDC. A parent who is interested in obtaining a space for their child will contact the centre either by phone or via email. The ED will instruct the parent how to submit the wait list application form. The parent may request the the UYVDC *Parent Handbook* including the *UYVDC Program Statement* via email.

A copy of the *Registration File* to be completed and returned to the ED once the child is confirmed to have a spot at UYVDC. If fee subsidy is required or approved, parents must follow up with the ED with the details. If fee subsidy is not required, the child is either accepted if there is a vacancy or placed on a waiting list. The children are placed and called based on the date of the wait list application.

An individual who visits the centre without an appointment and is interested in obtaining a space will be asked to fill out a *Admission Form*.

[Admission Form – UPPER YONGE VILLAGE DAYCARE CENTRE \(uyvdc.ca\)](http://uyvdc.ca)

The ED will review the *Admission form* form and the UYVDC administrator will confirm the receipt via email.

A meeting for the individual and ED or a designated staff will be scheduled upon the space available for the child. At the meeting, the individual will be provided with a *Registration File, this also can be emailed to the Family;* to be completed and returned to the centre by the required deadline including the Preauthorized Payment Form and Financials Agreement form. The Security Deposit will be charged for Full Fee families only.

Enrollment

Children are enrolled by the ED after the forms and documentation contained in the *Registration Package* and additional documents, as required, have been completed

2.1. Waiting List, Admission and Withdrawal Policy

Policy Implementation and Review

The Executive Director will ensure all staff, students and volunteers are provided with a copy (paper or digital) of all required policies, procedures. The original copies of the Policies Manuals are also kept in the ED office.

The UYVDC Waiting List, Admission and Withdrawal Policy will be reviewed with staff, students and volunteers when they begin their employment or involvement with the Centre and then annually or any other time when changes are made.

The record of the review will be signed by the person who participated in and conducted the review.

A record will be kept of the date of each review conducted of this policy and these records will be kept for at least three (3) years in a secure location in the ED Office.

Purpose

To provide direction on how Upper Yonge Village Daycare Centre handles its waiting list, admissions, and withdrawals in a fair, consistent and transparent manner that also maintains the necessary balance in each room.

Applicable Law

- *Child Care and Early Years Act, 2014*, Ontario Regulation 137/15

Definitions / Acronyms

For the purposes of this policy, the following definitions / acronyms apply:

- Child Care and Early Years Act, 2014 (CCEYA)
- Upper Yonge Village Daycare Centre (UYVDC)

Policy

PROGRAM WAITLISTS

UYVDC offers a number of different childcare programs:

- Infant (up to 18 months)
- Toddler (up to 2½ years)
- Preschool (30 months up to 4 years)

UYVDC maintains separate waitlists for each program and, subject to the rules below, we make every effort to keep children enrolled in the Daycare once they begin at UYVDC. To gain access to the waitlists, families must submit a completed application form available on our website at: [Admissions – UPPER YONGE VILLAGE DAYCARE CENTRE \(uyvdc.ca\)](http://uyvdc.ca)

A child who is already enrolled in the Centre in one room does not have to apply to be on the waitlist in another room.

A. Withdrawal Policy (at the request of the parents)

All withdrawal policies (set out below) are shared with parents at admission.

Due to the planned renovation of the UYVDC building, we understand that in some cases parents are not able to provide the required two months' withdrawal notice (e.g., if they are offered a spot at another daycare on a short notice). Due to this matter effective Dec. 1, 2023, until further notice, UYVDC will accept a minimum of 2 weeks' notice. However, we encourage families to provide at least one month's notice in writing (email to the ED is sufficient) which must indicate the last day of the child's attendance at UYVDC.

This procedure is followed by all families.

B. Withdrawal Policy (due to a lack of vacancies in the next classroom level)

UYVDC will continue to move up all children from one level to the next based on the vacancies in the daycare. If the ED is not able to confirm a vacancy in the next classroom level (Infant to Toddler; Toddler to Preschool) within two or more months, parents will be notified with the following options:

- 1. Continue to keep your child in the same classroom level:**
 - i. at the same fee structure as classroom enrollment
 - ii. programming will be adjusted based on the observations and the developmental level of each individual child
- 2. Withdraw the child from UYVDC by providing two months withdrawal notice.**

Note:

UYVDC will aim to stabilize the graduation of each enrolled child to the next level.

UYVDC cannot guarantee the exact time when a child will move up to the next classroom level. (e.g., Infants can be as young as 15 months or older than 18 months when they graduate into the Toddler program). Subject to additional requirements (TCS, MOE)

3. Withdrawal Policy (at the request of the UYVDC /Denial of Admission

UYVDC will work with families when situations arise whereby a child may need help with a behaviour or other concerns, or where communication with parents has begun to break down. Generally, the staff in the room will discuss the behaviour/concerns with the child and their parents. The Centre's Executive Director will be involved depending upon the circumstances. Occasionally assistance from an outside agency, such as Toronto Children's Services, is recommended and might be used. In most cases, the behaviour or communication improves, or the concerns are addressed. However, from time to time, the Centre might request a child to withdraw from the Daycare for reasons that may include, but are not limited to:

1. The child no longer derives any benefit from the care at UYVDC.
2. Communication between parents and the Daycare is not conducive to the development of the child or is detrimental to the well-being of the Daycare.
3. The child is putting other children or themselves at risk. In these cases, the Daycare will:

-
- (i) document its meetings with the parents and the use of any support services with regard to the child,
 - (ii) notify the Children's Services Consultant,
 - (iii) notify the Board of the Daycare,
 - (iv) refer the parents and child to other services, where possible, and
 - (v) meet with the family for an exit interview.

Whenever possible, the child and family will be given two months' notice in writing of the date for withdrawal from the Centre. The procedure set out above is followed for all families with children who are asked to leave. A notice period of less than two month's may be necessary if the child's behaviour puts staff or other children at risk. The notice period is at the discretion of the Board of Directors.

Where the UYVDC cannot admit a child because the Centre cannot accommodate the child's needs or family circumstances, the Centre will:

- (i) document its meetings with the parents and the use of any support services with regard to the child,
- (ii) notify the Children's Services Consultant,
- (iii) notify the Board of the Daycare, and
- (iv) refer the parents and child to other services, where possible.

The procedure set out above is followed for all families with children who have been denied admission.

Roles & Responsibilities

Executive Director

- maintains the waiting list, and processes admissions and withdrawals according to policies and procedures described herein.

Staff, Students and Volunteers

- N/A

Procedure

WAITLIST MANAGEMENT PROCEDURES

The Executive Director maintains a waiting list for each of the childcare programs offered by the Centre. Each waitlist is administered in accordance with the following rules:

1. A child's name will be added to the waitlist in order based on the date the Centre received the completed registration form.
2. The date of registration on the waitlist will reflect the date the registration form is received by the Daycare. This is referred to as # Reference Number: i.e. 20230221 (Year-month-day)
3. A child's space on the waitlist is not transferable to another family or to the siblings.
4. When a space becomes available, the Executive Director will offer the family of the child whose name is at the top of the waitlist a space in the childcare program (subject to the priority rules set out below) by email ; If the client don't respond, a phone call can be placed by the ED or the Admin staff. We will use the email provided on the registration. It is the responsibility of the parents to call or email UY-VDC if their contact information changes for any reason.
5. A family that is offered a space in the Centre will have up to three (3) days to accept the offer **Confirmation of acceptance is made in writing via email no later and or before the required date.**

Security Deposit of \$ 500.00 is required at the time of the enrollment for the Full Fee families.

6. If a family is unable or chooses not to accept a vacant spot when notified, the application will be removed from the Wait List, or put to the back of the Waiting list upon request. **In other words, there is not an option to "defer" admission to a Daycare program.**
A child's position: Reference Number on the waiting list is available upon request, while maintaining the privacy and confidentiality of children on the list.

WAIT LIST PRIORITY

When a space becomes available, families will be offered a space in the center on the basis of the applicable waitlist, subject to the following priority:

- Siblings of children already attending UYVDC whose names are on the applicable waitlist will be offered a place in priority to all other children on the waitlist.

As a result of this priority, a child's place on the waitlist is subject to change without notice. For this reason, it is not always possible to accurately predict a child's likelihood of being offered a space in the childcare program at a date in the future.

ADMISSION

Prior to enrollment, the parents of a child who has been admitted to UYVDC will be provided with an enrolment package, which will include the following:

- An electronic copy of the *UYVDC Parent Handbook including the Program Statement* outlining the general policies and practices of the Centre.
- A registration package which parents/guardians/ clients must completed as a condition of the enrollment and submitted via email or in person. The enrollment file must be returned at least 2 business days before the child's day at the center.
- We also require close photos shots with the labeled names of the child/ children , parents/ guardians and all listed emergency pick up persons.
- **In case a child has special allergy restrictions or Anaphylaxis, the Enrollment File must be submitted at minimum of 6 business days prior to the enrollment date.**

No exception can be made due to the time to allow for the accommodations.

In addition, parents of all children admitted to the Centre are required to provide no **later than on the date of the enrollment** an up-to-date immunization record obtained from the child's family doctor and update the record after each new vaccination.

Where the Centre cannot admit a child because the Centre cannot accommodate the child's needs or family circumstances, the Centre will:

- A) Document meetings with the parents/caregivers and the use of any support services with regard to the child.

In some cases, further steps could include:

- B) Notifying Toronto Children's Services and the Daycare Board of Directors
- C) Referring the parents/caregivers and child to other services, where possible.

FEES

Fees are due and payable on the first of each month, the payment is provided by Preauthorized form (PAD) which must be submitted to the Executive Director before the first day of the enrollment.

Fees for the first four weeks are non-refundable. Fees remain at the rate charged for each of the programs until children are moved up to the next program. Every effort will be made to move children at the required time; however, space needs to be available in the next program to facilitate movement.

- A deposit of \$ 500 must be paid to UYVDC before your child first attends the daycare (applicable to both full-time). The security deposit is retained and will be applied against each child's last month at the Daycare. **This deposit will be forfeited if the child is withdrawn without providing UYVDC with the required two-months' notice.** Effective Dec. 1, 2023 the withdrawal notice is minimum of two weeks.

-
- A deposit is required for every child regardless of whether other siblings are attending UYVDC, and a deposit has been paid for those siblings. Interest will not be paid on this deposit.

VOLUNTARY WITHDRAWAL POLICIES

UYVDC is a non-profit childcare Centre, and as such, plans its yearly budget based on the upcoming year's registrations. The Centre strives to maintain a balanced budget in every calendar year. To reduce the financial and practical difficulties associated with unpredictable changes in program enrollment, and to help ensure that all families can be accommodated according to their program choices, the Centre has instituted and strictly enforces the following withdrawal policies.

A family may voluntarily withdraw from the Daycare by providing two (2) weeks' written notice to the Centre.

A family who voluntarily withdraws from the Daycare is not automatically entitled to return to the Daycare and does not retain their child's space on the waitlist for that program unless they pay the monthly holding fee. If the family wishes to remain on the waitlist, the child's name will be moved to the bottom of the applicable waitlist.

RE-ADMISSION

If a family leaves owing money to UYVDC, payment needs to be received in full before the child can return.

2.2. Full Fee Policy

Admission:

- Admission to UYVDC is on a first come first serve basis. Parents will be contacted when a space becomes available and will be immediately required to pay a deposit and (upon confirmation of enrollment) enroll the child. If the deposit is not paid immediately or the parent wishes to delay enrollment, the parent will forfeit their child's spot.
- A deposit of first and a Security Deposit of \$500 per child (not per family) must be paid to UYVDC before your child first attends the daycare. The last month's deposit is retained and will be applied against each child's last month at the Centre. This deposit will be forfeited if the child is withdrawn without providing UYVDC with the required two-months notice.
- A deposit is required for every child regardless of whether other siblings are attending UYVDC and a deposit has been paid for those siblings.
- Interest will not be paid on this deposit.

Fees:

- Current fees are posted at the UYVDC. In the event that fees are increased or decreased, the Board of Directors will give written notice to parents 30 days prior to the change. ¹
- Monthly fees are not adjusted for statutory holidays or absences/vacations.
- A receipt for each family will be given in February for income tax purposes.
- If, for any reason, fees remain unpaid after the first business day of the month, parents/guardians will be given written notice that they must bring their account back in order within 30 days from the first of the month, or they will be expelled from UYVDC at the end of the notice period. In this case, any original deposit will be used to cover this last month, and the family will be liable for any additional fees outstanding.
- UYVDC will make every attempt to work with families who find themselves in financial difficulties while at the same time maintaining the financial viability of the daycare.

2.3. Subsidy

- Information on subsidized daycare is available from the Executive Director. Periodic case reviews are required to determine subsidy fee rates. Parents are responsible for ensuring that case reviews are completed as required.
- Based on Toronto Children's Services policy regarding absence days in excess of the maximum allowable number of days for children receiving subsidy, you will be required to pay the daily fee at the full fee rate for any additional days taken in excess of Toronto Children's Services entitlement. If your child will be absent and the expected time away will exceed the maximum allowable days, you must pay for the number of extra days before your child commences his/her period of absence, regardless of the reason for the absence.
- For more information, please refer to the City of Toronto website at: www.toronto.ca/children or contact your Children's Services caseworker to discuss the policy.

2.4. Reduced Ratios Policy

The Child Care and Early Years Act, 2014 mandates minimum staffing requirements, and Upper Yonge Village Daycare Centre (UYVDC) works not only to meet these requirements, but to surpass them when possible and appropriate.

Upper Yonge Village Daycare Centre recognizes that children arrive and depart from our Centre at different times, and therefore, attendance may fluctuate greatly during these time periods. The reduced ratio provision allows UYVDC flexibility with regards to staffing requirements during arrival and departure times; as well as during non-active rest periods (a reduced ratio will be scheduled during this time so that staff may have a meal-break), as long as the children are adequately supervised.

At no time, will the reduced ratio be less than two-thirds (2/3) of the required ratio, and it does not apply in respect to a licensed infant group, or during outdoor play periods.

UYVDC will never use reduced ratios in respect to the infant group (children under eighteen (18) months of age) where physical safety considerations in the event of an emergency prohibit any reduction in ratios (e.g., emergency evacuation, lockdown, etc.).

UYVDC

- Opens at 7:30 am Reduced ratios up to: 9:00 am
- Ends at 6:00 pm Reduced ratios start at: 5:00 pm
- Lunch period
(Rest time quiet activities) Reduced ratios 12-2 pm (Preschool 12:30-2:30)

Reduced Ratio Guidelines

UYVDC programs that operate for six (6) hours or more a day, the period of arrival will not exceed ninety (90) minutes after the opening of the Centre, and the period of departure will not exceed sixty (60) minutes before the Centre closes.

- Toddler ratios are no less than 1:8
- Preschool ratios are no less than 1:12

UYVDC rest period will not exceed two (2) hours in length. To operate using reduced ratios, this must be a period where the children are not engaged in active play (e.g., sleeping or engaged in quiet, inactive play).

UYVDC will ensure that at all times, the appropriate numbers of adults are on site, available and accessible to each classroom operating at a reduced ratio.

Reduced Ratios

Licensed infant groups children under eighteen (18) months) will always maintain full staff-child ratio (3:10).

Age Category	Number of children in room	Number of staff Required
INFANTS	1-3	1
	4-6	2
	7-10	3
TODDLER	1-8	1
	9-15	2
PRESCHOOL	1-12	1
	13-24	2

3. CUSTODY AND ACCESS

3.1. Custody And Access Arrangements

The ED is responsible for informing staff whenever there is legal documentation that restricts a parent's access to a child. If there is no legal documentation, a parent cannot be prevented from entering the Centre or from having access to his/her child, unless there are reasonable grounds that the parent could be dangerous to the children at the Centre or the parent is behaving in a disruptive manner. Only the applicable section of the documentation is to be copied and retained on file (i.e. the frequency and length of the arrangement and the names of the parents and child/ren). The details contained in the legal document will not be disclosed to staff. A child will not be released to anyone without prior written authorization from the legal custodial parent/guardian. In situations where the parents do not live together, the legal custodial parent/guardian must provide the ED with proof of access arrangements. Based on the terms of the agreement, the ED will advise staff whether the non-custodial parent can pick up the child.

3.2. Custody And Access Orders

All court orders are designated a file number, court seal, and the judge's signature, names of the parties, the date and type of order.

A temporary court order will have an expiration date and state the terms of custody and access. This court order will be followed up to the expiration date.

A permanent court order will provide specific details of custody and access.

When a parent notifies the ED that they have a verbal agreement, the ED must inform the individual that verbal agreements are not binding, as they cannot be proven, and that the other parent will have full access to the child, provided that the primary parent has identified an individual as the other parent.

The ED must request a copy of all written orders or agreements for the child's file. The ED will transfer all relevant information to the Custody Information Form which will be placed in the classroom's emergency binder.

NOTE: Not all custody and access agreements are determined by the courts. Sometimes, parents have private agreements. An agreement is considered to be legally binding if it is signed and dated by both parents and two witnesses who are not related to either parent. Preferably, this type of agreement should be notarized.

3.3. Restraining Orders

Where a restraining order has been issued that prevents the release of the child to a specific individual, a copy of the order must be obtained and placed in the child's file, as well as a detailed physical description and photograph of the unauthorized individual. The ED will inform all staff of the person's appearance and of the restraining order. Under no circumstances will a child be released to an unauthorized person. Should a staff be unsure as to what to do, the ED should be consulted.

If an unauthorized person arrives at the Centre and refuses to leave without the child, staff must do the following:

- Immediately ask a second staff to secure the child
- The second staff must call 911 and notify the legal custodial guardian
- Keep the child out of visual contact with the unauthorized person

- Call the ED
- Await further directions
- Document the incident in the classroom communication book in the classroom communication book

3.4. Telephone Inquiries

Information about a child should not be given over the telephone. Telephone inquiries should be treated as follows:

- Note the date/time of the call, the name of the individual, if obtained, and the information requested about the child
- Request a telephone number for a return call by the ED
- Notify the ED of the telephone request
- Record the telephone inquiry in the classroom communication book

The ED will determine what, if any, further action should be taken.

3.5. Request For Release of Child By Non-Custodial Parent

A child will not be released to an individual other than the parent, without prior notification by the legal custodial parent/guardian. Parents are required to document in writing in the child's file the name, phone number and the relationship on the authorized person's list. At least one other authorized pick-up person than parents/guardians is mandatory to state to allow to pick up the child. The parent / guardian is required to provide at least two business days a close photo shot of the child, Parents/ guardians and all listed emergencies pick up persons.

Without the photo on file the child will not be released.

For emergency one time A signed note to the Centre or a written note via email will be accepted for one time only. The parent will provide an adequate description of an individual they have authorized to pick up their child. Government issued photo identification must be provided prior to the release of the child. A photo of the person sent via email is strongly encouraged.

If an individual arrives to pick up a child and is not listed as an authorized person on the pick-up list, and the parent has not given consent prior to the individual's arrival at the Centre, the parent will be contacted for verification. Child will not be released to this parent until the confirmation by parents is provided.

Staff are required to:

- a) Ask the individual to wait until verbal contact has been made with the parent.
- b) Record the details of the conversation with the parent, and the date and time the information was received in the communication book.
- c) Request Government issued photo identification to verify the identity of the individual. Staff will make a copy.

If an unauthorized person arrives at the Centre with a note signed by a parent, staff must:

- a) Ask the person to wait until verbal contact has been made with the parent to verify the note.
- b) Upon confirmation by the parent, request Government issued photo identification for verification purposes (e.g. driver's licence). Staff will make a copy.
- c) If a parent/guardian cannot be contacted, the child will not be released.

IMPORTANT:

All Government issued photo identification must be in their ORIGINAL form – photocopies are not acceptable.

4. CLIENT COMPLAINT

4.1. Parents Issues and Complaints Policy

We believe in creating a welcoming environment that supports the co-operation between the family and Upper Yonge Village Daycare Centre and, therefore communication between families and the Centre is encouraged on a daily basis.

UYVDC approach to handling concerns and complaints is based on a commitment to:

- provide a safe and supportive learning environment
- build relationships between the children, families and UYVDC
- provide a safe environment for everyone

This policy and its associated procedures are to ensure that concerns and complaints are dealt with in a fair and transparent way. Concerns and complaints will be handled responsibly, openly and in a timely manner, with the aim of resolving the matter to the satisfaction of all parties.

1. Raising a Concern or Complaint

UYVDC will address all concerns and complaints as promptly as possible. Families should follow the processes outlined in this policy and should not contact other families about their concerns or complaints as UYVDC will address them following due process.

Families should follow the steps below when an issue or concern arises:

- 1.1. Speak with the educator involved with the child—the employee who receives the complaint will record the issue or concern in writing and direct a copy to the Executive Director so that she/ he is aware of any and all concerns and issues.
- 1.2. UYVDC will acknowledge all complaints and will provide a timeline for investigating the complaint. The Centre will make every attempt to resolve the concern or complaint as quickly as possible. I will strive to provide the initial response within 2 business days. However, if a complaint is a complex issue, UYVDC may need more time to investigate and resolve the issue(s). I will strive to provide the initial response within 2 business days. Should the complaint involve complex issues, UYVDC may need to take advice from outside resources which may take more time. The Centre will inform the family the new timeline for addressing the complaint and the reasons for any delays.
- 1.3. At this time, it may be appropriate to discuss any other issues that the Executive Director may feel is important concerning the child in the context of the complaint.

- 1.4. If the family is still not satisfied with the results of the concerns, they will make an appointment to personally speak to the Executive Director and the Board of Directors. If necessary, a further meeting may be required with outside agencies in order to resolve the complaint or issue.

2. More Information About Raising a Concern or Complain

About What/Issue	Who to Contact	How
Classroom activities, curriculum, friendship issues	Staff in your child's classroom	<ol style="list-style-type: none"> 1. In person 2. In writing via Hi Mama message
Complex issues, such as behaviour	Staff in your child's classroom	<ol style="list-style-type: none"> 1. In person 2. In writing via Hi Mama
Centre policy or management	Executive Director	<ol style="list-style-type: none"> 1. In person 2. Via email 3. Via phone call
General enquiries	Executive Director	<ol style="list-style-type: none"> 1. In person 2. Via email 3. Via phone call

Please:

- Raise any concerns as soon as possible after the issue occurs
- Put it in writing, providing detailed factual information
- Maintain and respect everyone's privacy and confidentiality
- Be calm, courteous, honest and sincere

Please also:

- Recognise everyone has rights and responsibilities that must be balanced.
- Respect and understand each other's point of view; value difference rather than judge and blame
- Realize an outcome acceptable needs to be achieved for everyone involved.

Remedies:

When a complaint is justified, UYVDC will work with the family to find an appropriate remedy such as:

An explanation or further information

- Mediation, counselling or other support
- An apology, expression of regret or admission of fault
- Change a decision
- Change policies, procedures or practices
- Cancel a debt (such as for school payments)
- Refund a fee

UYVDC will implement the remedy as soon as possible.

Family Concerns and Complaints Protocol—Contact Information

Concerned Family			
<i>Make an Appointment</i>	<i>Write</i>	<i>Email</i>	<i>Telephone</i>
Via email or call	A Letter	Director@uyvdc.ca	416-487-2861

Note: A copy of this policy can also be found in the Parent Handbook.

5. OPERATIONS

5.1. Hours Of Operations

At UYVDC, childcare is provided 10 ½ hours daily, Monday to Friday from 7:30 a.m. to 6:00 p.m.

The Centre is open year-round with the exception of the following Statutory Holidays:

- New Year's Day (January 1st)
- Family Day (3rd Monday in February)
- Good Friday
- Victoria Day (3rd Monday in May)
- Canada Day (July 1st)
- Civic Holiday (1st Monday in August)
- Labour Day (1st Monday in September)
- Thanksgiving Day (2nd Monday in October)
- Christmas Day (December 25th)
- Boxing Day (December 26th)

The Executive Director conducts a holiday survey in early December to determine how many parents/guardians need care for their children during the holidays. Please ensure you provide accurate information to allow the Centre to staff classrooms appropriately.

On occasion the Centre may close early during the year, but not without ample notice given to parents/guardians. It is usually an emergency situation that would cause such a closure.

5.2. Early closing on Christmas Eve and New Year's Eve

Whenever Christmas Eve or New Year's Eve occurs on a day that the Centre is normally open for business, the Centre will be closed by 1:00 p.m. on Christmas Eve and on New Year's Eve. The Executive Director will advise parents/guardians by means of a memo notice. Breakfast and a light lunch will be provided on both days.

5.3. Opening and closing UYVDC

Daily Centre Opening

The UYVDC open at 7:30 a.m. to accept children. At least two staff are required to be present for opening the Centre each morning and one of the two staff must be a Registered Early Childhood Educator (RECE).

UYVDC closes at 6:00 p.m.

All Parents/ Guardians and children Must leave the UYVDC premises no later than 6:00 pm. We ask the Parents to plan on the arrival and pick up to ensure that you don't remain in the centre past 6:00 pm.

Communication

Parent Communication

Staff are expected to respond to questions and concerns from parents in a polite and professional manner within 24 maximum to 48 hours from the time of the receipt of the communication via phone, email Hi mama. Staff must acknowledge the receipt of the email or message on Hi mama at the time of the receipt.

Matters concerning the administration of the program should be forwarded to the ED. Parents should be informed that the ED will respond to the family's concerns or questions as soon as possible. The primary caregiver will be responsible for discussing the child's development with the parent.

UYVDC provides numerous opportunities for parent involvement in and communication with the centre.

- **In Person during the drop off and pick up time communication is a preferred form of communication.**
 - Daily Reports sent via Hi Mama app such as: Program plans, Food intake, Toileting Schedule, Calendars, Newsletters, messages, report of absences by parents to the staff as well as any messages related to the child.
 - Developmental checklists provide opportunities for regular parent communication and one on one meetings.
 - Parents are encouraged to become a Board member during the AGM usually planned in April. The terms, By Laws and Board meeting Minutes are provided by the ED upon a parent request.

- **Email communication**

UYVDC staff are accessible and available to answer all of your questions and address your concerns via email to the classrooms:

- Infant program: infant@uyvdc.ca
- Toddler 1 Program: toddler1@uyvdc.ca
- Toddler 2 Program: toddler2@uyvdc.ca
- Preschool Program: preschool@uyvdc.ca

Individuals Staff emails are used for staff- staff communication.

“Lillio” formerly Hi Mama app Communication

The Centre uses an app **“Lillio”** app to communicate with families. This program allows the staff to send child's daily charts, observations, pictures, reminders. It also allows the parents to check it any time of the day or respond to staff, send a comment or a message.

After the ED received the Child' Enrollment File the Staff in the child's classroom will set up the required information on the site. The email of the parents is a required information in order to set up the system.

The consent form to take pictures of the child and the child in a group of peers is part of the enrollment file. All pictures will be strictly used either for documentation on the app or in the classroom. Pictures will never be used on any other social media, UYVDC website, etc.

More info regarding this app outlining the information including the privacy policies and terms of service is accessible via this link: <https://www.himama.com/parents>.

The Parent app is a light version of the program where parents can preview today's report throughout the day.

Full version: To see the menu, calendar, and previous reports, they can through their mobile browser at www.himama.com.

All parents should be using the app with the baby on it (blue app) All educators and directors should be using the Train (yellow) app only.

How to upload the photos from Hi Mama
[\(362\) Introducing HiMama's Photos Plus - YouTube](#)

6. ATTENDANCE

6.1. Children's Attendance Form

Staff are responsible for recording each child's attendance, including the time of child's arrival and departure in the room in pen, on an Attendance Form-Daily.

When entering and exiting the room and during transitions, staff must verbally and out loud acknowledge the number of children left in their care to their colleagues.

NOTE: All Forms must be completed ONLY at the time of the head count (not pre-filled). This include staff attendance (no prep signatures are accepted on any form).

REMINDER

When a child is not in attendance and a phone call has not been received from the family by 10:00 a.m., staff are required to phone or sent a message via Hi Mama to the family and obtain a reason for the child's absence.

Recording Attendance upon a Child's Arrival and Departure:

1. Immediately upon a child's arrival and departure in the classroom, staff must record the time the child arrives on the Attendance Form.
2. The names of children who are absent and the reasons for absence in the room will be documented in the classroom communication book.
3. Any message from the parent regarding the child's absence, pick up or other information provided by parents must be documented by the receiving staff in the room communication book.

6.2. Conducting Regular Head Counts

1. Upon entering and exiting a room with a group of children, take a head count of the children and record it on the Children's Daily Attendance Form
2. Staff leaving for lunch and/or breaks must, before leaving, take a head count of children, record on the Staff Attendance form.
3. Upon entering a room after a break or lunch, staff must take and record attendance and conduct and record a head count on the Staff Attendance Form
4. **Headcounts of children are to be completed upon the arrival of each child and every 15 minutes throughout the day, and upon departure of children. Headcounts are to be checked against the daily attendance for accuracy.**
5. **Staff should know exactly how many children are in their care at any given time of day. At any time during the day, the ED can request to know the number of children in any staff's care.**
6. If a staff removes a child or a few children from the main group he/she must inform the assistance staff(s), who also must do a head count.
7. If a child is left due to visiting, ratios or transitioning with another group, staff in the receiving room must add the child's name to the attendance and the child must be marked on the Home Attendance as visiting or transitioning.

6.3. Separation of Group

Each time a small group of children is separated from a larger group (e.g., 5 children and primary caregiver leave Toddler room) an Attendance Form for Small Groups must be created to accompany the smaller group. This means that the main attendance list will be kept with the larger group and the Attendance Form for Small Groups such as Portable Attendance will accompany the smaller group.

A record of the children who have left the room must be placed in the Attendance Form-Daily.

6.4. Pick-up of Children

Parents must pick up their children and leave the Centre no later than the 6:00 pm closing time.

A parent who is unable to arrive at the Centre by closing time is responsible for notifying the Centre staff as soon as possible about their expected time of arrival.

Parents with more than one child enrolled at the Centre will pay one fee for all their children, regardless of how many staff remain at the Centre.

Parents must leave the Centre by 6:00 pm sharp. The staff shifts are finished at 6:00 pm, therefore they are not to stay longer in the Centre. The Main Centre's doors must be locked at 6:00 pm.

6.5. Late Pick Up Policy

If a child has not been picked up by 6:00 pm, two staff (including at least 1 RECE) will remain late at the Centre with the child. After 6:00 pm, according to the Office phone clock, the parent/guardian will be charged according to the late fee fines schedule below.

LATE FEE FINES

6:00- 6:05	\$ 10.00
6:06- 6:20	\$ 15.00
6:21- 6:40	\$ 30.00
6:41-7:00	\$ 40.00

This amount is payable to staff immediately at the pick-up time / or by the next business day, at the latest.

Staff will document in the Late Fee Binder:

- Date, child's name, both staff names, name of parent picking up child, time of the pick-up, amount charged. Late fee Binder is located in the Staff room.
- Parent will receive a copy of the Late Fee Pick up form.
- Parent will sign the form, he or she may ask for a copy of the form.

Staff staying late (at least one staff from the child's classroom) must have a Late Form prepared so that the parent may sign it upon arrival. All completed Late Forms are to be filed in the Late Forms Binder in the Filing Cabinet.

If a family has been late 3 times in one year (with the annual clock starting the first time the child is picked up late), then the 4th time the child is picked up late within that year, the family will be charged \$20 in addition to the regular late fee. This charge is an incentive for parents to be on time and will be lifted after the family has not been late once in a 3-month probationary period. A list of families to be charged this additional \$20 will be kept in the office in the Late Forms File.

If the late pick up of a child is a recurring situation, the matter will be taken to the Board of Directors for further action.

Under no circumstances should a child be left alone. Staff should only release a child to someone on the child's emergency/consent form or for whom UYVDC has received written consent from the parent. Both staff members must remain with the child at the Centre until someone authorized has arrived.

If a parent should phone to say that they are going to be a few minutes late, it is imperative that the parent speak to the Executive Director or person in charge or the staff member responsible for their child. In this way, the staff can ask all the appropriate questions and be prepared to stay late.

6.6. After hours – Extraordinary Circumstances

In the event that a child has not been picked up fifteen (15) minutes after the Centre closes for the day, staff will take the following steps: (REMINDER: 2 staff, one of whom must be an RECE, must remain on site until the situation is resolved).

15 Minutes after the Centre is close.

1. Call the primary parent at contact numbers on file. If that individual cannot be reached, contact the other parent, if appropriate.
2. If neither parent can be reached, a subsequent phone call will be placed to the first emergency contact person listed (and subsequent persons, if necessary).
3. Notify the ED/ Staff in charge.
4. Make repeat phone calls to parent(s) and emergency contacts.
5. FEED and comfort the child (e.g. engage the child in an activity).

One Hour after the Centre is closed.

1. Contact police or other emergency services personnel.
2. If there has been no response from the parent(s) or emergency contacts, staff must call the appropriate Child Welfare Office (i.e. Toronto Children's Aid, Catholic Children's Aid, Jewish Child and Family Services, Native Child and Family Services).

Keep child occupied - read a story to the child, have the child play with toys, draw or colour.

- If a parent or emergency contact person arrives after notification to a child welfare agency, staff must call to inform the appropriate agency.
- If no one arrives to pick up the child, **staff must remain at the site with the child until** someone from the appropriate child welfare agency and/or the police arrive.

- If a child welfare representative or emergency services arrives, staff must provide them with the necessary information, record the name and complete a detailed Incident Report on a paper with the details
- When the child is picked up, staff must request that the pick-up person sign the Late Pick-Up Form and forward it to the ED
- The Director will follow up with the parent(s) regarding the circumstances of the late pick-up.

6.7. Pick-Up of Child by Under Influence Parent/Guardian

UYVDC takes very seriously the safety and security of the children at our Centre and ensures that children leaving the Centre are picked up by responsible individuals.

Procedures

If a staff makes a reasonable determination that an individual who is authorized to pick up a child may be under the influence of drugs or alcohol, the staff will take the following actions:

1. Advise the individual that the child will not be released to him/her.
2. Call 911 if the individual attempts to leave the Centre with the child.
3. Call and inform the other parent or an authorized person (on the *Emergency Pick up/ Authorized persons form*) of the situation.
4. Notify the ED/Designate immediately and document incident
5. The ED /Designate will report the incident to the Chair of the Board of Directors
6. The ED will report a Serious Occurrence

NOTE: *It is difficult to determine whether or not an individual is under the influence of an illegal substance. Some prescription medication can produce side effects similar to intoxication (e.g. slurred speech, drowsiness); however, there will be no distinct odour.*

6.8. Closure-Disaster on Premises

Closure - Disaster on Premises

Fees are payable for any closure due to a disaster on the premises such as flood, blackout, or an unforeseen closure where advance notice cannot be provided. If parents wish to discuss this, they should be directed to speak with the ED.

The Executive Director has the sole discretion to close the daycare centre in the event of:

- SEVERE WEATHER
- POWER OUTAGE
- LOCAL EMERGENCY or other emergency warranted situations.

The Executive Director will place a voice message, if possible, on:

- ED or designate will send an email to all clients , indicating that the Centre will be closed as a result of the situation advising parents to check the message again the following day to see if the daycare will be open, and to listen to the appropriate news service

The Executive Director will call the appropriate service and request that UYVDC be added to the list of closures.

The Executive Director is responsible for notifying all staff of the closure.

Every attempt will be made to open the centre at the schedule operating time of 7:30 am, as; long as safe operating measures are in place.

In the event, where the daycare was open and closure arises, the daycare will not close until the last child has been picked up.

7. PROGRAMS

The Centre provides high quality care for infants, toddlers, and preschoolers from newborn up to 4 years of age, in our Infant, Toddler 1, Toddler 2, and Preschool programs.

Staff develops program curriculum plans on a weekly basis with specific ideas and goals for each week. Curriculum plans are based on children's' interests, the philosophy of UYVDC, and developmentally appropriate activities. Children are encouraged, but not forced, to participate in all activities. We strive to provide a stimulating program that offers services to children, families and the community within the framework of *The Child Care Modernization Act, 2014*, and best practices in early childhood education. Our curriculum plans are organized around the following 5 areas of development:

1. Physical (fine and gross motor)
2. Social (awareness and respect)
3. Communication (verbal and non-verbal)
4. Self-esteem (positive self-image and self-awareness)
5. Cognitive (problem-solving skills and comprehension)

7.1. Staffing

UYVDC is staffed with individuals who are qualified and well trained in the early childhood learning field.

To maintain the high standards and quality of our programs, the ED of the Centre and at least one or two teachers per classroom are trained in provincially recognized programs of early childhood education or their equivalent. Assistant teachers are trained as assistants of early childhood educators or are experienced working with children.

All our Early Childhood Educators (ECEs) are mandated to have membership in the *Ontario College of Early Childhood Educators*, a regulatory body set up by the province of Ontario, to ensure the high quality of teachers in childcare and early learning programs across the province.

[Welcome to the College of Early Childhood Educators | \(college-ece.ca\)](http://college-ece.ca)

All staff are trained and re-certified in First Aid, CPR, how to respond to anaphylaxis, and how to use epinephrine injectors. UYVDC is committed to the continuing professional development of the staff. An annual performance appraisal is conducted on employees to help identify their strengths and weaknesses. Staff members participate in workshops to enhance professional development in areas of need and interest.

The Centre also serves as a field placement facility for Early Childhood Education students. Students and volunteers may be involved in the programs. *See Supervision of Students and Volunteers Policy for more information.*

Staff meet regularly to evaluate our programs and to make changes that reflect both the children's age and developmental needs. We also regularly review any changes to *The Child Care Modernization Act, 2014* requirements. [Operating a licensed child care program | ontario.ca](http://www.ontario.ca)
Assessment for Quality Improvement (AQI)
[Assessment for Quality Improvement \(AQI\) – City of Toronto](#)
 and the *Public Health Department Guidelines*.

[Infection Prevention & Control for Child Care Centre Operators – City of Toronto](#)

Staff/parent interviews are offered to parents after each developmental review completed by *Nipissing District Developmental Screening Tool (ndds)* <http://www.ndds.ca/ontario/>

Developmental checklist to discuss progress and to share information. Please feel free to ask for a personal meeting if there is something you wish to discuss. In addition, parent group meetings may be arranged in response to the need, interest, and special events. Staff prepare Monthly Newsletters updating you on staff changes, programming, Centre news, etc.

As a provincially licensed Centre, our staff/child ratios and groupings of children are based on *The Child Care Modernization Act, 2014* requirements.

We offer the following childcare programs, with teacher/child ratios as required by *The Child Care Modernization Act, 2014*:

PROGRAM	# LICENSED SPOTS	APPROXIMATE AGE	TEACHER/CHILD RATIO
Infant	10	Newborn - 18 months	3:10
Toddler 1	15	18 months - 30 months	1:5
Toddler 2	10	18 months - 30 months	1:5
Preschool	24	31 months - 5 years	1:8

7.2. Parent/Guardian Involvement

Parents/guardians are encouraged to participate in the Centre in a variety of ways:

- Attend the Annual General Meeting (AGM) in the Spring (the purpose of which is to adopt the previous year's Financial Statement and to elect the Boards of Directors)
- Parent/guardian representation on the Centre's Board of Directors
- Family Fun Day between Mother's Day and Father's Day
- Attend the UYVDC Annual Parent/Children's' Winter Holiday Party
- Regular communication with Centre staff and daily charts
- "Hi Mama" app communication
- Intake and orientation interviews
- Newsletter/parent/guardian bulletin boards
- Memos/letters to parents
- Parent/guardian questionnaires/ surveys

Volunteer to accompany staff and children on planned field trips, Volunteers require a

Criminal Reference Check. *See the Students and Volunteer Supervision Policy*

7.3. Emergency Contact Information

Children

After each child is enrolled, the ED will provide the relevant program room with important information related to the child. This information is to accompany each child who is taken off the premises. The information is to be maintained in a specific manner outlined below and is to be kept up to date.

Each classroom must maintain the following:

- *Attendance Form – Daily Children*
- *Attendance Form- Daily Staff*
- *Playground/Portable attendance*
- *Allergy and Food Restriction List*
- *Emergency Contact information of children, staff students and volunteers in the program room*
- *Anaphylaxis Emergency Individual Plan*
- *Individual Plan for Children with Medical Needs*
- *Individualized Support Plan for Children with Special Needs*
- *Custody Information (if applicable)*
- *Authorization to Pick up*
- *Medical information for Child*
- *General Information for Child*

Each classroom must maintain at least 1 Classroom Backpack containing:

- *Allergy and Food Restriction List*
- *Emergency Contact information of children, staff students and volunteers in the program room*
- *Anaphylaxis Emergency Plan of Care*
- *Individual Plan for Children with Medical Needs*
- *Individualized Support Plan for Children with Special Needs*
- *Custody Information (if applicable)*
- *Authorization to Pick up*
- *Medical information for Child*
- *General Information for Child*

All information will be updated on an annual basis, or as new information is provided by the parents. The updated information will be provided to the appropriate classroom.

7.4. Neighbourhood Outings/Walks

Definition

A neighbourhood walk is defined as a walk that is conducted on foot, in the vicinity of the Centre, and can last for up to one (1) hour, up to and including time of departure from and arrival to the Centre. The ED/Designate must be informed of the walk and route prior to leaving the centre.

- Ensure there is a signed Neighbourhood Outings form (in Registration Package) completed and signed by a Parent.

All neighbourhood walks must be recorded on the Outdoor Play Program Plan.

7.5. Child Missing from Centre

If a child is missing from the Centre, a staff must leave the group with another staff and immediately conduct a search for the missing child.

Check all areas (infant, toddler, preschool room, playgrounds, Lower bathroom, adult's bathrooms, kitchens, hallways, stairways, office) for the missing child. **The ED must be informed, whether or not the child is found.**

If the child is not found after a thorough search of the premises, indoors and outdoors, follow the next steps:

1. Take a head count.
2. If outdoors, return the group of children to the classroom.
3. Take a head count to confirm that the children accounted for previously are all now safely inside.
4. Call 911 immediately, to report the missing child.
5. Follow the directions of 911 personnel.
6. Call the parents of the missing child.
7. Notify the Chair of the Board of Directors
8. ED will report the missing child as a Serious Occurrence following the *Serious Occurrence Reporting Policy*.

8. POLICIES

8.1. The Accessibility Standard For Customer Service Policy

Policy Overview

The Accessibility Standards for Customer Service Policy is based on the Ontario Regulation 429/07 Accessibility Standards for Customer Service and is aimed at making customer service operations accessible to people with disabilities.

This Policy, effective January 1, 2012, addresses the following Accessibility Standards for Customer Service requirements:

- the provision of goods or services to people with disabilities;
- the use of assistive devices by persons with disabilities;
- the use of service animals and support persons by persons with disabilities;
- the notice of temporary disruptions and the steps that should be taken to inform and continue to provide service to persons with disabilities;
- the training provided on accessibility standards for customer service;
- the notice of availability and format of documents; and
- The client feedback process.

UYVDC is committed to developing policies, practices, and procedures that provide accessible services to its clients and their children.

Policy Scope and Applicability

This Policy applies to all employees and contractors that interact with the public or other third parties and that are involved in developing customer service policies, practices and procedures on the provision of services.

Definitions

Assistive Device is a tool, technology or other mechanism that enables a person with a disability to do everyday tasks and activities such as moving, communicating or lifting. It helps the person to maintain their independence at home, at work and in the community.

Disability:

- a) any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical coordination, blindness or visual impediment, deafness or hearing

- impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device;
- b) a condition of mental impairment or a developmental disability;
 - c) a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language;
 - d) a mental disorder; or
 - e) an injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997.

Service animal means an animal for a person with a disability:

- a) if it is readily apparent that the animal is used by the person for reasons relating to his or her disability; or
- b) if the person provides a letter from a physician or nurse confirming that the person requires the animal for reasons relating to the disability.

Support person means, in relation to a person with a disability, another person who accompanies him or her in order to help with communication, mobility, personal care or medical needs or with access to goods or services.

Policy Requirements and Standards

The provision of services to persons with disabilities

Wherever possible, UYVDC will offer to persons with disabilities the ability to obtain, use and benefit from its services.

UYVDC will endeavor to ensure that this Policy and related practices and procedures are consistent with the following four (4) core principles:

1. *Dignity* - Persons with a disability must be treated as valued clients as deserving of service as any other client.
2. *Equality of Opportunity* - Persons with a disability should be given an opportunity equal to that given to others to obtain, use and benefit from services.
3. *Integration* - Wherever possible, persons with a disability should benefit from services in the same place and in the same or similar manner as any other client. In circumstances where integration does not serve the needs of the person with a disability, services will, to the extent possible, be provided in another way that takes into account the person's individual needs.
4. *Independence* – Services must be provided in a way that respects the independence of persons with a disability. To this end, we will always be willing to assist a person with a disability but will not do so without the express permission of the person.

Communicating to a person with a disability

UYVDC staff will communicate with persons with disabilities in a manner that takes into consideration their disability. Alternative methods of communication will be provided wherever possible upon request.

Assistive devices

Persons with a disability are permitted the use of assistive devices on UYVDC premises.

Service animals and support persons

Persons with a disability are permitted to be accompanied by a guide dog, service animal or support person on UYVDC premises. Use of a service animal or support person must be in compliance with the regulations outlined in the *Day Nurseries Act* and the Toronto Operating Criteria or other regional requirements. UYVDC may require a person with a disability to be accompanied by a support person where it is necessary to protect the health or safety of the person with a disability or the health or safety of others on the premises.

In the case of a guide dog or service animal, if it is not readily apparent that the animal is used by the person for reasons relating to his or her disability, staff may request a letter from a physician or nurse, or an identification card from the Ministry of the Attorney General. All service animals must have proof of inoculations/vaccinations.

Notice of temporary disruptions

UYVDC will notify clients if there is a planned or unexpected disruption of a facility or service. The notice will be posted at the entrance of the premises and will include the following information:

- That a facility or service is unavailable.
- The anticipated duration of the disruption.
- The reason for the disruption.
- Alternative facilities or services, if available.

In the event that a disruption in service would prevent a person with a disability from accessing a service, UYVDC will consult with that person as to how it can accommodate him or her in accessing the service.

Training and records

UYVDC will provide training and ongoing training as required under the Act to all persons to whom this Policy applies.

Timing of Training

Training will be provided to all persons to whom this Policy applies as soon as practicable after the commencement of their employment duties.

Content of Training

Training will include:

- A review of the purpose of the Act and requirements of the Standard.
- A review of this Policy.
- How to interact and communicate with persons with various types of disabilities.
- How to interact with persons with a disability who use an Assistive Device or require the assistance of a Service Animal or Support Person.
- How to use equipment or devices made available on our premises to assist persons with a disability to obtain, use or benefit from our goods and services.
- What to do if a person with a disability is having difficulty accessing our premises and/or services.

Documenting Training

Records of the training provided, including the training protocol, the dates on which the training is provided and the number of individuals to whom the training is provided shall be maintained in accordance with the requirements of the Act.

Feedback Process

Feedback regarding the manner in which UYVDC provides services to persons with disabilities can be directed to the Executive Director by the means indicated below.

In Person/By Mail: 14 St. Clements Avenue, Toronto, Ontario, M4R 1G9
By Phone: 416-487-2861
By E-Mail: director@uyvdc.ca

UYVDC feedback protocol requires UYVDC to respond to client inquiries within 10 business days.

Note: All accessibility policies of UYVDC are available to clients and alternative formats are available upon request.

8.2. Anti-Bias Policy

UYVDC recognizes and values the diverse racial and ethnos cultural background / heritage of the community, staff, children, and volunteers it serves. We are committed to providing a learning and working environment that recognizes and values these diverse racial and ethnic differences.

Upper Yonge Village Daycare Centre condemns and refuses to tolerate discrimination and harassment of any kind on grounds prohibited by the Ontario Human Rights Code. The Centre is committed to taking an active role in the elimination of discrimination contrary to the Code, including discrimination on the basis of race, ancestry, colour, and age, place of origin, citizenship, ethnicity, creed, sex, sexual orientation, age, status, marital status, family status, same-sex partnership or handicap.

The Human Rights Code Part 1.1., 4. (2), 7. &13 (1987)

UYVDC is an equal opportunity employer. Consistent with the Ontario Human Rights Code, the Centre commits itself to the development and maintenance of practices designed to eliminate discriminatory barriers in the workplace. Our goal is to develop positive human rights, attitudes, knowledge, and practices among staff, volunteers and children. In order to accomplish this, the centre has developed an Anti-Bias Policy. Through this Anti-Bias Policy the centre will not only strive to equip all participants with the knowledge, skills, attitudes, behaviour needed to live and work effectively in an increasingly diverse world but also encourage them to appreciate diversity and to reject discriminatory attitudes and behaviour. Also included with the policy statement are guidelines to assist staff and volunteers in implementing this policy.

1. ***Upper Yonge Village Daycare Centre is committed to the belief that all doctrines and practices of racial and/or ethnic superiority are morally reprehensible. Such practices are unacceptable and will not be tolerated. Upper Yonge Village Daycare Centre condemns and will not tolerate any expression of racial or cultural bias by its staff, volunteers, and participants.***
 - All incidents involving verbal or non-verbal expression of a negative attitude or malice towards any person and/or group's race, colour, heritage, ethnic origin, religion, sex, sexual orientation, age disability or physical attributes (comments, slurs, jokes, stereotyping, etc.) will be addressed through the Centre's Anti-Bias Procedures.
2. ***Upper Yonge Village Daycare Centre will take an active role in the elimination of all racial and cultural discrimination including those practices, which while not intentionally discriminatory, have a discriminatory effect.***
 - Programs sensitive to the needs of culturally and racially diverse groups will be offered at the Centre for staff as well as clients as required.
 - Staff and volunteers will be aware of cultural differences in communicating childcare philosophies and expectations via in-services and workshop.
 - Staff and volunteers will respond sensitively and with skill and tact to cultural differences in child rearing practices while not compromising basic standards of childcare in Canada.
3. ***Upper Yonge Village Daycare Centre reaffirms its commitment to develop and promote a curriculum that is multicultural and free of bias.***
 - Program activities will show respect for and active interest in sharing cultural, racial and language diversity.
 - Programming will include conscious teaching of positive inter - cultural attitudes and behaviour.
4. ***Upper Yonge Village Daycare Centre will attempt to ensure that all program material and other resource material used in the centre are free from stereotypes based on race or culture.***
 - Program materials will not be biased, (i.e., they present a variety in depiction of people - race, colour, heritage, ethnic origin, religion, sex, sexual orientation, age, disability, or physical attributes).
 - Staff will immediately remove any inappropriate or offensive material and bring it to the attention of the Executive Director.

5. ***Upper Yonge Village Daycare Centre will attempt to identify in its day to day operations and activities those policies and practices which while not intentionally discriminatory have a discriminatory effect.***
 - All programs, policies and practices, including human resources, admission and leaving procedures will be reviewed on a yearly basis. Changes will be made if any policies or practices are found to be having a discriminatory effect.
6. ***Upper Yonge Village Daycare Centre assigns high priority to its Anti-Bias Policy and commits itself to the implementation and ongoing evaluation of the policy.***
 - Monitoring of implementation will be done through surveys (as warranted) and documentation of all concerns addressed through centre's Anti-Bias Policy.
7. ***Upper Yonge Village Daycare Centre recognizes that in order to ensure all children equal access and opportunity for achievement of their full potential some participants may require special consideration.***
 - Every effort will be made to respond to the majority of families in their languages. The finding of interpreters will be facilitated through networking with other organizations when necessary.
 - All attempts will be made to provide information (e.g. surveys, letters) in languages of the participants when possible.
 - All participants will be encouraged to participate at all levels of involvement within the organization.
8. ***Upper Yonge Village Daycare Centre will provide encouragement and opportunities for all participants to develop their knowledge, sensitivity, and skills, in areas related to multiculturalism, race relations and anti-bias education.***
 - The centre as needed or requested will provide training for staff and all other interested participants.
9. ***Upper Yonge Village Daycare Centre commits itself to the development and maintenance of practices designed to eliminate and/or prevent discriminatory barriers in the workplace.***
 - Every effort will be made to reflect the multicultural aspects of the community it serves in the hiring of staff and volunteer selection. Hiring procedures will follow the non-discriminatory human resources policies of legislation and guidelines by governments and agencies providing leadership in multicultural/anti-bias policy development, e.g., the Ontario Human Rights Code, Toronto Children's Services Division, and The Ministry of Community and Social Services.

Anti-Bias Complaint Procedure

Staff, volunteers or participants may lodge complaints. The complaint procedure contains the following four steps. The complainant or witness is encouraged to seek support from the Director or another colleague in dealing with the alleged offence.

STEP 1

1. The complainant and/or witness shall ask the alleged offender to stop his/her behaviour and will point out the offensive behaviour.
2. The alleged offender must be given every opportunity to stop the offensive behaviour and must be informed of Upper Yonge Village Daycare Centre's Anti-Bias Policy and the reasons for it.
3. If the problem is not resolved through this request the complainant and/or witness shall make a record (preferably written) of the incident, including dates, names and as full an account as possible. The alleged offender will be given a copy of the record, and the complainant is to keep the original record. If the problem is not resolved, the complainant shall proceed to Step II.

STEP II

1. The complainant and/or witness shall lodge a written complaint on an official complaint form with the Executive Director. This must be done within twenty (20) working days after the last incident has occurred.
2. Upon receiving the complaint, the Executive Director shall start an investigation. The investigation will include the complainant, the alleged offender and any other person or witness who may have information concerning the incident. Information shall be received in the strictest confidence and shall be documented.
3. The Executive Director will then meet with the alleged offender, explain the Anti-Bias Policy once more, and discuss the results of the investigation. The results will be documented and signed by all involved (ED, alleged offender). The alleged offender will then be made aware of Step III, should the offensive behaviour / language continue.

STEP III

1. If the complaint is not resolved at the level of the Executive Director and if contravention of the Anti-Bias Policy continues, the complainant (within ten (10) working days of the last recorded incident may, through the Director, appeal to UYVDC Board of Director and the Executive Director.
2. Once a complaint is brought to the Board of Director and the Executive Director, the case may be reviewed, and all parties will have an opportunity to present their positions. Decisions taken by the committee will include:
 - Further educational opportunities (i.e.: workshops, courses etc.)
 - counselling opportunities

STEP IV

1. If all previous attempts to resolve the offensive behaviour or language fail, the Chair of the Board will present its recommendations to the Board of Directors.
2. With board approval, the Chair of the Board of Directors will lodge a complaint with the Ontario Human Rights Commission.

3. Employees in violation of the policy may be disciplined, up to and including dismissal.

Resolution of Racial Incidents

The following procedures will assist employees in resolving racial incidents.

Resolution of Incidents between or Involving Children

1. The targeted child must be supported to acknowledge his/her feelings and help to re-establish his/her self-esteem.
2. Both the targeted child and the child/children acting inappropriately must be spoken to individually. The objective is to correct the behaviour of an individual or group and assist in appropriate ways of expressing feelings etc.
3. Incidents should be used as learning opportunities to build into the overall curriculum some broad subjects such as respect, peer communication, social skills etc. Specific information about any incident must not be used.
4. The incident or situation and resolution must be discussed with each child's parent.
5. Parents must be provided information about the centre's Anti-Bias Policy and their queries answered where possible.

Resolution of Incidents between and involving Employees

1. The Executive Director will investigate all allegations of racial incidents, interview the employees individually and follow up with appropriate disciplinary measures where required.
2. The targeted employee must be supported to acknowledge his/her feelings and the employee should be helped to re-establish their self-esteem and working relationships within the centre team. The Executive Director, in consultation with the board of directors will explore all avenues to provide support to the targeted employee and ensure that further incidents do not occur.
3. The employee speaking or acting inappropriately must be spoken to individually. The objective is to clearly indicate the inappropriate behaviour of an individual or group must stop, conduct of this nature will not be tolerated, is unacceptable and could result in disciplinary action up to and including termination. It should also be indicated that such behaviour may also be subject to legal sanctions covered under the Ontario Human Rights Code. It is an opportunity for the Executive Director to guide employees to use clear direction and strategies for appropriate expression of feelings, appropriate discussions, appropriate use of words etc.
4. The Executive Director, in consultation with the board of directors, will determine what follow-up is required in order to ensure and maintain effective and efficient of the program (e.g. staff training/workshops, staff meeting discussions etc.).

8.3. Civility Policy

UYVDC seeks to provide a learning and working environment in which all individuals are treated with respect and dignity. Every member of the UYVDC community children, families, staff, students and volunteers have a right to access the services and programs provided by UYVDC without discrimination or harassment or incivility.

We are committed to diversity and inclusion. We provide a program that acknowledges each family and each child's diversity and their inclusion in their various communities as critical to their optimal development. We are also committed to creating a diverse staff team who bring a wide variety of strengths to our program. The terms diversity and inclusion are used in their broadest sense to include issues of linguistic, cultural and racial identity as well as ability, gender, class, sexuality, age and migration status. This approach is in recognition of children's need to develop a positive identity, not only as individuals but also as members of the groups to which they belong.

The staff and families of UYVDC can expect certain rights to be recognized. In turn, all staff and families are accountable for their behaviour. Responsible behaviour on the part of all families and staff is fundamental and essential to ensure a safe environment for everyone.

Definitions:

- Discrimination is behaviour based on prejudiced feelings and attitudes, which lead to differential and unfavourable treatment of persons, based on factors such as race, physical differences, culture, gender, sexual preference, religion and class.
- Civility involves treating others with dignity and respect and acting with regard to other's feelings. Civility requires that even the most critical feedback be delivered respectfully, privately and courteously.
- Incivility deals with a broad range of behaviours including but not limited to: rudeness, shouting or swearing; intimidation or bullying; threatening comments or behaviours/ actions; unsolicited and unwelcome conduct, comment (oral and written including email communication), gestures or contact which causes offence or humiliation or physical or emotional harm to any individual.

Each adult member of the community is responsible for creating an environment that is free of discrimination, harassment and incivility. Children have the right to be in a civil environment and to have adult models guide and teach them how to become civil members of society.

Incident of incivility, harassment and discrimination cannot be ignored and will be addressed. All occurrences are taken seriously and will be addressed as per the below:

PROCESS:

1. Individual(s) will be asked to immediately leave the UYVDC. If the incivility, harassment or discrimination continues and the adult does not leave, police will be contacted.
2. The Executive Director or a designate will be informed about the situation.
3. The ED will contact the person involved and set up a private meeting. The incident will be documented. All parties, at a minimum, are required to be open about concerns and listen to each other's point of view. Unwillingness to meet and find a resolution will be

perceived as disrespectful and, in the case of a staff, could lead to dismissal or, in the case of a family member, could leave to withdrawal of care.

4. Further mediation or the use of facilitator may result depending on the nature of the incident.
5. In extreme cases, adult members of the community can be barred from entering the Centre.

8.4. Child Abuse Policy

1. Statement of Philosophy

UYVDC strives to provide a secure, safe and trusting environment in which a child can develop and grow. UYVDC acknowledges the need to prevent abuse of the children in its care, but in the event that any employee of UYVDC believes that a child attending the UYVDC may be in need of protection, the employee will ensure that they meet their mandatory obligation to report any suspected child abuse.

2. Policy Statement

The staff, students and volunteers of UYVDC will report any suspected abuse of a child attending the UYVDC in accordance with the requirements set out in the *Child and Family Services Act*.

Each staff member will review annually and sign that they have read and agree to abide by the UYVDC Child Abuse Policy.

3. Child Abuse Legislation in Ontario

Definition of Child Abuse

The legal definition of child abuse set out in the “Child and Family Services Act” of Ontario (C.F.S.A, s72 (1)) refers to child being in need of protection where:

- I. The child has suffered physical harm, inflicted by the person having charge of the child or caused by that person’s:
 - a) failure to adequately care for, provide for, supervise or protect the child, or
 - b) pattern of neglect in caring for, providing for, supervising or protecting the child.
- II. There is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person’s:
 - a) Failure to adequately care for, provide for, supervise or protect the child, or
 - b) Pattern of neglect in caring for, providing for, supervising or protecting the child.
- III. The child has been sexually molested or sexually exploited, by the person having charge of the child, or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation, and fails to protect the child.
- IV. There is risk that the child is likely to be sexually molested or sexually exploited as

described in paragraph 3.

- V. The child requires medical treatment to cure, prevent or alleviate physical harm or suffering, and the child's parent or the person having charge of the child does not provide the treatment, or refuses or is unavailable or unable to consent to the treatment.
- VI. The child has suffered emotional harm demonstrated be serious:
 - a) anxiety, or
 - b) depression, or
 - c) withdrawal, or
 - d) self-destructive or aggressive behaviour, or
 - e) delayed development.

And there is reasonable grounds to believe that the emotional harm suffered by the child result from the actions, failure to act or pattern of neglect on the part of the child's parents or the person having charge of the child.

- VII. The child has suffered emotional harm of the kind described in subparagraphs (a), (b), (c), (d) or (e) of paragraph iv and the child's parents or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to services to treatment to remedy or alleviate the harm.
- VIII. There is a risk that the child is likely to suffer emotional harm of the kind described in
- IX. Subparagraphs a, b, c, d, or e of paragraph iv and that the child's parent or the person in charge of the child does not provide, or refuses or is unavailable or unable to consent to services or treatment to prevent the harm.
- X. There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph a, b, c, d, or e of paragraph iv and that the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to prevent harm.
- XI. The child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's parents or the person having charge of the child does not provide or refuses or is unavailable or is unable to consent to treatment to remedy or alleviate the conditions.
- XII. The child has been abandoned, the child's parent has died or is unavailable to exercise his or her custodial rights over the child and has not made adequate provision for the child's care and custody, or the child is in a residential placement and the parent refuses or is unable or unwilling to resume the child's care and custody.
- XIII. The child is less than 12 years old and killed or seriously injured another person or caused serious damage to another person's property, services or treatment are necessary to prevent a recurrence and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, those services or treatment.
- XIV. The child is less than 12 years old and has on more than one occasion injured a person or caused loss or damage to another person's property, with the encouragement of the person having charge of the child or because of that person's failure or inability to supervise the child adequately.

Mandatory Duty to Report Suspected Child Abuse

Every person in Ontario is required under the Child and Family Services Act (“C.F.S.A.”) to report their suspicion that a child may be or is in need of protection.

According to the Act, “a person who has reasonable grounds to suspect is or may be in need of protection shall forthwith report the suspicion and the information upon which it is based to a society”. (C.F.S.A.s68(2))

NOTE: A society refers to: a Children’s Aid Society (“CAS) (in some areas the CAS is called “Family and Children’s Services”); The Catholic Children’s Aid Society; The Jewish Family and Child Service or The Native Child and Family Services.

- **Children’s Aid Society: 416-924-4646**
- **Catholic Children’s Aid Society: 416-395-1500**
- **Jewish Family and Child Services: 416-638-7800**
- **Native Child & Family Services: 416-656-3773**

The Act places additional responsibility to report on individuals who perform professional or official duties with respect to children, including “an operator or employee of the day nursery”, which encompasses Registered Early Childhood Educators (C.F.S.A.s72(5))

If in the course of their professional or official duties a person has reasonable grounds to suspect that a child is being abused, may be abused or may have been abused, the suspicion and the information upon which it is based must be reported to a society immediately.

Confidentiality of Mandatory Reports of Child Abuse

The RECE’s duty to report suspected child abuse overrides the provisions of any other provincial statute, specifically those provisions that would otherwise prohibit disclosure by a professional or official.

Protection from Liability for Mandatory Reports of Child Abuse

All persons in making a report of suspected child abuse to a Children’s Aid Society are protected in law against civil action unless the person is proven to have acted maliciously or without reasonable grounds for the person’s suspicion. (C.F.S.A.s72 (7)).

Failure to Report Suspected Child Abuse:

The penalty imposed for failure to report a suspicion of child abuse emphasizes that the child’s safety must take precedent over all other concerns, including confidentiality of information and all other provincial statutes. Any professional who fails to report their suspicion of a child’s abuse is liable, upon conviction, to a fine of up to \$1,000 (C.F.S.A.s81(1))

4. Reporting Process for Suspected Child Abuse

When child abuse is suspected, *UYVDC* staff must:

- a) Contact the appropriate Children’s Aid Society

- b) If an official report is made to Children’s Aid Society identifying the staff member and *the Centre*, then the staff member must immediately report the incident to the Executive Director of UYVDC. (If the ED is not present, you must phone her/ him and report the incident, unless the ED is away from the country, then you report it to the person in charge and follow up with the written reporting to the ED via email. After the ED arrival the ED must be immediately informed about the follow up of the incident).
- c) Complete the Suspected Child Abuse Reporting Form.

The report should contain the following information:

- The name and address of the child
- The name and address of the individual suspected of abuse
- The nature of the suspected abuse (e.g. all physical and behavioural indicators leading to the conclusion of suspicion, including remarks from any interviews.
- The name, address, phone number and professional title and duties of the person making the report
- Any contacts made with relevant agencies or individuals (these people may be called upon at a later date)
- The date, time, name and title of the person receiving the report should be noted for the written report and for follow-up with the agency.
- All other necessary agencies will be contacted e.g. police (necessary agencies will be dependent on the advice of CAS and the circumstances of the individual situation).

5. **Within 24 hours, Toronto Children’s Services, and the Director of UYVDC Chair of the Board of Directors are informed that a report has been made. Details of the report are not shared with the Chair of the Board. When the assigned City personnel is not available, the “on call” personnel will be notified. Receipt of the information is documented by the City (see emergency number information attached).**

Based on the CAS directions, the parent or guardian of the child is informed within 24 hours of the report, if directed by the CAS worker, unless the person to be notified is alleged to have abused the child or the direction was not to inform the parents or guardians.

6. **The initial verbal notification to the city is followed. All other updates are submitted to the City as well as the Chair of the Board.**

Reporting Process for Managing Allegations against Staff

All allegations involving employees will be reported to the Children’s Aid Society. The Executive Director will be advised by Children’s Aid as to the appropriate follow up actions while the investigation takes place. Employees should be aware that during an investigation Children’s Aid may suggest the following actions:

1. The Children’s Aid Society may determine that they will not be investigating; therefore, the Executive Director will:
 - conduct an internal investigation.

- discuss findings with the Board of Directors to determine further follow up action
 - review the behaviour management guidelines.
2. The Children's Aid Society may determine that the incident requires further investigation, and state that the staff will not be permitted to work alone with the children. Therefore, the Executive Director will:
 - modify the employee's schedule to ensure the employee is not working alone
 - wait for further direction from the Children's Aid Society prior to any follow up
 3. The Children's Aid Society may determine that the incident will require further investigation, and due to the scope of the investigation the employee will not be permitted to work at the centre. Therefore; the Executive Director will:
 - send the employee home on paid leave until the Children's Aid Society has completed the investigation
 - advise the employee of the Children's Aid Society's directive, and also advise the employee that the situation is confidential and is not to be discussed with others
 - The directions of the CAS worker will be followed. Police may be contacted where circumstances warrant such intervention.
 - Serious Occurrence procedures as outlined in the Serious Occurrence Policy will be followed. (See UYVDC Serious Occurrence Policy)
 - Consult with the Children's Aid worker to discuss the follow up discussions that may take place with the employee upon their return
 - Contact the employee once the investigation is complete and inform them of their date of return to work
 - Meet with the employee on the first day of their return to work to provide support and discuss the follow up actions as directed by Children's Aid Society
 - or;
 - Disciplinary action up to and including dismissal will be taken if warranted.

Confidentiality and Disclosure of Information to Others

Any information related to an allegation/consultation/report of child abuse is confidential between the person directly involved and the person making the consultation and a Children's Aid Society worker. As a result, the person who suspects child abuse will not tell the employee or parent or child about the suspicion, the intention to report or that a report has been made until after the consultation with a Children's Aid Society. Any discussion prior to consultation could jeopardize the child or contaminate the investigation. Once confirmation from a Children's Aid Society is received that it would be appropriate to any of the information, the Executive Director will follow up with the person(s) involved.

Any information related to an allegation or consultation/report of child abuse against staff is confidential between the person directly involved, the person making the consultation/report and a Children's Aid Society. As a result, the person who suspects child abuse will NOT tell the staff about the suspicion, the intention to report or that a report has been made until after consultation with a Children's Aid Society. Any discussions prior to consultation could jeopardize the child or contaminate the investigation. Once confirmation from a

Children's Aid Society is received that it would be appropriate to discuss any of the information, the Centre's Executive Director will follow up with the person(s) involved.

8.5. Code Of Conduct Policy

Declaration

In keeping with the Ontario Human Right Code, it is UYVDC philosophy that all employees, parents, students and children have the right to an environment that is free from violence, harassment and discrimination. It is absolutely essential that we respect these rights and UYVDC will not tolerate any form of expressed bias, discrimination, prejudice, violence or harassment. UYVDC will act to eliminate all forms of violence, discrimination and bias on the part of staff, children, students and parents of the Centre.

It is the understanding of all UYVDC members that we agree to communicate and act in a manner that emphasizes mutual respect, fairness and equality. Individuals are expected to abide by the Code of Conduct and a zero-tolerance approach to addressing any UYVDC Program and outings. In the event of this occurring, the UYVDC staff, in consultation with the Board of Directors, will initiate a process of review, including documentation and possible temporary or permanent suspension to ensure a safe environment for the daycare members and staff.

Further if there is observed or suspected abuse or neglect of a child, it is the right and obligation for the daycare to place the welfare of the child first and thus must report any concerns of this nature to the local Children's Aid Society (CAS). It is the role of the CAS to investigate and resolve any concerns in the best interest of the child and family.

Any incidents of violence, abuse or discrimination involving a child, parent, staff or member of the public must be reported to UYVDC promptly. UYVDC will respond using the established Code of Conduct Policy.

1. Process

It is our goal to provide a safe and nurturing childcare environment in partnership with families, while being sensitive to the diversity of the Centre's members and individual needs of families. The Centre's approach is to have positive and open communication with families on a regular basis in order to promote clear understanding and communication. The conduct policy is included in the parent package and all members are required to sign a Code of Conduct Agreement.

As part of your contract with UYVDC, the Centre reserves the right to temporarily or permanently suspend services, if it is believed that the particular needs of your child or family cannot be appropriately met by the Centre.

We realize that occurrences and disputes will occur among children and it is not our intent to exclude children over normal developmental incidents that assist them in acquiring problem-solving skills. However, as individual needs vary in terms of environment and program, some children may not benefit from the program offered in the Centre. We will make every effort to meet the needs of your child, which may require the assistance of an

outside agency. If the behaviours still occur and it is deemed that we are unable to meet the needs of you or your child, then services will be temporarily suspended by the Executive Director with consultation from the executive of the Board of Directors or if necessary, permanently suspended with approval from the Board of Directors.

The decision for suspension will be based on, but not limited to the following types of incidents:

- Harmful physical acts against ‘self or other’ children and/or staff, including hitting, biting, or any other physical form of treat or assault;
- Noncompliance of staff direction resulting in unsafe conditions for children or staff;
- Verbal, physical or psychological abuse imposed on other children, family members and/ or staff, which can include the use of threats, name calling and use of profane or degrading language generally deemed unmanageable; and
- Racial slurs or other behaviour deemed to be discriminatory nature.

2. Definition

Safe Behaviour

Behaviour or a series of behaviours that is conducive to the safety of all children and adults in the Centre. Behaviour that is not conducive to safe conduct may include: physical, psychological (Such as threats) or verbal abuse, behaviour considered to be unsafe or behaviour that includes not following safety rules or direction from staff.

Verbal Aggression/ Behaviour

- Inappropriate language or verbal behaviour that causes a person to feel threatened or unsafe.

Physical Aggression/ Behaviour

- Any act taken to deliberately inflict physical hurt or injury upon another person or him/ herself.

Psychological Aggression/ Behaviour

- Inappropriate body language, gestures or intimidation upon another person that causes the other person to feel unsafe or fear harm or injury

Unsafe Walks

- Any behaviour that jeopardizes the safety of children or staff on walks or field trips.

Expression of Bias or Discrimination

- May include written, verbal, non-verbal, or physical demonstration of intolerance with respect to age, race, ethnicity, culture, sex or sexual orientation.

3. Procedures to Address Identified Concerns Regarding Conduct

a. Parent- Staff

b. Staff- Staff

c. Parent- Parent

d. Child-Child

e. Staff-Child

Response by UYVDC Staff

1. Contact any person(s) directly involved in the issue and attempt to resolve the matter through respectful discussion away from the children. The supervisor will make every effort to accommodate privacy needs, if the supervision of the children is considered safe. If coverage at the time is not available, the Executive Director will set a mutually agreed time as soon as possible.
2. If the parties involved are unable to resolve the issue or feel uncomfortable with resolution, the Executive Director will be notified and be involved to assist in mediating to address/resolve the issues brought forward.
3. If no resolution is mutually attainable, the Executive Director will forward the issue to the Chair of the Board. The Chair of the Board will attempt to resolve the problem and will decide if the matter will require further review via an in-camera session of the Board of Directors.

Terms

All members of UYVDC agree to:

- Support a friendly and supportive environment,
- Strive to ensure positive communication during interactions,
- Follow the recommended procedures for addressing concerns,
- Participate in all meetings and allow careful documentation of these meetings, and
- Abide by the final decision of UYVDC and the Board of Directors.

Problem Resolution

If any member fails to abide by the Code of Conduct Policy, the following Procedure will apply:

1. Harmful or concerning behaviour/incidents will be documented using the Code of Conduct documentation form (available from the Executive Director), which will then be presented by the staff/parent to the Child Care Executive Director.
2. The Executive Director will set up an initial meeting as required with the parties concerned, to gather more information, document this process and determine if the Code of Conduct was violated.
3. The Executive Director will share this report with the concerned parties and the Chair of the Board to assist in any mutual resolution. Recommendations will be developed by the Executive Director to attempt to resolve any concerns. UYVDC and parents will sign off on a plan to resolve the issue and progress will be monitored by the Executive Director.
4. The Executive Director, in consultation with the Board of Directors of UYVDC, has the right to do any of the following: issue a written warning; after a maximum of two written warnings, the Executive Director can immediately and temporarily withdraw the member from the Centre, institute a probationary period of up to three months. If it is deemed necessary to permanently suspend the rights to child care at the Centre, it will be reviewed with the UYVDC Board through an in-camera session.
5. In extreme cases (as determined by the Executive Director or designate, with approval from the Board of Directors) of violent threatening behaviour by either a child, a parent, or a caregiver where the safety of other children and or UYVDC

staff are at risk, the two months' notice of withdrawal will be waived. The Executive Director and the Chair of the Board of Directors will meet with the parent/caregiver immediately and the parent/caregiver will be required to withdraw the child from UYVDC immediately or at a date set by the Board. A letter of withdrawal will be issued.

Procedure Suspension of a Child

The procedures for suspending a child are as follows:

All incidents will be documented using the Code of Conduct Incident Reporting Form.

1. Parents must sign the form and a copy will be placed in the child's file
2. Executive Director will determine which response is appropriate based on a clear review of the incidents
3. If the child is to be suspended:
 - a. The Executive Director will remove the child from the classroom
 - b. The Executive Director will contact the parents/guardians immediately to inform them of the required suspension and the reason and length of suspension and the need for a meeting prior to the child returning to the Centre.
 - c. Parents/ Guardians must pick up the child within the hour.
 - d. Parents and the Executive Director / Designate must sign the suspension form.
 - e. Temporary suspension may range from 24-72 hours to 3 months.
 - f. Permanent suspension will be open to review by the Board of Directors following a written letter of appeal. The Board of Directors reserves the right to permanently suspend a child based on the collective well-being of all the children attending the daycare.
 - g. In the case of a temporary suspension, parents continue to pay fees.
 - h. If the child is suspended permanently, no fees will be charged effective the day after they are suspended.

Executive Director must inform the Chair of the Board or Member of the Executive regarding any need of suspension within 24 hours of a decision being made.

Any outside agency involved with the Centre and the child will be notified of any incidents in writing. Written consent from the family will be in place when an outside agency is involved with the family (when disclosing confidential information), unless it is the CAS or the Toronto Police Department.

8.6. Emergency, Fire Drills and Evacuation Policy

UYVDC has established practices in place that, in the event of fire or other emergency situation, help to prevent accidental injuries, protect children from harm, and remove them from danger.

1.1. Procedures

- a) The centre has a specific *Fire Safety Plan* that has been approved by the local fire department. All staff, students and volunteers must be familiar with this plan. Each classroom has specific instructions for moving children safely out of the building.
- b) In case of an emergency situation that makes the centre's premises unsafe, the children will be evacuated from the building. The centre has arrangements with an alternate location to temporarily house the children until the premises are safe for their return or until parents can pick up the children.
- c) All staff, students and volunteers are required to have a recognized Standard First Aid and cardiopulmonary resuscitation (CPR) certificate. Staff, students and volunteers must attend a mandatory annual CPR training. Mandatory training for standard First Aid is held every three (3) years, for CPR retainer is completed annually.
- d) If a child is injured, staff will ensure that the child receives appropriate first aid attention. If the situation requires medical attention, staff will contact the parent (or emergency contact if parent is not available). An *Accident/Injury Report* will be completed and filed in the centre's records. All necessary forms are signed by parents upon the child's enrolment at the centre.
- e) The centre must report any serious occurrence according to the *Serious Occurrence Reporting* policy.

1.2. Conducting a Fire Drill

- a) Once per month, a different fire alarm pull station is to be activated by the Assistant Director.
- b) Children will be evacuated from the building using the appropriate site plan. Attendance binder will be taken with the children.
- c) ED will walk through the entire building, checking all rooms and closing doors to ensure everyone has left the building.

Upon completion, a *Fire Drill – Monthly Record* will be completed and placed in the *Fire Drill Log Book* located in the Executive Director's Office.

1.3. Fire Safety

In order to avoid fire hazards in the building, staff are advised:

1. Not to use unsafe electrical appliances, frayed extension cords, over-loaded outlets or lamp wire for permanent wiring.
2. To avoid unsafe cooking practices (e.g. using too much heat, unattended stoves, loosely hanging clothing).

In general, staff are advised to:

3. Know where the alarm pull stations and exits are located. (Infant room, Playground Exit Door, Toddler Room 1, Basement).
4. Dial 911 and ask for Toronto Fire Services.
5. Know the correct building address (14 St. Clements Avenue, Toronto).
6. Assign a person to wait at the door for the fire truck to arrive.

1.4. Fire Prevention

Keep stairways, hallways, passageways & exits inside & outside clear of any obstructions at all times.

- Do not permit combustible waste materials to accumulate in quantities or locations which will constitute a fire hazard.
- Have knowledge of the fire alarm system.
- Participate actively in fire drills.
- Be familiar with the Ontario Fire Code.

1.5. Executive Director or Designate Responsibility

1. Ensure that the fire alarm has been activated.
2. Notify the City of Toronto Fire Services of the emergency conditions. Dial 911 and ask for Toronto Fire Service.
3. Assign a person to wait at the door for the fire truck to arrive.
4. Upon arrival of fire fighters, inform the fire officer regarding conditions of building
5. Provide access and vital information to fire fighters.
6. See that the fire alarm system is not silenced or reset until Toronto Fire Services has responded and the cause of the alarm has been investigated.

1.6. Staff Responsibilities and Procedures

When evacuating, the staff must check all rooms, cubbies and washrooms to ensure that all children are out.

1. All staff members are responsible for all children. Staff on lunch and breaks immediately help where needed.
2. Staff gather children in front of each room by the door and keep them calm.
3. Staff count children; take attendance, all medication, emergency evacuation bag.
4. One teacher from each room shall lead the children out of UYVDC building; the others shall follow ensuring all children are present.
5. Using the nearest exit walk out of the daycare to the sidewalk.
6. ED will be responsible for bringing the master emergency file to the evacuation site.
7. Upon reaching the sidewalk, a head count including adults, and attendance will be taken and each group will report results to the ED.
8. If anyone is missing, report this to the ED or designate and to the appropriate emergency personnel. **Do not re-enter the daycare.**
9. The ED or designate will contact the Emergency Location (Jan- June: Early Learning Centre; July- August-Toronto Public Library; September- December- Early Learning Centre). The ED will post a sign on the door.
10. The ED or designate will ensure all is calm and commence phoning parents.

The UYVDC is required to follow the *Child Care and Early Years Act, 2014*, requirements as stated above.

8.7. Emergency Management Policy and Procedures

1.1 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.

1.2 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 childcare 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).

UYVDC Authority:

The Executive Director is the Authority.

In her/ his Absence the Assistant Director is the Authority.

In the absence of the ED and the Assistant ED the person in charge/ Authority is noted on the white board located in the ED office.

The Program Supervisors may act as Authority in case of ED and Assistant ED absence.

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 childcare 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 childcare centre it operates (i.e. the operator).

Meeting Place: the designated safe place near the childcare 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, supervisor).

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 childcare 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:

**Sidewalk in front of the UYVDC
14 St. Clements Avenue
Toronto, ON, M4R 1G9**

If it is deemed 'unsafe to return' to the childcare centre, the **evacuation site** to proceed to is located at:

**Toronto Public Library
Northern District Branch
40 Orchard View Blvd.
Toronto, ON
M4R 1B9**

Phone: 416-393-7610

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, the Executive Director or a designated staff in charge in absence of ED 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 a designated staff in charge in absence of ED in the daily written record.

8.8. Self-Regulation Policy

Basic Concept – Self-Regulation

Self-regulation allows children to manage their energy, emotions, behaviour and attention in ways that are acceptable in social situations and that support achievement of positive goals. This ultimately supports positive relationships, learning, and their overall well-being.

Self-regulation allows children to effectively deal with stressors (e.g. noise, light, movement or scary situations) that deplete energy. The depletion of a child’s energy reserve in stressful situations is unique to each child (i.e. some children will have to work harder than others to perform the same task) (Shanker, 2009, 2010, in press).

Children need the opportunity to explore their environment and discover their capabilities. This involves testing limits and experimenting with social interactions. This exploration often results in behaviour that adults may find unacceptable because they exceed set rules, or endanger the safety of the child or others. Given that these situations will occur, we have appropriate strategies for enabling children to redirect their behaviour through self-regulation.

Five Aspects of Self-Regulation

The following five aspects come together to play a significant role in children’s ability to self-regulate:

1. **Biology (Temperament)**
2. **Emotion-Regulation**
3. **Cognitive Factors:**
 - Display control
 - Sustained attention; avoid distraction
 - Attention switching; able to transition between tasks
 - Inhibit impulses
 - Able to deal with frustration, delay distractions
4. **Social:** able to develop and use socially-desirable behaviours
5. **Moral:** the development of empathy and values (Shanker, 2009, 2010, in press)

1. Rationale

“Early years programs play an important role in supporting children’s learning, development, health and well-being. Evidence from diverse fields of study tells us that children grow in programs where adults are caring and responsive. Children succeed in programs that focus on active learning through exploration, play, and inquiry” (Ontario, 2014, p. 4).

For children to become happy and secure members of society, they must learn how to successfully deal with problems in interpersonal relationships. As well as learning self-discipline and inner control, they must also learn positive, constructive ways to interact with other people. As

noted by Dr. Stuart Shanker, “*self-regulation has been identified as a key factor in well-being, learning and development*”, (Shanker, 2009, 2010, in press).

The role of the educator is to support the child’s sense of being while providing opportunities for the child to learn appropriate ways to interact socially and with objects. This partnership between the child and the caregiver, vital especially during early childhood, allows for development of flexible self-regulation skills that support change and exploration. Flexible self-regulation stems from the process of internalizing prior patterns observed by the child during caregiver-supported regulation (Goulet, 1998, p. 28).

The goal is to allow children to think out problems independently rather than to solve problems for them. The problem-solving approach focuses on teaching children morality, over obedience; in teaching morality they become self-disciplined, accountable and considerate. They are able to decide whom to trust and whom to be influenced by, rather than simply obeying authority which may come from corrupting sources (Markham, 2014).

The process of problem-solving with children involves having children go through the following steps: identify their problems, think of alternatives, predict consequences and make decisions. This process must be geared to the developmental level of the individual child. The development of problem-solving skills can and should be encouraged from a very young age. To ensure the child’s safety and well-being, and to foster social and emotional development, it is necessary at times to impose boundaries or to set standards of acceptable behaviour. Adults should have in-depth knowledge and understanding of the 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 others and property. Therefore, external controls can gradually be removed as children develop a sense of responsibility for their own behaviour.

Standard IV: B. 4 from the Code of Ethics and Standards of Practice reinforces the expectation of educators to “*set goals, make decisions, resolve challenges, decide on developmentally responsive activities and experiences, provide behaviour guidance and work collaboratively in the best interest of the children under their professional supervision*” (College of Early Childhood Educators, 2016, p. 9).

2. How to Enhance Self-Regulation

In collaboration with the MEHRIT Centre, Dr. Shanker provides resources for guiding self-regulation including the following five-step method (College of Early Childhood Educators, 2016, p. 8).

- 1. Read the signs of stress and reframe the behaviour.**
- 2. Recognize stressors.**
- 3. Reduce stress.**
- 4. Reflect.**

5. Respond

The strategies below can be used alongside the five-step method to ensure that the steps are used effectively:

Problem Solve: Understand each child's stressors, to help ensure they stay calm and aware.

Exercise: When a child is stressed, exercising their major muscle groups is effective.

Planned Programming: By using analogies, educators can help children understand their own state of arousal and help them learn how to calm down (e.g. the car analogy, my engine is running too fast, too slow or just right).

Play Based Curriculum: When children are engaged in meaningful experiences (based on their interests) they are focused. This allows the child to define their own thinking and the perspective of others. Through play children communicate their needs and wants, and establish connections between objects, people and ideas (Shanker, 2009, 2010, in press).

3. Strategies for Incorporating Self-Regulation into Curriculum

Self-Regulation strategies are effective only within the context of the entire curriculum. Ensuring that all curriculum components are of a high quality encourages self-regulation. Within the components of educators, environment, program, parent involvement, and evaluation there are strategies that can be used to encourage self-regulation. Some strategies are outlined below:

Educators

- i) Establish a positive relationship with the children.
- ii) Develop reasonable expectations and communicate them to the children.

Environment

- i) Ensure health and safety standards are met.
- ii) Plan appropriate use of space.

Program

- i) Plan a daily routine with limited transition times.
- ii) Provide a variety of developmentally appropriate activities.

Parent Involvement

- i) Support on-going information sharing with parents.
- ii) Allow for opportunities for parent meetings and sharing of resources.

Evaluation

- i) Regular review of guidelines and regulations.
- ii) On-going discussion regarding specific situations

8.9. Fragrance Free Policy

It is the UYVDC Policy to make a commitment to the provision of a healthy and safe environment that meets accepted standards.

UYVDC will support its Fragrance-Free Policy in the entire building. We will endeavor to eliminate the use of scented products known to cause health problems for young children, staff, parents, students and volunteers.

All staff, students, volunteers, parents and visitors are TO REFRAIN FROM WEARING SCENTED PERSONAL PRODUCTS within UYVDC premises.

DEFINITIONS:

Scented Personal Products:

Refers to any personal scented product including, but not limited to, hair spray, hair mousse/gel, perfume, and cologne, after shave lotions, scented moisturizing lotions and scented oils.

Individual:

Refers to any person who is employed by UYVDC, anyone working under contractual agreements, students, volunteers, parents, board members and visitors.

Policy:

- Appropriate information and signage will be displayed within each classroom and at both entrances to encourage staff, volunteers, parents, students, visitors to refrain from wearing scented personal products.
- At the time of employment and orientation, all staff will be advised that UYVDC is a scent free environment.

Every Individual has the responsibility to administer this policy. Individuals are expected to communicate the Centre's commitment to this policy to individuals who are using scented products. Communication of this policy must be done in a cordial and respectful manner.

8.10.Inclusion Policy

Purpose

The Purpose of this policy is to ensure that all staff members of UYVDC are aware and are adhering to the expectations for the inclusion of children with exceptional needs in our programs.

UYVDC is committed to being an inclusive childcare centre that promotes a positive and healthy environment for all children. Children have the right to be cared for in a nurturing environment within their community where their needs are being met and they can develop to their fullest potential.

We support the six elements of inclusion defined by *Special Link - The National Centre for Childcare*, which states:

1. No child is excluded on the basis of level or type of disability
2. Programs include children with disabilities in approximate proportion to their presence in the population
3. Activities are modified and adapted to include all children
4. Parents of children with disabilities have the same options as other parents i.e. full-time or part-time care.
5. Parents are actively encouraged to participate in the childcare programs
6. Staff and parents promote inclusion in the whole community

Expectations

All staff with access to private information about children and their families will keep it strictly confidential. Staff will obtain parental consent before sharing information with outside agencies; this consent will be kept in the child's file.

It is expected that the staff will work collaboratively with parents and community support partners to meet the needs of all children. Staff will develop a flexible program gaged to support the ongoing development of a child with special needs. Changes to the environment and routines will be made when necessary to support all children and individual program adaptations will be reviewed with the parents and the supporting agencies.

Although UYVDC supports children in progress with the same age/peer group, this is not always possible. When this occurs a plan will be developed collaboratively with the program staff, parents and support agencies. Children with extra support needs may also require additional support when transitioning to a new age group or program.

Admission/ Withdrawal

UYVDC supports in principle that all children should be included. However, in the event that the Centre exceeds the natural proportion of children with extra support needs to the extent that it impacts service delivery, the Executive Director may not be able to admit additional children with extra support needs.

Prior to admission, the Executive Director and parents will discuss all aspects of the daily program. These discussions will help to determine if the program meets the family's needs and if the adaptations, physical accommodations, feeding protocols and specialized equipment will be required.

If it is determined that the Centre is currently unable to accommodate the extra support needs of the child, the Executive Director will assist the family with referrals to other childcare programs and/or refer them to our special needs consultant for assistance in locating an appropriate placement. If accommodation can be made in the future parents will be informed and given the opportunity to transfer back to the Centre at that time.

Families whose children receive therapy treatments IBI/OT would be informed whether or not these treatments may be conducted at the Centre under the supervision of the staff.

Once enrolled, UYVDC staff will work with the family and support services to ensure that a child's extra support needs are met. However, when all possible avenues have been exhausted, it may be determined that the program is unable to meet the child's needs and placement is not to continue. This decision will be made in collaboration with the parents, the Executive Director and the Board of Directors. Children's Services and the UYVDC Resource Teacher may also be involved.

Child Care Support Fund

Child Care supports funds are available to provide enhanced staffing support for the successful inclusion of a child with special support needs and to develop specific goals and strategies to support the child.

Request for funding must be facilitated by our resource teacher or through Toronto Children Services by the Executive Director. Funds are limited, time specific, and are approved on a one-on-one basis.

Intensive Resource Support

Intensive Resource Support is available to support the inclusion of children with complex and/or intensive developmental, social, emotional or behavioral needs.

Request for funding must be facilitated by the resource teacher. The childcare staff in collaboration with the Executive Director, for implementing Individual Program Plans (IPP).

Intensive Resource Support Funds are intended to provide support to the childcare programs which require a more intensive level of support to maintain a child's enrollment, and to help that child adapt to the environment and /or learn new skills.

Once an agreement is in place the special needs consultant will work directly with the Executive Director and childcare staff to build their capacity and include children with complex and/or intensive developmental, social, emotional or behavioral needs.

Staff Training

The Executive Director will be responsive to the training needs of the staff and provide access to available resources. In addition, staff will be provided the necessary tools for mentoring and role modeling in order to experience positive outcomes for themselves, children and families.

8.11. Serious Occurrence Policy

Statement of Philosophy

UYVDC is committed to providing a safe and hazard-free environment for the children who attend the Centre. UYVDC acknowledges the broad definition of "serious occurrence" and takes measures to minimize the potential for such occurrences on a day-to-day basis.

Purpose

The purpose of this policy is to ensure that there is a plan to deal with any serious incident that may affect the health, safety and well-being of children and staff. In addition, that serious incidents are reported in a professional manner which includes accurate documentation and outlines steps for follow up.

Applicable Law

Upper Yonge Village Daycare Centre will follow policies and procedures as described in the *Child Care and Early Years Act, 2014* (CCEYA); Ministry of Education, Toronto Region (MEDU); *Early Childhood Educators Act, 2007* (ECEA); *Child and Family Services Act's Reporting Child Abuse and Neglect: It's Your Duty*; Child Care Quality Assurance and Licensing, Early Learning Division, Toronto Region; and, the College of Early Childhood Educators' Code of Ethics and Standards of Practice. As well as any other applicable legislation, regulations, by-laws and policies that are relevant to professional practice.

Definitions/Acronyms

For the purpose of this section, the following definitions/acronyms apply:

- Child Care and Early Years Act, 2014 (CCEYA)
- Ministry of Education, Toronto Region (MEDU)
- Early Childhood Educators Act, 2007 (ECEA)
- College of Early Childhood Educators (the College)
- Ministry of Education's Child Care Licensing System (CCLS)

Policy

UYVDC follows all legislated and regulated laws and guidelines in the care of children, and in reporting and analyzing serious occurrences.

The serious occurrence categories in CCLS are:

1. Death of a Child
2. Allegation of Abuse and/or Neglect
3. Life Threatening injury or illness
 - a) Injury
 - b) Illness
4. Missing or Unsupervised Child(ren)
 - a) Child was found
 - b) Child is still missing
5. Unplanned Disruption of Normal Operations
 - a) Fire
 - b) Flood
 - c) Gas Leak
 - d) Detection of Carbon Monoxide
 - e) Outbreak
 - f) Lockdown
6. Other Emergency Relocation or Temporary Closure

Roles & Responsibilities

Executive Director

The Executive Director will ensure that:

- The policy is reviewed annually and updated as necessary.
- The annual report is produced and shared with the Board of Directors.
- Staff understand their responsibilities in caring for children and their obligations surrounding serious occurrences.
- Staff sign off annually on the policy.

Staff

The staff will read and sign off on the Serious Occurrence Policy to ensure they are informed and to guide them when reporting serious occurrences. As well, they will keep up-to-date on current legislation, regulations and other materials affecting their standard of practice in caring for children.

Students / Volunteers

Students and volunteers will take direction from the Executive Director and staff. Students and volunteers will read and sign off on the Serious Occurrence policy.

Procedure**Serious Occurrence Procedures**

1. Ensure that the child is provided with the medical care appropriate for the situation.
2. Take appropriate steps to address any risk to the child's health or safety. Steps should be taken to ensure the health and safety of all the children present.
3. The staff or anyone else with information about the occurrence must report the matter to the Executive Director, or their designate, who then conducts preliminary inquiries.
4. Interview all people who have knowledge of the occurrence. The report should include the following information:
 - Description of the occurrence.
 - Child's allegation (if applicable).
 - Date, time and place of occurrence.
 - Time occurrence was reported.
 - Reason for the occurrence (if known).
 - Names of people involved.
 - Action taken.
 - Action recommended, either specific to the situation or related to potential underlying factors.
 - Current status.
 1. Parties notified:
 - a. Coroner in all cases of death.
 - b. Police/Children's Aid Society (CAS), as applicable.
 - c. Parents/Guardians.

SERIOUS OCCURRENCES**Reporting Process – within 24 hours**

1. Within 24 hours of the Executive Director becoming aware of a serious occurrence, or when an operator deems the occurrence serious, the Executive Supervisor or designate submits the serious occurrence online using the Ministry of Education's Child Care Licensing System (CCLS).

2. Within 24 hours the parent/guardian/advocate and, if applicable, the person or agency who placed the client, are informed unless such notification is contra-indicated.
3. Following the submission of the Serious Occurrence Report to the Ministry of Education, a Serious Occurrence Notification Form will be completed by the Executive Director or designate and posted in a conspicuous location. The Serious Occurrence Notification Form is updated as further actions or investigations are completed and will be posted for a minimum of ten business days. When updated, the form remains posted for a further ten business days from the date of each subsequent update. All Serious Occurrence Notification Forms will be retained for three years from the date of the occurrence. The Serious Occurrence Notification Form should not contain any identifying information such as the child's name, staff names, the age or birthdate of the child or the classroom where the child is placed.
4. Some serious occurrences, most notably an allegation of abuse or neglect, will give rise to the child needing protection. The person who has the reasonable grounds to suspect that a child is, or may be, in need of protection must make the report directly to the Children's Aid Society (CAS) and follow Child Abuse Policy. Licensees are only required to notify the program advisor and make a Serious Occurrence Report on CCLS if the alleged abuse or neglect occurred while the child was receiving care at the childcare centre.
5. Serious Occurrence Notification Forms pertaining to allegations of child abuse at the centre are posted for a minimum of ten business days.
6. UYVDC will complete and post a summary of each serious occurrence in a place that is visible and accessible to parents within 24 hours of becoming aware of the occurrence for a minimum of 10 business days, **including any allegation of abuse or neglect**. The summary must not include any identifying information and shall be updated as new information is obtained.

Reporting Process – within 7 days

Upon a review of the reported serious occurrence, the Ministry of Education may request additional information or a further review by the service provider of the serious occurrence incident. The service provider is expected to submit online any related follow-up or outcome report(s) to the Ministry of Education. A new Notification Report is generated and posted. The Ministry of Education may also initiate its own review.

Reporting to Board of Directors

Depending upon the severity of the serious occurrence, it may be reported to the Board of Directors either the day of the occurrence or soon thereafter.

Annual Summary and Analysis Reports

1. Every licensee of a childcare centre shall conduct an annual analysis of all serious occurrences that occurred in the previous year. (O. Reg. 137/15, ss. 38(2)(a)) Based on an analysis of all serious occurrences during the reporting period, the report will describe any trends or patterns relating to staff, children, equipment and the physical plant or site that contributed to or caused the serious occurrence(s). This report stays on file at the childcare centre.

2. Every licensee of a childcare centre shall keep records of the actions taken in response to the analysis. (O. Reg. 137/15, ss. 38(2)(b)) Outline the action taken by the organization in response to the identified trends and patterns of serious occurrences, and describe additional plans to maintain compliance in these areas.
3. Every licensee shall ensure that a report is provided to a program advisor of any serious occurrence in the childcare centre within 24 hours of the licensee or designate becoming aware of the occurrence. (O. Reg. 137/15, ss. 38(1)(b)) Describe any issues, and actions taken, with regard to the timely reporting of serious occurrences.
4. The childcare licensee shall ensure that the policies, procedures and individualized plans it is required to have under this Regulation are implemented at the childcare centre. (O. Reg. 137/15, ss. 6.1(1).
5. At a minimum, the serious occurrence policies and procedures include:
 - a) The identification of serious occurrences;
 - b) The immediate response procedures to a serious occurrence incident;
 - c) The expected steps in reporting a serious occurrence; and,
 - d) The serious occurrence notification form posing requirements.

The College of Early Childhood Educators may require the employer or any other person or body designated by the regulations to provide the College with information, including personal information, in respect of members of the College, and the employer, person or body shall provide such information. (ECEA, 2014, c. 11, Sched. 3, s. 31 (4)) The College may require mandatory reports.

On-going Monitoring

Generally, the service provider is expected to monitor their performance in-year, on an on-going basis, with respect to the reporting, management and follow-up of serious occurrences.

8.12. Sleep Room Supervision Policy

Purpose:

To ensure the safety of children when sleeping.

Applicable Law:

- *Child Care and Early Years Act, 2014, Ontario Regulation 137/15, Part 33.1 (2)(c)*
- *Joint Statement of Safe Sleep: Preventing Sudden Infant Deaths in Canada, 2011 (ss. 33.1) [Joint Statement on Safe Sleep: Reducing Sudden Infant Deaths in Canada - Canada.ca](http://www.canada.ca)*

Policy:

All children who sleep while at the Centre are to be supervised during sleep. Staff must always be aware of a child's physical health during sleep by performing visual checks of each child.

UYVDC will follow all recommendations for sleep that are made by Public Health Agency of Canada and will ensure that cribs and cots comply with the standards of the *Canadian Consumer Products Safety Act*.

All of the children will have scheduled nap/quiet time after lunch, for a maximum of two hours per day. Provisions for quiet activities are made for those children who are not sleeping and become restless. All children will be assigned to individual cots or cribs that are labeled with their names. A sheet for each cot/crib will be provided by the centre and the family will be asked to provide a light (breathable) blanket/sheet to cover (for Toddlers and Preschoolers).

The Centre provides sleep bags for Infants, but parents may choose to bring their own.

Sheets and blankets will be laundered at the Centre weekly (or as needed if soiled). Upon enrolment parents will be consulted in respect to a child's sleeping arrangements/preferences and then at any other appropriate time, such as transitions between programs/rooms or upon parent's requests. Sleep preferences will be documented on the registration forms upon enrolment. Changes will be provided to staff, kept in each child's individual portfolio, and will be reviewed by each staff, student or volunteer working with the child. Infant preferences will be posted on their crib, along with their name and photo.

Infants will nap according to what is indicated on their daily reports. The CCEYA requires that the Centre ensure that a child who is younger than 12 months is placed for sleep in a manner consistent with the recommendations set out in the document *entitled "Joint Statement on Safe Sleep: Preventing Sudden Infant Deaths in Canada"*, published by the Public Health Agency of Canada, as amended from time to time, unless the child's physician recommends otherwise in writing. The *Joint Statement of Safe Sleep* document is posted on the infant room's bulletin board, as well as inside the sleep room. Copies will be available to parents/families upon request.

As per the CCEYA, the following Infant sleep room practices are implemented at UYVDC:

- Infant children under 12 months will only be placed **on their backs to sleep**, and will not be permitted any soft bedding (such as pillows, stuffed animals, duvets, quilts, comforters, bumper pads, etc.).
- Children under 12 months are not allowed to sleep in strollers, bouncers, or on pillows in the classroom. When sleeping in a seated position, an infant's head can fall forward and cause their airway to be constricted. Once an infant falls asleep, the child must be moved, as soon as possible, to their crib or cot.
- A thin, lightweight and breathable sleep sack may be provided.
- There is a Visual Transition Board posted in the infant room hallway, which identifies where in the room each child who is present on any given day may be (i.e. sleep room, classroom or outdoors).
- Each child's sleep will be documented on the **Sleep Monitoring Supervision Form** that will be posted on the Sleep room Board. Throughout the day, these are completed by staff to record: the child's name, date, and each time that there is a direct physical check done during the child's sleep. These forms will be kept in each classroom in a separate binder.
- Infants are not left to cry in the cribs.
- The staff will ensure that there is sufficient lighting in the sleep area in order to perform direct visual checks (at minimum to monitor breathing and body temperature) of each sleeping child. These checks are done by being physically present and approaching each sleeping child to monitor distress or unusual behaviours.
- Direct physical checks are performed minimally every 15 minutes, or more often if deemed necessary (i.e. a child is or has been ill and requires closer supervision).

- In addition to the regular direct physical checks, a sleep-monitoring device is also used to ensure that sounds from the sleep room can be clearly heard in the playroom. This device is always monitored by staff in order to initiate an immediate response as needed.
- Sleep-monitoring devices are checked each time a child enters the sleep room to ensure they are working (i.e. quiet music is always on in the sleep room whenever a child is present so staff can be sure that the monitors are always working when children are in the sleep room).
- All children who sleep at the Centre (infant, toddler and preschool) will be assigned to individual cribs or cots.
- Parents are consulted regarding their child's sleeping arrangements at the time the child is enrolled and at any other appropriate time, such as at transitions between programs or rooms or upon a parent's request. Sleeping arrangements will be communicated and documented in the child's Individual Schedule.
- Observance of any significant changes in a child's sleeping patterns or behaviours during sleep time will be communicated to parents (both verbally and in writing via Hi Mama app) or documented on the monitoring sheets and will result in adjustments to the manner in which the child is supervised during sleep time.
- The Centre may request parents' permission to have their child sleep on a cot for the purpose of transitioning to the toddler program.
- Parents must sign the Consent for Infant Child to Sleep on a Cot form for their infant to sleep on a cot. All cots with sleeping infants must be kept in the classroom in view of staff and not in the sleep room. The sleep room supervision procedure applies to infants sleeping on cots.
- In all cases the Executive Director must be informed of the arrangement before it commences.

UYVDC will ensure that each child has an assigned crib. It would be very helpful if parents let staff know what is done to prepare the infant for sleep. Each infant will have this information posted over his/her crib so that all staff are aware of the child's preferences if 12 months of age or over. We do not allow blankets but do allow sleep sacks provided by the parents and guardians. UYVDC follows the recommendations set out in the *Joint Statement of Safe Sleep: Preventing Sudden Infant Deaths in Canada, 2011 (ss. 33.1)* in order to be in compliance with the *Child Care and Early Years Act, 2014*.

Procedure for Sleep Supervision

There will be a sleep plan posted in each classroom to quickly identify where each child's crib or cot is located.

Staff must perform direct visual checks of sleeping Infants every 15 minutes. Staff must perform directed visual checks of sleeping toddlers every 30 minutes. Direct visual checks mean that staff will be in proximity of each child, checking for indicators of distress or unusual behaviours, such as, but not limited to:

- Laboured breathing
- Bluish colour around the lips or fingernails
- Colour of the skin may look grey
- Sweating

- Wheezing (whistling sound while breathing)
- Restlessness

Direct visual check must be documented on the appropriate form:

Sleep Monitoring Supervision Form.

Forms will be kept for 3 years.

Any changes in a child's sleeping patterns or behaviours during sleep will be communicated to parents and will result in more frequent visual supervision of the child.

8.13. Supervision Of Volunteers and Students Policy

1. Policy

At UYVDC, volunteers and students play a critical role in the services provided to children and their families. UYVDC actively promotes volunteerism and student placements and empowers volunteers and students to support the development and well-being of children and families.

At UYVDC volunteer and student participation are encouraged in our childcare programs to provide them with the opportunity to work with experienced staff in a team-based environment, and to obtain professional skills and training through interaction with children and families.

2. Procedure

2.1. Recruitment

Students are placed through colleges and universities. Volunteers and students must be at least 18 years of age; however, a student younger than 18 who is placed through a college or university may be accepted. For volunteers, two references, confirmation of up-to-date immunization, and the original of the vulnerable sector police record check is required as part of the screening process. For students, some colleges or universities will provide written confirmation of immunization. The centre is required to retain a copy of the confirmation of immunization.

2.2. Time Commitment

Volunteers are asked to commit to a specific period of service and this can range from three to six months. Volunteers whose agreements are for one year or more, are required to review and sign off on all relevant policies and procedures annually.

Students from colleges and universities usually have specific time frames set out by their schools.

2.3. Orientation

All students and volunteers must participate in a general orientation review conducted by the ED or the Assistant Director. At the general orientation review, relevant policies and procedures are reviewed and signed off by each student and volunteer. Each student/volunteer will receive a copy of this policy. A signed acknowledgement of receipt is required. No student/volunteer may commence an assignment at the centre until the orientation and the UYVDC Policies and Procedures have been completed.

3. Role of the ED/ Designate/ Host Teacher

- Provide site specific emergency information about fire exits, emergency and evacuation procedures, location of emergency bags
- Provide site specific location of *Allergy and Food Restriction Lists*
- Review each child's *Anaphylaxis Emergency Plan of Care*, each child's *Individual Plan of Care for Health Conditions* and each child's *Individualized Plan of Care*, as appropriate, and ensure that a *Training Record* is signed for each
- Ensure that all documentation is completed, as required
- Designate a staff to supervise the student or volunteer and review the role and responsibility of the supervising staff
- Monitor for *Compliance and Contravention of Policies and Procedures and Individualized Plans*
- Review, on an annual basis, all key policies and procedures with each student/volunteer

4. Role of the Supervising Staff

- Provide mentoring, feedback, guidance on an ongoing basis
- Ensure that each student/volunteer provide a short personal biography with a picture, review and post it on the parent board
- Introduce student/volunteer to staff, parents and children
- Ensure that students/volunteers are never left unsupervised with children
- Assign a purse locker in the observation room with the name of the student/volunteer for personal belongings
- Ensure to inform each student/volunteer where to place their clothing and other personal belonging

5. Supervision of Students

- The supervising staff will review tasks/assignments with the student.
- The ED will review the student's placement evaluation before the supervising staff provides it to the student.
- Each student will meet with the ED and the supervising staff to review the student's placement evaluation process.

- When a student is a UYVDC staff, the ED could be the supervising Host Teacher or will assign the Host Teacher. The ED or the Host Teacher (if other staff was assigned) will meet with the Student/Staff and provide the evaluation.

6. Supervision of Volunteers

- The ED/Designate will review the role of the volunteer and that of the supervising staff, as well as, attendance and expectations for the volunteer while participating in the program. Regular feedback will be provided through Monitoring for Compliance and Contravention of Policies and Procedures and Individualized Plans.
- At the end of the volunteer's term, and upon request, a final written summary report, indicating duration of volunteer period and assigned duties, will be provided to the volunteer.

7. Safety Procedures for Students and Volunteers

To ensure the safety and protection of our children, staff, students and volunteers:

7.1. Students and volunteers must be supervised by a staff at all times. At no time, and under no circumstance, shall a student or volunteer be left unsupervised with children.

7.2. Students and volunteers are not permitted to transport children up or down the stairs of the centre or in any

7.3. Each student/volunteer must agree to adhere to the centre's policies and procedures.

7.4. Students and volunteers are not to be included in the staff complement, and are not to be counted as part of the staff to child ratios.

7.5. Students and volunteers are not permitted to administer medication.

8. Participation in Program

- Review your daily schedule for your responsibilities upon arrival and throughout the day.
- Follow the weekly program plan.
- Report all accidents to the RECE/ECA in the room, regardless of how minor (bump, scrape, fall, etc.).
- If parents/guardians have any concerns or questions, please refer them to the staff in the room.
- If you have any questions specific to your classroom assignment, please speak to your supervising staff or to the ED.

9. General Conduct

- No portable electronics can be carried while in the classroom.
- Only emergency calls are permitted to be made or received while in the program.
- No outside food is to be eaten in the classroom.
- Actively engage with the children in the classroom and on the playground.
- **Sitting is not permitted on the playground.**

8.14. Supervision Of Children Policy

Procedure for Supervision of Children

1. The arrival or departure of all children must be recorded in pen on the *Attendance Form-Daily* indicating the time of arrival or departure. This must be done upon arrival at the centre when the child is released from the parent to the receiving staff, or from the supervising staff to the parent upon departure.
2. The Health Safety Check must be completed and checked on the attendance at the time of receiving the child. If a child shows signs of illness such as: rash, temperature higher than 38°C, vomiting, chills, physical discomfort (not walking properly, not moving arms, legs etc.) the child cannot be admitted to the Centre.

Parents will be advised to visit a physician and provide a note.

3. The *Attendance Form-Daily* must also indicate which children are absent and the reason for the absence, e.g. on vacation, absent due to illness. Where no reason is provided, it should be recorded as well.
4. Staff will also check in the children upon their arrival on the Hi Mama app.
5. Attendance clipboards/binders containing *Attendance Form-Daily* must be kept with the relevant group of children at all times.
6. Upon entering an activity area/classroom (playground, bathroom), staff must **verbally confirm out loud** with the co-worker on duty, and by recording on the *attendance* the number of children present and check the accuracy of the information recorded on the *Attendance Form-Daily*.
The same procedure must be completed upon leaving for or returning from: breaks, lunches, programming time, etc.

7. Head counts of children are to be completed upon the arrival of each child and 15 minutes thereafter throughout the day, and upon departure of children. Head counts are to be checked against the *Attendance Form-Daily* for accuracy.
8. Head counts must be completed before and after a transition with a group of children from one activity area to another (e.g. playroom to playground, up and down stairs, This must be confirmed with all the other staff present in the classroom OUT LOUD between BOTH SIDES (or more staff if present).
9. In addition to head counts, when a group of children is in transition from one activity to another, staff must, for the duration of the transition, maintain close visual supervision of the children at all times (e.g. children should not run ahead of the group).
10. All completed attendance forms must be submitted to the Office on Fridays by 6 p.m. for filing.
11. In some cases, special considerations/procedures are put in place to ensure supervision of specific children. The ED will determine any special considerations and/or procedures currently in place at the centre.
12. Staff, who move from one group of children to another (e.g. an Infant staff asks to work in the preschool room) are required to check with the ED or the designate for any special considerations with regard to the supervision of children.

Walks-Community (parkette visits etc.)

1. A minimum of 2 staff are required for all off-premises activities, regardless of how **small the group size**. At no time, however, can the child to adult ratio be more than outlined in the CCEYA. One of the staff must be an ECE or as required by the Act. Where possible 1 staff must be stationed at the front of the group and another at the back. The staff at the back must perform visual checks to ensure the number of children remain in the group until arrival at centre. The staff at the front must lead the way and the children behind.
2. In case the whole group is leaving (e.g. public library visits) if all children are gathered, a head count of the children is to be completed by every staff present and documented on the Main Attendance. Head counts are to be checked against the *Attendance Form-Daily* for accuracy.
3. If some children are not accounted for, the group of children are to be immediately seated (i.e. no further movement) and 1 staff is to look for the child (ren). The RECE

must remain with the larger group. If the child is located, the count must be performed by all present staff again. If a child is still missing, the ED or the designate must be informed and the Serious Occurrence Policy will be followed.

4. Immediately upon arrival to the centre from walks, a head count of the children is to be completed, compared with the attendance and directions must be given to the children and all staff by the senior staff.

In the event of an emergency, the *Attendance Form-Daily* indicating arrivals, departures and absences helps to establish a quick and accurate account of all children. Maintaining attendance records, in conjunction with constant supervision, is critical in ensuring the safety and well-being of the children that parents entrust daily to the care of the Centre's staff.

Small Group transitioning

1. **Infants**

The Main Daily attendance form always stays with the largest group. All the other groups must take the portable attendances. All attendances must reflect which children are where (in classroom, sleep room, playground, walks).

WALKS

Children going for walk must have their names recorded on the Portable attendance which is taken with the group. Pictures of the children on the VISUAL ATTENDANCE going for walk must be moved in the Column: WALK.

The number of children will be documented on the white board including the number of the staff and the cell phone number.

Minimum of two staff must be on the walk. Maximum of children with 2 staff is: 6.

Walks:

4 staff may take 7 up to 10 children for walk.

3 staff may take up to 0 children for walk.

PLAYGROUND

Names of the children visiting the playground must be documented on the Portable attendance which is taken with the group. Pictures of the children on the VISUAL ATTENDANCE are placed in the Column: PLAYGROUND.

The number of children will be documented on the white board including the number of the staff.

**The Infants going to the playground are transitioned in small groups: 3-4-3
Maximum of children with 3 staff is 9. With 4 staff / 10 children.**

It is preferred that Infant children visit the playground before opting for a neighbourhood walk if ratios permitted.

Walks are always a secondary option based on the physical development of Infants enrolled (i.e. more than one non-walking child per group of 3 infants).

If the group is split and some children are staying indoors, the physical activities planned on the Curriculum plan must be accessible at all times.

It is preferred that all children are provided with 1 hour a.m. and 1 hour p.m. of outdoor time daily, unless a child falls asleep prior to the scheduled outdoor time and is sleeping in a crib. The child should not be woken up.

If a child falls asleep during the walk, the staff will make every effort to transition the child upon arrival to the centre to his/her crib.

Maximum of children with 3 staff is 10 children.

Staff are required to annually sign-off on the Supervision of Children policy. Contravention of this policy will lead to disciplinary action, up to and including dismissal from employment at UYVDC.

8.15. Individual Support Plan for Children with Special Needs Policy (ISP)

An Individualized Support Plan for Children with Special Needs (ISP) is developed and kept current for each enrolled child with special needs. Steps will be taken to ensure that each child with special needs is supported to participate fully in the program. The Individualized Support Plan for Children with Special Needs (ISP) helps to create an environment and experiences that best support the learning and development of the child, while ensuring that the program is inclusive of all children.

The UYVDC views each child as competent and capable, curious and rich in potential.

This supports our program to focus on the strengths of each child.

All children entering into the care of the centre shall be treated equally, with respect and be given the support and opportunities they need to function and participate in a meaningful and purposeful manner.

When a child has been identified as requiring additional supports, an *Individualized Support Plan for Children with Special Needs* will be developed in consultation with parents, regulated health professionals and any other persons who work with the child.

In conjunction with the parent(s), any regulated health professional involved in the child's health care that parents wish included, and the centre's Resource Consultant, the ED will ensure an *Individualized Support Plan for Children with Special Needs* is developed to gain a better understanding of the child's needs.

Definition of a child with special needs:

A child with special needs is defined by the Child Care and Early Years Act Reg. 137/15, Part 1;1(1) as "a child whose cognitive, physical, social, emotional, or communicative needs, or whose needs relating to overall development are of such a nature that additional supports are required for the child".

Procedures:

1. If a child is considered to require additional supports, as identified during the course of enrolment or during the child's time at the centre, the parent/guardian will be informed about the *Individualized Support Plan for Children with Special Needs (ISP)* policy by the ED.
2. The parent/guardian is required to sign off on a *Consent and Authorization to Share Information regarding Special Needs Resource Service*, for the *Individualized Support Plan for Children with Special Needs* process to be initiated.
3. If the parent/guardian does not consent to have an *ISP* in place, the parent/guardian will sign the *Consent for the Refusal of the Development of an Individualized Support Plan for Children with Special Needs*. This will be stored in the child's record and the parents' rights will be respected.
4. With parent(s) consent, the Centre's Resource Consultant will be contacted.
5. The Resource Consultant will schedule a meeting with the parent(s) to sign off on all consent forms for information sharing and gathering.
6. The Resource Consultant will schedule a series of visits to observe the child in the centre in order to create an initial *Individualized Support Plan for Children with Special Needs*.
7. The Resource Consultant will schedule a meeting with the parent/guardian to discuss the initial *Individualized Support Plan for Children with Special Needs* and to gather any additional information and feedback. An invitation to attend the meeting, with parental consent, will be provided to any regulated health professional or other person who works with the child in a capacity that would allow the person to help inform the *ISP*.
8. The plan will include (as per Reg. 52(1)):
 - a) A description of how the child care centre will support the child to function and participate in a meaningful and purposeful manner while the child is in the care of

the centre or provider. This may include a descriptive statement of what meaningful and purposeful participation will be for the child that confirms the child care Centre's commitment to this goal.

- b) A description of any support or aids, or adaptations or other modifications to the physical, social, and learning environment that are necessary to achieve clause (a), this may include but is not limited to environmental supports (physical space, programming activities, and transitions), staffing supports (training, attitudes and perceptions), skill building (supervision, mentoring, modelling), and medication (if necessary); and,
 - c) Instructions relating to the child's use of the supports or aids referred to in clause (b) or, if necessary, the child's use of or interaction with the adapted or modified environment.
9. The Individualized Support Plan for Children with Special Needs and Individualized Support Plan for Children with Special Needs Cover Sheet will be signed by the parent/guardian of the child, the ED and the Resource Consultant.
 10. The Individualized Support Plan for Children with Special Needs and any additional documents pertaining to the child's support will be kept in a binder, in a cupboard in the classroom. Each child's information will be in a separate binder, with their name clearly written on the cover. A copy will be kept in the child's file.
 11. The staff will implement the Individualized Support Plan for Children with Special Needs of each child with special needs.
 12. The Individualized Support Plan for Children with Special Needs will be reviewed on an ongoing basis and revised as required.

The *Individualized Support Plan for Children with Special Needs* will be reviewed with staff, students and volunteers before they begin their employment, educational placement or volunteer position; and annually thereafter and any time when changes are made. A record will be kept of each review.

The *Individualized Support Plan for Children with Special Needs* must be kept in the child's file for at least 3 years, from the date the child is discharged from the centre.

Consent for the Refusal to the Development of an Individualized Support Plan

It is the Policy of UYVDC that the centre will ensure that an updated Individualized Support Plan (ISP) is in place for each child enrolled with special needs. UYVDC will further ensure that each room's program is structured so that it will accommodate the ISP of children with special needs while ensuring that the program is inclusive of all children.

Definition: A child with special needs is defined by the *Child Care and Early Years Act, 2014*, Ontario Regulation 137/15, Part 1:1(1) as “a child whose cognitive, physical, social, emotional, or communicative needs, or whose needs relating to overall development are of such a nature that additional supports are required for the child”

Procedure

The plan will include (Child Care and Early Years Act, Reg. 52 (1))

- a. A description of how UYVDC will support the child to function and participate in a meaningful and purposeful manner while the child is in the care of UYVDC.
- b. A description of any support or aids, or adaptation’s or other modifications to the physical, social, and learning environment that are necessary to achieve clause (a); and
- c. Instructions relating to the child’s use of the supports or aids referred to in clause (b) or, if necessary, the child’s use of or interaction with the adapted or modified environment.

Early Learning Individual Support Plan

“Fostering the four foundational conditions that are important for children to grow and flourish: Belonging, Well-Being, and Engagement & Expression”.

- How Does Learning Happen? Ontario’s Pedagogy for the Early Years (2014)

Creating a Plan

Child Care & Early Years Act (2014) Reg. 52

Taking the time to create an effective plan that meets the needs of the child, family, and early learning environment requires an opportunity to gather feedback from caregiver(s), Early Childhood staff and external professionals who are involved and actively working with the family. The plan should include:

- A description of how the early learning environment will support the child to participate in a meaningful and purposeful way while attending the program.
- A description of any supports, adaptation’s or aids required within the physical, social and learning environment.
- Instructions relating to the child’s use of the support, aids or adaptations within the environment; as well as identifying the role of the Early Childhood professionals
- Plan must be developed in consultation with caregivers and the child (if appropriate for the child’s age) and external agencies actively involved with the family

Areas of Focus

Early learning for Every Child Today: A framework for Ontario early childhood settings (2006)

Social/Behaviour skills – A philosophy, environment and practice that values all forms of differences and encourages a sense of belonging for all children and families. Positive and beneficial interactions between adults and children that occur when adults observe and read children’s signals and communication, and then respond with understanding to give the children a feeling of being cared for and cared about (pg. 71)

Communication/Language and Literacy – Reading, writing and oral language abilities consisting of the following components: acquiring vocabulary and language, phonological awareness, knowledge of print, knowledge of letters and word, comprehension and meaning, awareness of story-telling, books and other texts and seeing literacy as a source of knowledge, information and pleasure. (pg. 69)

Self-Help/Motor Skills – Specific processes, abilities and competencies that exist within each domain of development, and form the foundation pathways for learning and health that emerge early and are elaborated over time. (pg. 71)

Emotional/ Self-regulation – The ability to monitor and control emotions, behaviour and attention. The degree to which children feel at ease, act spontaneously, show vitality and self-confidence, indicating their basic needs have been satisfied. (pg. 68)

Cognition- The construction of knowledge, learning strategies and ways of thinking and reasoning that enable children to learn about themselves, others and the world they live in. (pg. 65)

8.16. Visitors to the Centre Policy

Sign-in Requirement

To ensure the safety and security of clients and staff Upper Yonge Village Daycare Centre all visitors including Ministry and City officials, are required to sign the *Visitors Log* which is located at the front entrance. Parents of children already registered and in attendance at the centre will not be required to sign in/out. Individuals, who are picking up a child occasionally, or in an emergency, will be required to sign the *Visitors Log*.

Exceptions may include:

- Regular delivery persons- i.e. AVRON, Catering Carpet delivery and drop off, Pest Control- ORKIN **only if the same person makes the delivery every time.**
- When there is a change in delivery personnel for the catering company, the new person must sign in on the first day of delivery.

NO Unknown PERSON can be let inside of the hallway without checking the ID.

Playground Procedures:

1. *Outdoor Program Plans and Schedules*

- The Outdoor Program Plans are an extension of the indoor program. This requires an RECE to be present whenever children are on each playground. The RECE must enter the playground first and leave the playground last (this applies to times when an ECA is present as well). RECEs must be present as per the CCEYA requirements for each program on both playgrounds.
- The Outdoor Program Plans and outdoor staff schedules that ensure safety and promote creative and constructive play for children will be posted and available for staff and

parents. PP are sent to the families via Hi Mama in the Pdf. Format on Fridays no later than 6 pm.

- It is imperative for staff to interact with children on the playground. Staff are to be involved with the children, providing an inclusive environment and facilitating extended play.
- **Staff must follow the PLAYGROUND SUPERVISION MAP And ROTATE THE POSITION EACH 10 minutes.**
- The Program Plan ought to outline games and activities that will enhance gross-motor play and have the potential to increase their heart rate. In addition, creative, science, dramatic props and books are to be accessible on a daily basis. The Outdoor Program Plan is to be posted in each classroom and will be available for the parents and staff as well on the playground Bulletin Board. Outdoor Program Plans are sent to the Families via Hi mama on Weekly basis.
- **NOTE: On Fridays- A copy of the Program plan is placed in the Playground Shed Binder in order for the staff to set up as per the planning and added to the playground bulletin board by the closing staff.**

2. *Locking procedure*

- The large playground side gate must be unlocked at all times due to fire safety.
- All external centre doors (main door, staff room door, and playground door) must be kept locked when children are inside of the centre and when the centre is closed.
- The large playground gate must be closed with the latch to ensure that none of the children are able open the gate without the assistance of an adult.
- While in the large playground, one staff must be positioned close to the gate and monitor the entrance area. See the Supervision Map.
- All the toys except wheeled toys are stored in the shed at the end of the day. The shed must be locked daily.
- All Backpacks MUST be taken indoor due to sensitive information (emergency cards) - failure can lead to a dismissal.

3. *Staff-to-Child Ratios*

- **Staff-to-child ratios CANNOT be reduced on the playground.**
- The following staff-to-child ratios must be maintained:
 - Infants (0 to 18 months) – **1 staff to 3 infants; 4 staff to 10 infants**
 - Toddlers (18 months to 30 months) – **1 staff to 5 children**
 - Pre-School (30 months to 4 years of age) – **1 staff to 8 children**

4. *Clothing*

Before going outdoors, staff must ensure that all cords, scarves and strings on coat hoods, winter hats, and waistlines are tied. Children's clothing must be properly tucked in so they do not become entangled on any play structures. Staff must also ensure that all children's shoes are placed on the proper feet. **Skipping ropes are absolutely prohibited in the playgrounds.**

5. *Water- Sensory Tables*

A staff must be assigned specifically to supervise a water table containing water in the playground, regardless of how much water it contains. This is to be noted on the Supervision form (**assign the staff to supervise water play- supervision**) daily the water MUST be immediately emptied when the group of children is finished using it. A water table MUST NEVER be left with water (e.g. from morning play until afternoon play).

At the end of the day the water/ sensory tables are disinfected placed up-side down to air dry.

Staff must ensure that all screws are tied at all times. Wood chips and or materials already on the playgrounds is not used in the sensory bin.

Sensory activities are provided DAILY.

6. *Rules*

1.3 *Children must be informed of the playground rules and should be gently reminded when they are not following them. If the unwanted behaviour persists, the child must be guided away to another activity by use of a verbal explanation, warning and/or re-direction.*

Staff are expected to help the children learn and observe the following rules:

1. The children must use age-appropriate equipment at all times.
2. Sand remain in the sandbox. Staff is responsible to rake both sand boxes daily.
3. No throwing of sticks, sand, rocks, etc.
4. No running with toys such as shovels, sticks or other “harmful” objects.
5. No climbing on toys with wheels.
6. Staff is NOT to USE bicycles, tricycles etc.
7. Shoes are to be on proper feet, with laces tied.
8. The wood chips in between the Playgrounds are raked by T-1 and T-2 staff daily to allow the Gate to open in 180 °C.

9. *Escorting Children to the Playground*

- A staff member (more if required by ratio) will do a head count before escorting children to and from each playground. The RECE must be the FIRST attending the playground, and LAST leaving the playground.
- **As the small groups arrive in the playground, the numbers must be confirmed out loud in between the staff after each transition (going outside or inside).**
- Immediately after all children arrive on the playground another head count must be done by the staff to ensure that all children are accounted for at all times.
- All outdoor playground periods require 2 staff members (more if required by ratio) to be present at all times, even if the number of children are below ratio. If one staff has to leave the playground, all children must be escorted back into their respective programs and another head count is to be done before the second staff departs.

10. *Playgrounds Supervision Schedule*

All areas listed below MUST be supervised AT ALL TIMES in both playgrounds:

- All climbing equipment when in use (where applicable) staff must position herself/himself in a way that is easy to bend, run, help, etc. Staff is not to lean on the Structures.
- The sand boxes, when in use.
- All water play areas, when in use.
- Near any gates/exits.
- **Staff are NOT PERMITTED to SIT, lean on the equipment (slide) or be in a position not allowing a full visual view while supervising the children.** Sitting is only permitted when the staff is involved in an activity or a game with the children that requires it. Supervision of the group **MUST** be maintained at all times. Staff is **NOT PERMITTED** to **SIT** while children are playing in the sandbox, since this won't allow quick action if required and don't support visual scanning. If a staff is sitting in the sandbox while playing this should be minimized to 5-10 minutes and only if actively involved.

All staff must position themselves to ensure that the entire area of the playground is covered visually with the combination of the other staff present at the time in the playground area.

Scanning and Interactions with the children is balanced at all times!

- *Staff will ensure that supervision positions are rotated during outdoor time.*
- *Personal discussions between staff are not allowed during outdoor time.*
- *If the staff must leave the playground, the ratios must be followed at all times.*
- *In case a staff member needs to leave, and there is no other staff to cover the ratios, staff must take a group of children indoors to ensure that the ratios are met.*
- *Staff must communicate with each other and ensure that all staff is aware when taking the children in and out, and verbal attendance verification is followed at all times.*
- *Staff is to interact with the children - if speaking to a parent, communication should be kept to a minimum while continue to supervise the children (not to provide extended discussion with the parents).*
- *All playgrounds must be tidy at the end of the day (e.g. sandboxes covered and no toys left in the playgrounds).*
- *If there is a possibility of rain (all toys must be stored in the shed even after AM time)*

Small Playground

For safety reasons, a wooden planter was built on the north-west side corner in order to prevent an in-growing tree from the neighbor's garden from pushing the fence and becoming a tripping hazard. ***One staff is always required to monitor and closely supervise the planter to ensure that children do not climb on the planter.***

11. Attendance

- The **Main Attendance** must always accompany the biggest group in each classroom and it is always taken to the playground with the entire classroom.

- The **Portable Attendance** is used only if the children are split into smaller groups and these groups are not joining together (e.g. Infant-5 going for walk, 2 sleeping, and 3 going to the playground).

12. Playground Communication

The Walkie Talkies are used to communicate between the staff on the playgrounds and in the building.

The Walkie Talkie will be used to call from the playgrounds in case of an emergency.

- Each classroom has one Walkie-Talkie. The playground Walkie Talkie is placed in front of the door for the first RECE to take outdoor.
- The opening staff must turn on the walkie talkie in each classroom.
- **All Walkie Talkies are set on the same channel & privacy code**
- If the infants go for walk and the playground the walkie talkie will accompany the group going to the playground. The group going for a walk will take a personal mobile phone. If the Infant group going for a walk only, they will take the walkie talkie.
- All Walkie Talkies stay in the ON mode all day- accessible and able to be heard at all times.
- **The closing shift will turn OFF the Walkie- Talkie and place it into the charger.**

13. *Walks*

When the infants or other classrooms opt to go for a neighbourhood walk they will:

1. Take the Portable Attendance and the Main Attendance - marked names of the children going for walk.
2. Take the First Aid.
3. Take EpiPen (if applicable) and other emergency medication such inhalers.
4. Take their personal cell phone in case of an emergency.
5. **Leave written documentation on the white-board in the classroom:**
 - How many children left on the walk?
 - Staff names.
 - Cell phone number of the staff member.
 - Attendance of children left for walk.

If some of the infants are going to the playground, their names, number and the staff name must be documented on the second portable attendance.

If the staff need to use their personal cell phone for an emergency during the walk (trip), staff may bring the invoice to the ED for reimbursement. The invoice must clearly indicate the number called, date, time and the staff must document on the invoice the reason why the call was made.

If the cell phone was used, staff receiving the call must document in the classroom Log book:

- Time of the call.
- Name of the staff who called.

- Reason for the call.

UYVDC Phone: 416-487-2861

ED: 416-873-5188

14. Clean- up

Staff ensure that toys and equipment are properly stored where they belong (into the labeled bins and baskets) and not just left on a shelf.

The clean-up must occur after each group, unless it specifically requested by the other group that they will using the toys and that they accept responsibility for clean-up.

All toys and the shed must be tidy at the end of the day; NO Toys may be left out except the riding toys which are locked outdoors by chains.

15. Sun Safety

Sun Safety and the Danger of exposure are taken seriously by UYVDC. The ED and staff will endeavour to follow all recommended sun safety precautions to ensure that children in attendance are adequately protected from the harmful effects of sun exposure.

1. The Parent of each child must sign a Consent for Application of Sunscreen form, contained in the registration package. Staff must check while a child start in each classroom and have a list of children who provide their own sun lotion. This list is accompanying the basket with sun lotions.
2. Staff is not to use gloves while applying sun lotion, unless they have documented note from a doctor due to health issues.
3. Each child is to use their “own” sun lotion, staff is to wash hands prior of the application and after the applications.
4. UYVDC will take all reasonable precautions to keep all children sheltered from sun during peak hours. (11 a.m. – 2 p.m.).
5. All children participating in centre activities are required to wear hats for all outdoor activities. Staff is responsible for them to wear it all times. If a parent doesn't bring the hat, this must be noted on the Health check notes and parents must ask to bring it asap.
6. Children will not participate in outdoor activities or go on a field trips, walks etc. when:
 - A humidex or smog alert has been issued by Environment Canada.
 - A heat or extreme heat advisory has been issued by Toronto Public Health.
 - If a child arrives to the centre at the time, when the group has already left for walk- parents must remain with eh child in the Centre and wait for the return. Children are not allowed to be accepted during the walks.

For more information please see: UYVDC Extreme Weather Policy.

16. Cold Weather Safety

- 1.4 Infants will not be taken outdoors if, according to The Weather Channel or Environment Canada, the temperature is minus ten degrees Celsius (-10°C) including windchill.
- 1.5 Toddlers and Preschoolers will not be taken outdoors if, according to The Weather Channel or Environment Canada, the temperature is minus fourteen degrees Celsius (-14°C) including windchill.

Reminder: Staff must be appropriately dressed for outdoor play.

For more information please see: UYVDC Extreme Weather Policy.

17. Playground Inspections and Checklists

All completed records and checklists will be contained in Playground Safety Binders and filled annually.

- **Daily Playground Visual Check:**

The CSA Standard requires that a daily visual inspection shall be carried out by daycare staff to identify defects or emerging problems. The ED must be notified immediately of any areas of concern. This includes:

- Checking the entire playground area for hazardous debris or litter;
 - Checking for damage caused by vandalism;
 - Checking for strings and ropes of any kind and removing them.
 - See the Daily visual inspection checklists.
 - The Daily visual checklist is completed by each classroom prior to the outdoor times.
 - Daily inspection and Staff supervision forms are located in each classroom – taken in and out daily by each group attending the playgrounds.
- Each playground must be inspected daily in the morning and afternoon - every **time prior to use of the** playground, and before the children are allowed into the area.
 - Written verification by the staff, RECE member responsible for the inspection must be noted each day on the daily playground checklist.
If the playground is not clean or safe, the staff will record in on the checklist and forward it to the ED for further action. If an item (e.g. garbage) is removable, staff must take immediate action and remove it.
If playground was NOT USED-rationale must be recorded such as inclement weather, heavy rain, or extreme temperature (note the temperature).
 - **Outdoor accident reports forms** are to be completed and signed by the staff responsible for playground supervision and verified by the child's Parent and the ED. A copy is provided to the parents, phone call and or Hi Mama is completed (depends on the severity). All accidents forms are filed in each classroom Accident form Binder and reconcile for the further actions i.e. repeated accident in the same area, the same type of accident- an Action plan will be created in case of repeated actions and or accidents.
 - **Enhanced supervision in the Toddler Playground:** For safety reasons, a wooden planter was built on the north-west side corner in order to prevent an in-growing tree from the neighbour's garden from pushing the fence and becoming a tripping hazard.

One staff is always required to monitor and closely supervise the planter to ensure that children do not climb on the planter.

Monthly and Seasonal Inspections

- **The Assistant Director will conduct a detailed monthly the first week of month inspection of both playgrounds and a written record of the results and actions taken will be recorded on the Monthly Playground Inspection Form.**
Inspected areas are: all permanent climbing equipment, the permanent ground surfaces (wood chips & sandboxes) and the toys that are stored in the shed.
This Inspection chart is posted in the small hallways on the Playground boards located next to the Playground exits door.
In the AD absence one of the Program Supervisors is responsible for completing the Monthly Playground inspection.
- **Seasonal inspections** will be done 4 times per year, at the change of every season (spring, summer, Fall & Winter).
- **Playground safety and repair logs** that detail repairs and installations of any new equipment will be completed by the Assistant Director.
The repair form is also located on the Playground board and actions of repairs are addresses in a timely manner.

The ED will ensure that any outdoor play space, fixed play structures, or surfacing under those structures that is constructed, renovated, or repaired will meet the CSA Standard and be recorded on the *Playground Maintenance Record*.

Prior to commencing construction or renovation, the ED will submit the plans to the Board of Directors if required. Verify compliance in writing. The document will be kept on file, and a copy will be submitted to the Board of Directors.

The ED will record the date of each construction, renovation or repair that occurs on the Playground Maintenance Record. The names of the contracted companies will also be recorded in the Playground Maintenance Record.

- **Surfacing:** The CSA Standard requires that all surfaces (including existing surfaces) must provide and be maintained to provide acceptable shock absorbing performance under the play structure, as set out in the Standard, regardless of the age of the site. This requirement means that regular maintenance of surfaces (raking, lifting, redistributing) must be provided on an ongoing basis. Periodic site testing of installed protective surfacing will occur and UYVDC will provide and maintain a protective soft surfacing material which meets the **CSA Standard** for shock-absorbing performance below all play equipment on the playground sites.

18. Written Reports and Action Plans

- **Annual Comprehensive Inspection:**

An annual inspection will be conducted by a Certified Playground Inspector who has current certification by the Canadian Playground Safety Institute, is a third party inspector, and has a proof of Current Errors and Omissions insurance coverage.

- **A Playground Action plan** will be developed by the ED regarding issues or problems identified in a playground inspection. This will include any notes from internal and external inspections and include timeframes, based on the information contained in the inspection report.
- The Plan of Action will be presented to the Board of Directors and will be submitted to the Ministry of Education (MOE) by the ED or designate.
- The ED will ensure annual playground inspection reports and maintenance records are available on site.

19. *Sun Safety*

Sun Safety and the Danger of exposure are taken seriously by UYVDC. The ED and staff will endeavour to follow all recommended sun safety precautions to ensure that children in attendance are adequately protected from the harmful effects of sun exposure.

7. The Parent of each child must sign a Consent for Application of Sunscreen form, contained in the registration package. Staff must check while a child start in each classroom and have a list of children who provide their own sun lotion. This list is accompanying the basket with sun lotions.
8. Staff is not to use gloves while applying sun lotion, unless they have documented note from a doctor due to health issues.
9. If a child uses “own” sun lotion, staff is to wash hands prior of the application and after the applications.
10. UYVDC will take all reasonable precautions to keep all children sheltered from sun during peak hours. (11 a.m. – 2 p.m.).
11. All children participating in centre activities are **required to wear hats for all outdoor activities. Staff is responsible for them to wear it all times. If a parent don’t bring the hat, this must be noted on the Health check notes and parents must ask to bring it asap.**
12. **Children will not participate in outdoor activities or go on a field trips, walks etc. when:**
 - A humidex or smog alert has been issued by Environment Canada.
 - A heat or extreme heat advisory has been issued by Toronto Public Health.
 - If a child arrives to the centre at the time, when the group has already left for walk- parents must remain with eh child in the Centre and wait for the return. Children are not allow to be accepted during the walks.

For more information please see: UYVDC Extreme Weather Policy.

20. Cold Weather Safety

Infants will not be taken outdoors if, according to The Weather Channel or Environment Canada, the temperature is minus ten degrees Celsius (-10°C) including windchill.

Toddlers and Preschoolers will not be taken outdoors if, according to The Weather Channel or Environment Canada, the temperature is minus fourteen degrees Celsius (-14°C) including windchill.

Reminder: Staff must be appropriately dressed for outdoor play.

For more information please see: UYVDC Extreme Weather Policy.

21. Playground Inspections and Checklists

All completed records and checklists will be contained in Playground Safety Binders and filled annually.

- **Daily Playground Visual Check:**

The CSA Standard requires that a daily visual inspection shall be carried out by daycare staff to identify defects or emerging problems. The ED must be notified immediately of any areas of concern. This includes:

- Checking the entire playground area for hazardous debris or litter;
 - Checking for damage caused by vandalism;
 - Checking for strings and ropes of any kind and removing them.
 - See the Daily visual inspection checklists.
 - The Daily visual checklist is completed by each classroom prior to the outdoor times.
 - Daily inspection and Staff supervision forms are located in each classroom – taken in and out daily by each group attending the playgrounds.
- Each playground must be inspected daily in the morning and afternoon - every **time prior to use of the** playground, and before the children are allowed into the area.
 - Written verification by the staff, RECE member responsible for the inspection must be noted each day on the daily playground checklist.
If the playground is not clean or safe, the staff will record in on the checklist and forward it to the ED for further action. If an item (e.g. garbage) is removable, staff must take immediate action and remove it.
If playground was NOT USED-rationale must be recorded such as inclement weather, heavy rain, or extreme temperature (note the temperature).
 - **Outdoor accident reports forms** are to be completed and signed by the staff responsible for playground supervision and verified by the child's Parent and the ED. A copy is provided to the parents, phone call and or Hi Mama is completed (depends on the severity). All accidents forms are filed in each classroom Accident form Binder and reconcile for the further actions i.e. repeated accident in the same area, the same type of accident- an Action plan will be created in case of repeated actions and or accidents.
 - **Enhanced supervision in the Toddler Playground:** For safety reasons, a wooden planter was built on the north-west side corner in order to prevent an in-growing tree from the neighbour's garden from pushing the fence and becoming a tripping hazard.

One staff is always required to monitor and closely supervise the planter to ensure that children do not climb on the planter.

Monthly and Seasonal Inspections

- **The Assistant Director will conduct a detailed monthly the first week of month inspection of both playgrounds and a written record of the results and actions taken will be recorded on the Monthly Playground Inspection Form.**
Inspected areas are: all permanent climbing equipment, the permanent ground surfaces (wood chips & sandboxes) and the toys that are stored in the shed.
This Inspection chart is posted in the small hallways on the Playground boards located next to the Playground exits door.
In the AD absence one of the Program Supervisors is responsible for completing the Monthly Playground inspection.
- **Seasonal inspections** will be done 4 times per year, at the change of every season (spring, summer, Fall & Winter).
- **Playground safety and repair logs** that detail repairs and installations of any new equipment will be completed by the Assistant Director.
The repair form is also located on the Playground board and actions of repairs are addresses in a timely manner.

The ED will ensure that any outdoor play space, fixed play structures, or surfacing under those structures that is constructed, renovated, or repaired will meet the CSA Standard and be recorded on the *Playground Maintenance Record*.

Prior to commencing construction or renovation, the ED will submit the plans to the Board of Directors if required. Verify compliance in writing. The document will be kept on file, and a copy will be submitted to the Board of Directors.

The ED will record the date of each construction, renovation or repair that occurs on the Playground Maintenance Record. The names of the contracted companies will also be recorded in the Playground Maintenance Record.

- **Surfacing:** The CSA Standard requires that all surfaces (including existing surfaces) must provide and be maintained to provide acceptable shock absorbing performance under the play structure, as set out in the Standard, regardless of the age of the site. This requirement means that regular maintenance of surfaces (raking, lifting, redistributing) must be provided on an ongoing basis. Periodic site testing of installed protective surfacing will occur and UYVDC will provide and maintain a protective soft surfacing material which meets the **CSA Standard** for shock-absorbing performance below all play equipment on the playground sites.

22. Written Reports and Action Plans

- **Annual Comprehensive Inspection:**

An annual inspection will be conducted by a Certified Playground Inspector who has current certification by the Canadian Playground Safety Institute, is a third party inspector, and has a proof of Current Errors and Omissions insurance coverage.

- **A Playground Action plan** will be developed by the ED regarding issues or problems identified in a playground inspection. This will include any notes from internal and external inspections and include timeframes, based on the information contained in the inspection report.
- The Plan of Action will be presented to the Board of Directors and will be submitted to the Ministry of Education (MOE) by the ED or designate.
- The ED will ensure annual playground inspection reports and maintenance records are available on site.

8.17. Guidelines to Support Children with Special Accommodation Due to Medical Needs Policy

Guiding Principles:

It is estimated that one in 10 children have a diagnosed special need. Of that number, 10% require some form of health care intervention. The issues can range from mild to severe and the type of specialized health care provided could be short or long term.

Therefore, on occasion, a child may have needs or require procedures that are not typically provided in a regular child care program and which require teachers to receive more specialized training and support.

The need for accommodation may be defined and determined prior to admission and a support plan developed as part of the transition. As well, children already in care may have with a medical crisis and return to the program requiring additional support and accommodation.

Providing all children with the opportunity to participate fully in childcare programming reflects the commitment to the Every Child Belongs principles of inclusion.

The following are guiding principles and procedures for the staff of UYVDC when assisting the centre to successfully serve children who require specialized health care accommodation.

Section 1: Method

As soon as the need for specialized accommodation is identified the Executive Director with parents/guardians will arrange a team meeting to develop Child Health Care Plan (CHCP).

Participants must include parents/guardians, Executive Director and the staff working with the child in the classroom.

The following are the three steps to follow when supporting a program that identifies the need for a CHCP.

A. Assessment of need

An assessment of the child's health care needs in the childcare setting should be completed by the child's physician prior to admission or as soon as a child is identified as requiring specialized accommodation. This written assessment:

- Outlines the procedures the child may require during child care hours.
- Includes information regarding current health status and documents the specific procedure that may be performed by childcare staff.
- Indicates the appropriate sources of training for the staff on the procedure (i.e. parent or Health Care Provider). In case a cost of services is required, parents are responsible to cover this expense.
- Indicates who can modify the plan.
- Provides specific information and protocol regarding emergency situations.
- Outlines any limitation for child in childcare.

B. Assessment of need

Once an assessment of need has been completed, and the possible limitations for the child and modification/accommodation to be provided are clear, it is now possible to write the Child Health Care Plan (CHCP).

This plan:

- Identifies the team and outlines roles and responsibilities (parties who will be involved in the ongoing care of the child such as parent, staff, and health care professional and or some other specific staff).
- Outlines initial and continuing training needs - including who will be responsible for providing and/or arranging training.
- Outlines a schedule for the procedure/accommodation required. Determines if there is any flexibility in the schedule and a time sheet/staff sign off sheet is reviewed.
- Considers review plan for new staff, students and volunteers.
- Consider the child and family wishes/preferences.
- When appropriate, identifies when and how the child may be taught to take greater control of own health (e.g. self-administer, etc.).
- Includes a plan for emergency situations, off-site considerations and staff absences.
- Includes a process for monitor and review of plan.
- Identifies authorization process for plan modification (can parent/staff change or alter procedure? Do changes require written authorization from Health Care Professional?).
- Determines communication strategy (parent, staff, professional).
- Is reviewed, signed and dated by parent and Executive Director and other team members when applicable.

C. Plan implementation

Once the general plan is developed, it is necessary to clearly outline the implementation process. It is important to note that all specific care instructions should be reviewed on a regular basis. As the child grows and his/her needs change, it is necessary to review the plan to ensure that the documented agreed terms and procedures are still relevant and continue to be constantly followed.

The individual implementation plan should include:

- Clear instructions regarding each step of procedure.
- Outline schedule (note any flexibility) and include staff sign-off sheet.
- Description of all supplies and materials required - who is responsible to ensure required materials are available and replenished as needed.
- Identify space/location required (consider privacy issues).
- Emergency procedure as needed.
- Is signed and dated by parent and the Executive Director.

Section 2: Diabetes

*The facts below are for information purpose only. For individual children with specific needs please see their **Individual Medical & Health Care Information Form**.*

2.1 About Diabetes

Diabetes is a disease in which the body cannot make energy from food, as it should. This is because the body doesn't produce enough insulin, or else the insulin produced is not working properly. Insulin is an important hormone. We need insulin to help our body's cells take up sugar from food. The cells then make energy from the sugar. Sometimes cells don't respond to insulin. This can also cause diabetes.

Insulin is made in the pancreas. This is an organ located just behind the stomach. Special cells in the pancreas known as beta cells make insulin.

There are different kinds of diabetes, but children and teens usually develop type-1 diabetes. In type-1 diabetes, the beta cells have been destroyed and the body cannot produce any insulin.

More and more teens are starting to develop type-2 diabetes. With this type of diabetes, the body can usually produce some insulin. However, either it is not enough or it doesn't work well enough to keep blood sugar levels normal.

2.2 Type-1 Diabetes

Most children with diabetes have type-1 diabetes. In type-1 diabetes, the pancreas loses its ability to produce any or enough insulin. The only way that the body can once again use sugar for energy is to replace the missing insulin. At the moment, the only way to give back insulin is by injection. Most children take insulin injections several times a day. Some use a pump to infuse insulin under their skin continuously. Daily home management also involves attention to meal planning, and careful monitoring of blood, urine, and other factors.

2.3 Type-2 Diabetes

Type-2 diabetes is the most common form of diabetes. In type-2 diabetes, the pancreas still makes insulin. However, either the pancreas doesn't make enough insulin to keep blood sugar levels normal, or the insulin is not used effectively at the level of the body's cells. This is known as insulin resistance.

2.4 Hypoglycaemia (Low Blood Glucose) Guidelines

Checking blood glucose levels is the best way to tell how well a child is balancing her insulin, food, and exercise. It is important to make sure that the child's blood glucose level is not too high or too low. For example, a target range for a toddler might be 6 to 12 mmol/L. If the child's blood glucose level is 8 mmol/L, it is considered normal because it falls inside the range, if it falls above 12 mmol/L or below 6 mmol/L, you may need to adjust your child's insulin or food intake.

2.5 What are the signs and symptoms of mild hypoglycaemia?

- Cold, clammy or sweaty skins.
- Pallor.
- Difficulty concentrating.
- Shakiness, lack of concentrations.
- Irritability, hostility and poor behaviour.
- Fatigue.
- Nervousness.
- Excessive hunger.
- Headache.
- Blurred vision and dizziness.
- Abdominal pain and nausea.

2.6 What are the signs and symptoms of moderate hypoglycaemia?

The symptoms of mild hypoglycaemia, plus:

- Staggered walking.
- Confusion.

2.7 What are the signs and symptoms of severe hypoglycaemia?

The symptoms of mild hypoglycaemia, plus:

- Loss of consciousness.
- Fainting.
- A seizure.

2.8 What causes hypoglycaemia?

- Not eating on time.
- Missing or delaying meals.
- Taking too much insulin.
- More physical activity than usual.

2.9 Treatment of mild or moderate hypoglycaemia

Hypoglycaemia can occur very quickly and needs to be treated immediately by giving:

- Sugar dissolved in water.
- Juice or soft drink.
- Honey

2.10 Treatment of severe hypoglycemia

- Call 911
- Follow the guidance for the individual children

2.11 How to Take a Blood Glucose Test

1. Wash your hands with warm, soapy water. Rinse them well and dry them.
2. Prepare blood – glucose meter, test strips, replacement lancets.
3. Change the lancet, if needed.
4. Hold the smaller firmly against a finger.
5. Press the trigger release button while holding it against the finger.
6. Allow the blood to come to a tiny rounded drop at least the size of the head of a pin. Massage the finger if necessary. Do not let the blood smear.
7. Pick up your glucose meter.
8. Make sure it's ready to receive a sample.
9. Gently touch and hold the edge of the test strip to the drop allowing the blood sample to be drawn up in to the strip.
10. The blood must completely fill the test area on the strip.
11. Once you receive a confirmation that the sample was accepted, clean up any excess blood and prepare to discard the lancet.
12. Make sure it lands into a container for sharp objects before discarding. When the container is full discard the full context carefully.
13. Record the sugar level on the chart.

- Source: www.aboutkidshealth.ca

Section 3: Response to Children with Asthma

3.1 Purpose of Policy

The purpose of the policy is to ensure all staff have information to support the needs of a child who has asthma.

3.2 What is Asthma?

Asthma is a chronic breathing disorder that is marked by recurring attacks of wheezing, coughing, and/or shortness of breath. Children with asthma have less difficulty breathing in than breathing out. If a child has been diagnosed with asthma, their name is to be added to the UYVDC Notification Form and Child Health Care Plan (CHCP) will be created.

3.3 Asthma Triggers

Triggers often bring on asthma attacks. A trigger is anything that causes inflammation in the airways, which leads to asthma symptoms. Triggers for each individual can be very different. There are two types of triggers: allergenic and non- allergenic.

3.4 Inflammatory triggers

Inflammatory (Allergic) triggers can cause inflammation of the lungs' airways or tightening of the airways muscles. Inflammatory triggers include:

- Dust mites.
- Animals.
- Cockroaches.

- Moulds.
- Pollens.
- Viral infections.
- Some air pollutants.

3.5 Symptom Triggers

- Symptom (non- allergic) triggers.
- Smoke.
- Exercise.
- Cold Air.
- Chemical fumes and other strong-smelling substances like perfumes.
- Certain food additives like sulphites.
- Intense emotions.

3.6 Signs and Symptoms of an Asthma Attack

- Coughing.
- Rapid breathing.
- Difficulty breathing.
- Trouble sleeping due to breathing difficulty.
- Wheezing.
- Using accessory muscles of breathing in drawing muscles at the neck when breathing – It may look like skin is being tugged in.
- Being unable to take part in physical activities.
- Irritation.
- Perspiration.
- Increase heart rate.

3.7 Procedures

- As soon as symptoms are observed, a puffer should be administered, according to the directions given by the doctor.
- Parent is to be contacted.
- The child is to be monitored, if breathing worsens, call 911.
- A puffer needs to be accessible at all times and taken with the child (i.e. if he/she is outdoors).
- Staff members are to sign the medication sheet, after administering the puffer to the child.

8.18. Smoke Free Policy

Policy Implementation and Review

The Executive Director will ensure all staff, students and volunteers are provided with a copy (paper or digital) of all required policies, procedures. The original copies of the Policies Manuals are also kept in the ED office.

The UYVDC Smoke and Vape Free Policy will be reviewed with staff, students and volunteers when they begin their employment or involvement with the Centre and then annually or any other time when changes are made.

A record will be kept of the date of each review conducted of this policy and these records will be kept for at least three (3) years in a secure location in the ED Office.

Purpose

This Smoke Free Policy amends the current UYVDC Smoke Free Policy to include the use of electronic nicotine delivery systems – known as e-cigarettes, e-cigars, e-hookahs and e-pipes. To protect and enhance indoor air quality and contribute to the health and well-being of all employees and visitors, UYVDC shall be entirely smoke free and vape free. This policy is effective immediately. Smoking and vaping are prohibited in all enclosed areas within this worksite without exception. This includes common work areas, , classrooms, private offices, elevators, hallways, , employee staff room , stairs, restrooms, and all other enclosed facilities including outdoor playgrounds and the basement.

Definitions:

Smoking refers to the use of traditional tobacco products. Vaping refers to the use of electronic nicotine delivery systems or electronic smoking devices. These are commonly called e-cigarettes, e-pipes, e-hookahs and e-cigars.

Smoking and vaping is scientifically proven to be harmful to the health of both smokers and non-smokers that come into contact with second-hand smoke. In the interest of promoting a safe and healthy environment, UYVDC has adopted a Smoke-Free Policy and Procedure for the workplace in accordance with the *Smoke-Free Ontario Act*, 1994.

Under the *Child Care and Early Years Act, 2014* (CCEYA) **smoking and vaping is prohibited AT ALL TIMES in a day nursery location. Additionally, the entire premises must be smoke-free/ Vape Free at all times whether children are present or not.**

According to the *Smoke-Free Ontario Act*, smoking is prohibited in enclosed workplaces and enclosed public places in Ontario in order to protect workers and the public from the hazards of second-hand smoke.

Definitions

Smoking - The act of lighting, inhaling or carrying a lighted or smoldering cigar, cigarette or pipe of any kind.

Second-Hand Smoke – According to the City of Toronto Live-Tobacco-Free website: “Smoke from the burning end of a cigarette has more harmful chemicals in it than the smoke inhaled directly by the person who is smoking it.

- Infants and children are particularly at risk to the effects of second-hand smoke. Children exposed to second-hand smoke are at greater risk for Sudden Infant Death Syndrome, asthma, ear infections, pneumonia, and bronchitis.
- Exposure to second-hand smoke can increase your risk of:
 - Heart disease (by 25-30%) and lung cancer (by 20-30%).
 - Nasal, sinus, breast and cervical cancer.
 - Breathing problems like emphysema, pneumonia and bronchitis”.

Enclosed Workplace – as defined by the *Smoke-Free Ontario Act*:

- a) The inside of any place, building, structure, vehicle or conveyance or a part of any of them (i) that is covered by a roof (ii) that employees work in or frequent during the course of their employment whether or not they are acting in the course of their employment at the time, and (iii) that is not primarily a private dwelling or
- b) A prescribed place

Guidelines

1. Smoking shall be prohibited on all UYVDC premises. This is applicable to all employees, visitors, students, parents, contractors, volunteers, and customers.
2. UYVDC has no intentions towards influencing the employees' smoking habits outside of the workplace, and will not pursue disciplinary action for those that smoke off the premises.
3. UYVDC will not discharge employees or refuse to hire applicants on the grounds that they are smokers.

No person is allowed to smoke tobacco or hold lighted tobacco or e-smoking devices in the building, on the playground premises and/or within nine (9) meters of the UYVDC whether children are present or not.

- All employees, visitors, students, parents, contractors, volunteers, and customers will be informed that smoking and vaping on UYVDC premises is prohibited.
- 'No Smoking' and 'NO Vaping' signs will be posted throughout the Centre.
- Any person who refuses to comply with this policy is in contravention of the Smoke-Free Ontario Act, and will be asked to leave the premises.
- The local public health department will be contacted for further information in the event of a contravention.
- All employees, visitors, students, parents, contractors, volunteers, and customers will not carry or display any tobacco products or e-smoking devices on the premises. Under no circumstances, will tobacco products and e-vaping devices be visually accessible to others including the children enrolled at UYVDC.
- According to the City of Toronto Smoke-Free Play Areas website:
 - "Parks are places to play, be active and enjoy green space. In Toronto, when you and your family use a sports field, **playground**, swimming beach or skateboard park that is operated by the City, you're protected from exposure to second-hand smoke by a municipal bylaw.
 - Smoking is against the law at and within a 9 metre radius of City of Toronto play areas. This includes the surrounding edge of any playground safety surface or playground equipment.
 - There is no safe level of exposure to second-hand smoke, even outdoors.
 - Municipal Licensing and Standards officers can issue a ticket and a fine for not following the bylaw. Officers will also respond to complaints made by the public or by Parks, Forestry and Recreation staff.
 - Cigarette butts are litter and they're toxic! There are litter laws in Toronto and charges and fines can be laid if you break them. Smokers, please make proper use of the cigarette butt receptacles located on each of the street litter/recycling bins. Cigarette butts make up a large part of Toronto's litter and they can take up to 12 years to break down. Let's clean Toronto together.
 - **Seeing people smoke in public places encourages others to smoke, especially children and youth."**

Since the children are being dropped off and picked up in the front of UYVDC, it is suggested that no staff smoke at the front of the UYVDC building, or at the bench, or at the

parkette, as the children may see the staff smoking.

Procedure

- The Smoke-Free Policy and Procedure will be reviewed with all employees, visitors, students, parents, contractors, volunteers, and customers prior to commencing employment or volunteering responsibilities.
- The Smoke-Free Policy and Procedure will be reviewed with all parents before enrolling their children.
- Any person not complying with the Smoke-Free Policy and Procedure will be asked to leave the premises immediately.
- The Smoke-Free Policy and Procedure will be reviewed on an annual basis with all employees.

Violations

UYVDC may pursue disciplinary action up to, and including, termination of employment. Employees that witness violations are required to report the infraction to the Executive Director or person in charge in the Executive Director's absence.

8.19. Children with Medical Needs Policy

If a child has a medical condition (i.e., Asthma, Epilepsy, etc.) or develops it after starting at the UYVDC, The Executive Director must be informed of all details pertaining to the illness. A medical practitioner's note containing the specifics of the condition is required.

In conjunction with the parents, the Executive Director will develop an ***INDIVIDUALIZED PLAN FOR A CHILD WITH MEDICAL NEEDS***.

Each child's Individualized Plan for a Child with Medical Needs will contain:

- A description of the child's life-threatening ailment
- Medication if necessary
- Sign and Symptoms of the life-threatening ailment
- Strategies for Monitoring and avoiding the life-threatening situation.
- Action to be taken in the event that the child suffers the life-threatening ailment.
- Emergency contact information for the parent and Emergency services
- A current photograph of a child
- Steps to be followed to reduce the risk of the child being exposed to any causative agents or situations that may exacerbate.
- A description of any medical devices used by the child and any instructions related to its use
- A description of the procedures to be followed in the event of an allergic reaction of other medical emergency.
- A description of the supports that will be made available to UYVDC staff or premises.
- Any additional procedures to be followed when a child with medical condition is part of the evacuation or participating in an off-site activities.



The **INDIVIDUALIZED PLAN FOR A CHILD WITH MEDICAL NEEDS** along with the child's photograph will be posted in any room where the child might reasonably be, such as all program rooms, kitchen, Lower bathroom, Playground shed. A copy of the Plan will be placed:

- in the Classroom where the child is enrolled Individual Plans Binder with the Individual Schedule for the child
- and the Child's file in the office.

Training by a Parent and Consent to train

A parent may provide training to the Executive Director and authorize her/ him to train the staff students and volunteers.

Parents are required to sign the ***Consent for the Executive Director or Designated Staff to Train Staff, Students and Volunteers regarding my "Child's Condition. "Appendix # 1***

Training Record

The Executive Director is required to keep a Training Record, showing the name of every Individual who has been trained on the ***Child's Individualized Plan for a Child with Medical Needs*** and the date of the training. This form must be signed by the person who did the training and the individuals who were trained.

The Consent for the Executive Director or Designated Staff to Train Staff, Students and Volunteers regarding ***"My Child" Condition and on Use of My Child's Medical Device*** form and the ***Training Record form*** will be kept in the file of the child, and a copy will be attached to the Child's posted Individualized Plan for a child with medical needs.

Parents are responsible for advising the Executive Director of any changes to the child's medical condition .i.e. the condition no longer exist or if there is a change in medication. A note indicating the change must be provided by a qualified medical professional for the child's file.

The Executive Director will review any reported changes in the ***Child's Individualized Plan for a Child with Medical Needs*** with the parent to determine appropriate steps to take.

8.20. Field Trip Policy

Field trips are an important way to expand the children's knowledge and language development through concrete experiences in the community and the neighbourhood that surrounds the centre.

All field trips must be pre-approved by the ED.

NOTE: Absolutely no swimming or wading pools.

Sprinkler Park-provided there are no large crowds at the park. The ED must be in attendance.

A **Field Trip Consent** form must be signed by parents permitting child to participate in the activity.

One RECE will be responsible for ensuring all relevant forms are completed and signed.

The ED will attend field trips to act as an overall group leader where there is potential for large crowds, if it is a sprinkler park, farms and/or TTC or school bus transportation is required.

The ED is not assigned to supervise children. If the ED is not attending the field trip, an RECE will be appointed as the trip leader and will not be assigned to supervise children.

Only children registered in the classroom and for the field trip can attend.

Routes must be posted on the front door of the classroom and/or the Centre's front door, indicating the departure and return time.

1. Field Trip Planning

At times, the ED may approve a trip away from the centre, in which transportation is used. To ensure the safety and security of the children, staff must follow a specific, strict process over a period of time to prepare for the trip.

2. Procedures

2.1. Two Months before the trip

Staff

- Seek parent volunteers. A Vulnerable Sector Police Reference Check that is no more than 6 months old must be submitted.
- If a parent needs a new PRC he or she must speak to the ED, fill out the form and leave it with the ED.

2.2. Three weeks before the trip

Staff

- Upon approval of the field trip by the ED, complete and distribute a **Field Trip Consent** form, to each family, suggesting that parent sign the forms on-site.
- Inform the ED if a bus is to be chartered or if TTC tickets need to be purchased for the trip.

Director

- Arrange transportation if a chartered bus is to be used.
- Request a picnic lunch from the cook or from the caterer (if applicable) for children, staff, and volunteers.

2.3. Two weeks before the trip

Staff

- Incorporate learning related activities of the trip into the curriculum planning.
- Post a reminder notice on the parents Board;
- Ensure to add the info to the classroom calendar.
- Send a note to the parents via Hi Mama; verbally remind parents.
- Provide parent volunteers with *Field Trips-Volunteer Guidelines* along with *Behaviour Guidelines*, *Field trip Policy*, *Supervision of Students and Volunteers Policy* and *Child Abuse Policy*.

2.4. One week before the trip

Director

- Confirm transportation if chartered bus is being used.
- Review staff schedules and confirm coverage by supply staff.

Staff

- Inform parents by phone or in person if the *Field Trip Consent* form has not been returned.
- Ensure volunteers have returned the signed *Field Trip-Volunteer Guidelines* and all the required policies.
- Ensure there is enough centre-identifying clothing for everyone who may be on the trip.
- Take inventory of the first-aid kit and replace necessary items.
- Ensure emergency files are complete.

2.5. The day before the trip

Staff

- **Send a reminder via Hi Mama app**
- Remind all parents about the trip at pick-up time.
- Confirm that the *Field Trip Consent form* has been signed for each child.

2.6. The day of the trip

Staff

- Complete the relevant section of the *Field Trip Planning Checklist* form.
- Complete the description of children's clothing section of the *Field Trip Consent* form. – **All clothing must be specifically noted**, (*sweater, hats, jackets, pants, shoes, etc.*) not just the identifying UYVDC vest.
- Complete the **Field Trip Assigned Grouping** and **Field Trip Head Count Log** (Attendance before) form, where each staff is responsible for a specific group of children and volunteers throughout the whole trip.

- On the **Field Trip Assigned Grouping Form** verify that the names of the children match the names of children recorded as present on the Attendance Form-Daily.
- Have each child wear centre-identifying clothing.
- Review safety and behavioural rules with the children.
- Verify that all supplies are packed, such as food, money, cell phone, first-aid kit, diapers and wipes (individually wrapped for each child, labelled in the zip lock bags) and sunscreen.
- Pack any medication, Epi Pens, inhalers that needs to be taken.
- Leave a copy the Field Trip Planning Checklist, Field Trip Consent Form, and Field Trip Assigned Grouping and Field Trip Head Count Log form in the Centre's staff room log book.

Immediately prior to departure

- Review with the children who the leader is for each group and who is in each group. The leader of each group is to have a Field Trip Assigned Grouping and Field Trip Head Count Log form with a list of the names of the children and volunteers in his or her group.
- Begin using the Field Trip Assigned Grouping and Field Trip Head Count Log form.

2.7. During the trip

Staff

- Ensure that the centre-identifying clothing remains on each child at all times.
- During the trip, the staff assigned to each group will be aware of all children in that group. The staff for each group is responsible for taking head counts of the children as they board the bus as well as at washroom visits, at lunch, and all transitions. The staff should be taking head counts after each transition or movement from one activity to another, and every 15 minutes in between.

3. Immediately on return

Group Leader

- Use Field Trip Assigned Grouping and **Field Trip Head Count Log** form

Staff

- Return any medication to its proper storage place.
- Place Field Trip Consent forms in the children's files.

4. After the trip

Staff

- Clean, fold, and store the Centre's identifying clothing.
- Replace any items that were used from the first aid kit.

5. Field Trips – Staff Roles and Responsibilities

- a) Staff are permitted to take bathroom breaks only. Time for other breaks will be accommodated at the centre on another day. Lunch breaks will be compensated by lieu time.
- b) Staff are not to use cell phones while on field trips.
- c) Staff are required to have their own health card and other personal identification.
- d) Personal conversations and socializing amongst staff are not allowed as the children require full attention at all times.
- e) Smoking is not permitted in the presence of the children by either staff or volunteers, and a request for this purpose will not be approved.
- f) The ED/RECE in charge must be the last person to exit the bus, after checking each seat to ensure there are no sleeping children or that articles are not left behind.
- g) Staffs and volunteers must not take individual or small groups of children away from the large group, unless it is vital (i.e. child are desperate to use washroom). The adult must inform the others of the names of the children and purpose for the removal from the group.
- h) Children are not permitted to bring money on trips to purchase food or souvenirs, unless this is the purpose of the trip.
- i) Volunteers are not permitted to take their own child (ren) away from the group.
- j) Lunch and snacks are provided by the centre. Please notify ED if you have a food allergy that requires a special diet.

6. Field Trip -Head Count

It is mandatory that the number of children in attendance be recorded on the Field Trip Assigned Grouping and Field Trip Head Count Log form.

Repeated 'head count' verification throughout the trip provides an accurate count of the total number of children in the group, and will ensure that the children are accounted for at all times. To ensure identification, eye contact must be made with each child as his/her name is called before recording the number of children on the Field Trip Assigned Grouping and Field Trip Head Count Log form.

Note: If a chartered bus has been used, the ED/ RECE in charge is to do a final check of the interior of the bus to make sure all the children have disembarked. The ED/ RECE in charge doing the final check must be the last person off the bus.

Upon return to the centre, the entire head count procedure for the trip has been completed. The completed Field Trip Assigned Grouping and Field Trip Head Count Log form should be left on the ED's desk.

7. Field Trips – Volunteers

To ensure best practices are in place for maintaining the safety and security of children while on trips away from the centre, UYVDC depends on volunteers to maintain adequate supervision of children. Volunteers may be parents of the children going on the trip, or individuals, at least 18 years of age, who are capable of supervising young children.

Parent volunteers are especially recruited to accompany children on major trips, not only to provide additional supervision, but also as a means of participating in their children's activities during field trips or on excursions outside of the centre. Parent volunteers are expected to treat all children equally.

Staff are to advise parents that volunteers' children who are not currently enrolled in the program, are not permitted on the trip.

All volunteers are required to undergo a Vulnerable Sector Police Check, please inform all volunteers upon request.

Supervision of children by volunteers includes providing the children in their care with maximum attention, and not leaving any child unsupervised. Children will be placed in groups and will be supervised by either 2 staff or 1 staff and 1 volunteer. These two adults must maintain supervision of their group of children, and are responsible for knowing their whereabouts at all times. Each volunteer assigned to a staff must remain with that staff throughout the day, and are not to leave the group to take smoking breaks, or to take any child to purchase snacks, etc.

If there is an emergency involving a child or the trip site, volunteers must stay with the group and follow staffs' instructions. Exceptions: (i) The volunteer's knowledge of a site or situation is needed; (ii) the affected child is the volunteer's; or (iii) the volunteer has firsthand knowledge of the incident.

Volunteers are to be provided with a copy of the Behaviour Guidelines Policy, Child Abuse Policy and the Field Trips-Volunteer Guidelines and Supervision by Students and Volunteers Policy and are required to read, sign and return the guidelines prior to going on a trip.

8. Injury/Medical Emergency on a Field Trip

ED/Trip Leader

- a) Note the situation and environment.
- b) Instruct a co-worker or available adult to call 911 for an ambulance, if needed.
- c) Determine whether to have the injured child moved away from the group or, if the child cannot be moved, direct staff to take the other children to another area.
- d) Apply first aid.
- e) If an ambulance was called, inform the parent and the centre by telephone.
- f) Accompany child to the hospital; bring the child's Emergency Card.
- g) Complete the Accident/Injury Report.

h) Follow the Serious Occurrence Reporting Policy.

9. Child Missing on a Trip

In the event that a child goes missing on a trip, there are a set of procedures in place for staff to follow.

The following procedures must be acted on immediately:

Trip Leader – ED/RECE

- Take charge immediately.
- Direct staff to gather children, take attendance to verify which child is missing, and maintain supervision.
- Notify officials at the site while conducting a search of the immediate area.
- Notify ED (if not there).
- Dial 911 and follow their directions.
- Contact the child's parent immediately. Give the group's exact location and the telephone number at the site where the group can be reached.
- Arrange for return of the remaining group members to the centre.
- Follow Serious Occurrence Reporting Policy.

Staff/Volunteers Accompanying Children

- Gather the children and keep them in one area. Do ongoing headcounts to maintain the safety of the rest of the group.
- After the return of the children follow the end of the day/after the field trip duties.
- Document in writing the incident with all details.
- Remain at the site until the ED confirm that you may leave.

8.20.

Safe Arrival and Dismissal Policy and Procedure

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

- Upper Yonge Village Daycare Centre (UYVDC) 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.
- UYVDC will only dismiss children into the care of their parent/guardian or another authorized individual. The centre will not release any children from care without supervision.
- 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.

Additional Policy Statements

A child will not be released to any person unless the name and the details are noted in the child's file with the parent/ guardian signature confirmation.

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 the child's evening/morning has been and if there are any changes to the child's pick-up procedure (i.e., someone other than the parent/guardian picking up). 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 in the child's file under the Authorized persons to pick up or where the individual is not listed, ask the parent/guardian to provide authorization for pick-up in writing in the file. In case of on an emergency an email to the classroom email: Infant@uyvdc.ca; Toddler1@uyvdc.ca; Toddler2@uyvdc.ca; Preschool@uyvdc.ca; and the ED director@uyvdc.ca or AD assistantdirector@uyvdc.ca will be accepted as the last minute confirmation and will be acceptable for the one time pick up only.
 - document the change in pick-up procedure in the daily written record in the classroom Log Book.
 - sign the child in on the classroom attendance record and complete the Daily Health Check.

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 written note on Lillio, or left a voice message or advised the closing staff at pick-up), the staff in the classroom must:
 - inform the Executive Director, in her/ his absence the designate and they must commence contacting the child's parent/guardian no later than 10:00 am via UY-VDC communication app Lillio. Staff shall [call the parent / guardian as per the calling order listed in the child's file , if there is no response by 11:00 am. The staff must call the Parent/ guardian as per the calling order. If no response is received, the staff must leave a voice mail and document the time and the name of the person contacted in the classroom log book including the staff name. If there isn't any response received by noon, the staff must inform the ED, in her/ his absence the designate and document it in the classroom Log book .
 - Additional steps are followed if there isn't any response from the parent contacted. The second parent/ guardian and or an emergency contact is called if no response is received by noon 12:00 pm.
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- Classroom Log Book.

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 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 , the programming RECE shall contact the parent/guardian via phone call 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 [call again and leave a message for the parent/guardian as well as send a message on Lillio app including as well. 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 document this in the daily written record (Classroom Log Book) and wait until the Centre closes.

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 6:00 pm , staff shall ensure that the child is given a snack and activity, while they await their pick-up.
2. One staff (staff from which classroom is the child) shall stay with the child, while a second staff (RECE in charge) 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.
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 start contacting authorized individuals listed on the child's file.
4. Staff will leave detailed messages everywhere you call (i.e., what time it is, the reason you are calling, etc.) This applies to each time calling a person.
5. At 6:15 pm, if the staff do not reach anyone and the child is still at the Centre, the staff will contact the Executive Director. Staff will leave detailed messages everywhere you call. If the Executive Director is unavailable, call the Assistant Director. If both are unavailable, the staff is to call the designate in charge.
6. If none of the above are available, two staff must remain at the Centre and continue to keep trying to reach contacts on the child's emergency form.
7. At 7:00 pm, if the staff is still not able to contact parents or their emergency contacts, the staff must then proceed as if the child were abandoned and contact the: **Children's Aid Society (CAS) phone: 416-924-4646.**
8. Follow the Directions of the CAS staff, inform the ED.

Additional Procedures

Staff follow UYVDC Late Fee Policy.

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.

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

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.

8.21.Safer Arrival and Dismissal Policy and Procedure

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

- Upper Yonge Village Daycare Centre (UYVDC) 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.
- UYVDC will only dismiss children into the care of their parent/guardian or another authorized individual. The centre will not release any children from care without supervision.
- 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.

Additional Policy Statements

A child will not be released to any person unless the name and the details are noted in the child's file with the parent/ guardian signature confirmation.

Procedures

Accepting a child into care

2. 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 the child's evening/morning has been and if there are any changes to the child's pick-up procedure (i.e., someone other than the parent/guardian picking up). 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 in the child's file under the Authorized persons to pick up or where the individual is not listed, ask the parent/guardian to provide authorization for pick-up in writing in the file. In case of an emergency an email to the classroom email: Infant@uyvdc.ca; Toddler1@uyvdc.ca; Toddler2@uyvdc.ca;

Preschool@uyvdc.ca; and the ED director@uyvdc.ca or AD assistantdirector@uyvdc.ca will be accepted as the last minute confirmation and will be acceptable for the one time pick up only.

- document the change in pick-up procedure in the daily written record in the classroom Log Book.
- sign the child in on the classroom attendance record and complete the Daily Health Check.

Where a child has not arrived in care as expected

3. 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 written note on Lillio, or left a voice message or advised the closing staff at pick-up), the staff in the classroom must:
 - inform the Executive Director, in her/ his absence the designate and they must commence contacting the child's parent/guardian no later than 10:00 am via UY-VDC communication app Lillio. Staff shall [call the parent / guardian as per the calling order listed in the child's file , if there is no response by 11:00 am. The staff must call the Parent/ guardian as per the calling order. If no response is received, the staff must leave a voice mail and document the time and the name of the person contacted in the classroom log book including the staff name. If there isn't any response received by noon, the staff must inform the ED, in her/ his absence the designate and document it in the classroom Log book .
 - Additional steps are followed if there isn't any response from the parent contacted. The second parent/ guardian and or an emergency contact is called if no response is received by noon 12:00 pm.
4. 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- Classroom Log Book.

Releasing a child from care

2. 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 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)

2. 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 , the programming RECE shall contact the parent/guardian via phone call 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 [call again and leave a message for the parent/guardian as well as send a message on Lillio app including as well. 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 document this in the daily written record (Classroom Log Book) and wait until the Centre closes.

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

9. Where a parent/guardian or authorized individual who was supposed to pick up a child from care and has not arrived by 6:00 pm , staff shall ensure that the child is given a snack and activity, while they await their pick-up.
10. One staff (staff from which classroom is the child) shall stay with the child, while a second staff (RECE in charge) 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.
11. If the staff is unable to reach the parent/guardian or authorized individual who was responsible for picking up the child, the staff shall start contacting authorized individuals listed on the child's file.
12. Staff will leave detailed messages everywhere you call (i.e., what time it is, the reason you are calling, etc.) This applies to each time calling a person.
13. At 6:15 pm, if the staff do not reach anyone and the child is still at the Centre, the staff will contact the Executive Director. Staff will leave detailed messages everywhere you call. If the Executive Director is unavailable, call the Assistant Director. If both are unavailable, the staff is to call the designate in charge.
14. If none of the above are available, two staff must remain at the Centre and continue to keep trying to reach contacts on the child's emergency form.
15. At 7:00 pm, if the staff is still not able to contact parents or their emergency contacts, the staff must then proceed as if the child were abandoned and contact the: **Children's Aid Society (CAS) phone: 416-924-4646.**
16. Follow the Directions of the CAS staff, inform the ED.

Additional Procedures

Staff follow UYVDC Late Fee Policy.

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.

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

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 fam

9. HEALTH POLICIES AND PROCEDURES

9.1. Children's Health and Well-Being

Purpose

The purpose of this policy is to ensure the health and well-being of all children and staff.

Policy

UYVDC is responsible to provide support for the children's health and well-being, by

- complying with health-related requirements;
- preventing illness from spreading from one child to other children and adults; and
- responding to health problems.

Procedures

Illness

Children cannot attend the centre if illness prevents them from participating in regular daily routines or if their attendance could be harmful to others. Families will be advised to make alternative care arrangements and seek medical attention for the following conditions:

- Unexplained or undiagnosed pain
- Acute cold with fever, runny nose and eyes, coughing and sore throat
- Difficulty with breathing
- Fever over 38°C or 101°F accompanied by general symptoms such as lethargy, vomiting or diarrhea.
- Sore throat and difficulty swallowing
- Undiagnosed skin or eye rash
- Headache and stiff neck

General Health and Well-Being

- Unexplained diarrhea or loose stool combined with vomiting and abdominal cramps
- Severe itching of body and/or scalp
- Physical evidence of a known or suspected communicable disease

When a child is diagnosed with a communicable disease, staff will advise the local public health department (i.e. Toronto Public Health) and the families of other children in the program about the disease without revealing the name of the child with the diagnosis.

Medication

Only medication prescribed by a medical practitioner will be administered to children with the written permission by the parent. Staff will follow the *Administration of Prescription Medication Policy*.

Hygiene

Daily routines will include regular hand washing and sanitary clean-up and implementation of universal precaution guidelines with respect to bodily fluids. ***Sanitary Policy and Procedures and Universal Precautions and Infection Control of Blood Borne Germs Policies will be posted in each classroom.***

Best Practices

The best approach in managing illness is through PREVENTION and focus on practicing universal precautions and basic infection control. Hand washing (i.e. with soap, scrubbing for 30 seconds), when properly done, is one of the best ways to prevent the spread of germs.

Children will not be accepted at the centre if the illness prevents them from participating in outdoor program activities; or if the illness results in a greater need for care than the staff can provide without compromising the care of other children. Children will not be allowed to remain indoors during outdoor time, unless they become ill at the centre and the arrangement is possible to make.

The Child Care and Early Years Act, 2014 requires that, weather permitting, each child who receives child care for 6 hours or more in a day spends time outdoors for at least 2 hours each day.

Children must remain at home if they have any disease that can be considered to be communicable or contagious (i.e. infectious by contact). Some examples are:

Chicken Pox, Conjunctivitis/Pinkeye, Strep Throat, Head Lice, Gastroenteritis, Hepatitis A, Impetigo, Measles, Mumps, Roseola, Ringworm, Rubella, Scabies, Tuberculosis, Whooping Cough, etc.

Some signs and symptoms of illness are:

Unusual Behaviour

No matter what the cause of a child's symptoms, the behaviour always provides an important key to help a caregiver determine how serious the illness is. Children with unusual behaviour, such as lethargy or unusual sleepiness, irritability, persistent crying, difficulty breathing, or other signs of possible severe illness should be seen by their physician as soon as possible.

- **Wheezing or difficulty breathing.**

- **Vomiting**

If the child has had two or more episodes of vomiting within the last 24 hours, caregivers can exclude until either the vomiting stops, or it is determined that the vomiting is caused by a non-infectious condition and there is no danger of dehydration.

- **Diarrhea**

Exclude until diarrhea is gone or medical practitioner determines the child is not infectious. Parents will be notified and asked to pick up a child if any of the following are present: ***2 or more episodes of diarrhea or diarrhea with a fever, vomiting, dehydration; blood or mucus in stool.***

- **Dehydration (Lack of body fluids)**

Symptoms include drowsiness, no urination within last 6 - 8 hours, lips and tongue are dry, not drinking, and skin is tight. Dehydration can be very serious and the child

- must be seen by a medical practitioner as quickly as possible.
- **Change in skin colour**
A sudden onset of paleness or yellowing of the whites of the eyes or skin may be a symptom of illness
 - **Rash**
 - **Fever ***
Fever usually indicates that a child is fighting something either viral or bacterial. In general, the child's behaviour tells more about the severity of the illness than the degree or height of the fever. The child should be kept at home until fever is absent for at least 24 hours *without the use of fever relievers*. If the child develops a fever during the day, the centre will accommodate up to 38 °C or 101 °F with some flexibility, depending on the behaviour of the child. The parent will be notified of the child's fever. The child will be watched closely for symptoms of a serious illness.

**Note: Children will not be allowed to attend the program until they have been free of fever, vomiting or diarrhea for 24 hours.*

- **Ear Infections**
Children will not be excluded unless they are too ill to participate in activities i.e. irritable, clingy, inconsolable crying.
- **Pinkeye (Conjunctivitis)**
Exclude for 24 hours and then until the antibiotic has been taken for 24 hours. Should the particular strain appear highly contagious (i.e. several kids in the room are affected) parents will be asked to treat and keep child (ren) at home for 24 hours. The ED may request proof of medication.
- **Chicken pox**
Children with chicken pox will not be excluded from the centre as long as they are able to participate in the program.

The final decision as to whether an ill child can remain in the childcare setting is ultimately determined by the ED and will depend on what is best for the child's care as well as for the other children. It is imperative that parents have a backup plan in place for the care of their ill child. Parents or home caregivers must be reachable and emergency numbers must be kept up to date.

When an ill child is sent home, an Illness Report must be completed. A copy will be given to the parent upon request.

When a child is absent, the parent should communicate with staff regarding the symptoms, causes etc. as a precautionary follow up.

Medication of any kind (i.e. authorized by a medical practitioner) will be administered at the centre pursuant to the Administration of Prescription Medication Policy and the Child Care and Early Years Act, 2014.

9.2. Daily Visual Check

Purpose

The purpose of this policy is to ensure the good health of the children attending the centre.

Policy

Children enrolled at the centre are expected to be in good physical health and actively participate in all programs. Each staff is responsible for conducting a visual check of every child upon arrival in the classroom, and periodically through the day, to ensure there are no obvious signs of illness.

Procedures

Daily Visual Health Check

Each day, upon each child's arrival at the centre and throughout the day, staff will perform a visual check of each child for signs and symptoms of illness, such as:

- Unusual behaviour
- Runny nose, cough, croup, wheezing, difficulty breathing
- Fever
- Head lice
- Rash

Obvious signs of illness are to be recorded on the centre's Illness Report form. The parent will be contacted and requested to pick up the child within 2 hours of the call being placed. A copy of the Illness Report form will be given to the parent or send via Hi Mama app. **The original completed form will be retained in the child's file.**

Should a child come to the centre with obvious signs of trauma to his/her body (i.e. bruising, bump on head), the staff making the observation should record the details in the staff room log book and inform the ED. A Picture of the child using the Tablet should be taken as well. The ED and staff will contact the appropriate child welfare agency for a consultation and record the incident on the Accident Report for Early Learning Centres form.

Refer to the Child Abuse Reporting Policy and Procedures for further information on reporting incidents of child abuse.

9.3. Isolation Due to Illness

When a child is identified as being ill and is unable to participate in the program, the child will be removed from participating in group activities to wait for pickup by a parent.

9.4. Exclusion Due to Illness

Children will be excluded from the centre for the following reasons:

- Illness prevents the child from participating in daily program activities.
- Illness results in a greater need for care than the staff can provide.
- The child has a communicable disease i.e. Impetigo, Ringworm, Hepatitis A, Strep Throat, Conjunctivitis, Head Lice, etc.
- Immunization is not up to date, nor is an exemption form on file.

9.5. Re-admittance to the Centre/Program

When a child has been diagnosed with a contagious disease, the parent must provide a medical practitioner's note when the child returns to the centre, or contact the ED BEFORE returning the child to the centre. The ED may consult with the TPH, especially when disease is reportable, and will determine when the child can return to child care. Upon a child's return to the program, staff will perform a visual check to ensure that the child is no longer infectious or contagious.

9.6. Record of Illness

IF a child is ill, the info will be documented on the Illness Log located in the staff room.

IF a child is sent home due to an illness, the staff will document on the Illness Surveillance Form located in the ED's Office the reason why the child was sent at home.

9.7. Head Lice

Many children with head lice will have no symptoms, while some will experience itchiness of the scalp.

Transmission

Head lice are spread from person to person by direct contact between children or through items such as hats, combs, or hairbrushes. Head lice cannot be spread by being air borne, and they do not spread diseases.

Where to look

- Close to the scalp
- Behind the ears
- The back of the neck
- Top of the head

Signs and/or Symptoms

- One of the first signs is itching and scratching the head
- Lice are hard to see. The nits (or eggs) are easier to see
- Nits are firmly attached to the hair close to the scalp
- Nits are grayish-white in colour and oval in shape
- Nits may look like dandruff but they cannot be flicked off

Upon Discovering a Case of Head Lice

1. Notify the ED
2. Notify the affected child's parent and request that the child be picked up immediately
3. Check the remaining children and staff in the group, using disposable gloves
4. Notify the parents of any other infected children and request the children be picked up immediately
5. Post a notice Memo informing parents that there is a case of head lice in the centre
6. Provide parents with Head Lice Fact Sheet (Toronto Public Health)
7. Thoroughly vacuum carpets, upholstered furniture and all rugs
8. Machine-wash in hot water all bed linens, stuffed toys and dress up clothes. These

- items must be dried at a hot setting.
9. Seal all un-washable items tightly in a plastic bag for 5 days.

Exclusion

The Public Health Department states that the affected child or staff can return to the centre after receiving the first treatment and all nits are gone.

Child/Staff Return to Centre

A staff must check the head of the child or staff on his/her first day back to the centre, following the “Where to Look” and “Signs and Symptoms” procedures.

If nits or lice are found, the individual cannot remain at the centre.

9.8. Administering Prescription Medication Policy

Policy

UYVDC staff are responsible for administering medication in accordance with this policy. It is also their responsibility to ensure all medication (including emergency medication such as Epi-Pens and asthma inhalers) are stored away and safe from the children, but accessible at all times.

Parents will complete all required forms and personally provide medication to the staff to ensure it is not accessible to children.

The UYVDC staff administer medication in accordance with the *Child Care and Early Years Act, 2014*.

Definition of Medication

For the purposes of this policy medication refers to all medication as prescribed by a qualified medical practitioner.

Staff Responsible for Administering Medication

A Registered Early Childhood Educator (RECE) in each classroom is responsible for administering medication. In the RECE's absence, another RECE from the Centre will administer medication.

Lifesaving/support medication, such as asthma or auto injector for anaphylaxis, can be administered by any staff member.

Staff shall ensure that:

All medication administered in the centre must be authorized by a qualified medical practitioner, and brought to the centre in its original container. This can take the form of:

- Prescribed medication in a bottle/container with a prescription label;
- Medication that is needed on a regular basis to treat an ongoing condition (requires a written medical practitioner's procedure which must be renewed annually, or more frequently, as required). The procedure will be kept in the child's file.

All staff must be familiar with the procedures and guidelines for administering prescribed medication. The procedures and guidelines are reviewed with staff on an annual basis, or more frequently if necessary.

With regards to the use of ongoing medication, the following must be in place

- The staff who may have to administer this type of prescribed medication must receive appropriate training related to proper technique, where necessary, and the frequency for administering the medication.
- The Administration of Prescription Medication form will be updated annually.
- The parent must sign the Administration of Prescription Medication form for the administration of medication, which must be renewed annually. In addition, for each day the medication has been administered, the parent must sign off on the medication form, to acknowledge it has been administered that day.

Medication Intake Procedure

Before accepting medication from a parent, staff must ensure:

1. Medication has been submitted in the original container as supplied by a pharmacist, with the pharmacist's label attached or be accompanied by a medical practitioner's note.
2. Medication must be clearly labelled with the:
 - ✓ Child's name
 - ✓ The medical practitioner's name
 - ✓ The name of the drug or medication
 - ✓ The dosage of the medication
 - ✓ The date of purchase
 - ✓ The instructions for storage

Note: The instructions should also specify the length of time for which the medicine would be administered.
3. Medication must not be expired.
4. The *Administration of Prescription Medication* form must be completed and signed by the parent for each period that the medication must be administered by the UY-VDC staff.

Ditto marks (“”) are not acceptable.

Only RECEs are authorized to administer medication, except in the case of lifesaving medication while a child is in crisis.

5. The Executive Director must be informed as soon as possible so that the medication form can be signed.

After the above steps have been completed, staff must:

1. Record the child's schedule for the medication administration times in the communication book in the classroom and highlight times.
2. Post a reminder that: a child needs medication at a specified time.

3. Store medication according to instructions on label and the *UYVDC Administration of Prescription Medication Policy*.

Medication Storage

Staff will ensure that the medication is:

- Stored according to the instructions on the label.
- Upon receipt of medication, the staff must put the medication in a Ziploc bag including the syringe or a measuring cup. Note, the parents **MUST** provide the syringe).
- No medication will be accepted without the measuring tool.
- The staff will write the name of a child on the outside of the Ziploc bag with a permanent marker and place the bag in the locked medication container either in the classroom cupboard or the refrigerator in the Infant room (Infant & Toddler 1) or the staff room (Preschool & Toddler 2).
- Lifesaving support medication such as Epipens are placed in a labelled Ziploc bag in an accessible location (for Staff **ONLY**).
- The second Epipen is located in the office in the accessible for Staff container.

The Epipen from the classroom must always accompany the child on walks, in the playground, in a safe storage bag.

The staff on the closing shift is responsible to check and confirm at the end of the day that the Epipen is located in the classroom medicine box.

- ✓ Unused medication will be returned to the parent and the parent must sign the medication form acknowledging receipt.

Administration of Medication by RECE

1. In cases where more than one child requires medication administration medication is administered to one child at a time. The Staff must return medication to the Ziploc bag and put it back in the container before helping the next child.
2. Compare information on Consent to Administer Medication form signed by parent/guardian with the details on the label on the medication's container.
3. Ensure medication is in original container. Ensure that the copy of the doctor's note or pharmacist's label is attached to the Consent to Administer Medication form. The original doctor's note should be placed in the child's file.
4. Ensure that it is the correct time to administer the medication.
5. Prepare to administer medication by following the directions on the label of the container (i.e. using a graded medicine spoon to measure, if required). Staff must double check measurement for the accuracy.
6. Administer medication to child. If child spits the medication, do not administer an additional dose.
7. Ensure that container is properly closed or sealed.
8. Return medicine container to storage area (medicine box located in the classroom or in the refrigerator) and lock the storage area, as applicable.
9. Parent will initial the medication form after each administration.
10. Initial the daily medicine form attached to the Consent to Administer Medication form.
11. If the child is absent, staff mark absent on the daily Medication form and initialize the date.
12. Once the course of the medication has been completed, the form must be placed in the

office and filed in the child's file.

* For ongoing medication (Benadryl, insulin, etc.) check that the consent form is on file and verify that instructions for use match those on the doctor's prescription.

**If the medication time has been missed, inform parent/guardian at pick-up time.

Administering over the counter Medication and Over the counter products

UYVDC is permitted to administer the following over-the-counter products to children with a single "blanket" authorization without documentation of administration (except where the item is a drug, as defined in the *Drug and Pharmacies Regulation Act*):

- Sunscreen
- Moisturizing cream
- Skin lotion
- Lip balm
- Insect repellent
- Hand sanitizer
- Diaper cream

These can be administered to a child:

- ✓ only if a parent of the child has given written authorization for the administration of the item;
- ✓ is stored in accordance with the instructions for storage on the label and the container or package is clearly labelled with the child's name and the name of the item; and
- ✓ administered to a child only from the original container or package and in accordance with any instructions on the label and any instructions provided.

Fever relievers such as Tylenol or Tempra, which have been prescribed by a doctor, may be administered to a child with the understanding that the parent/guardian will be immediately contacted and be required to pick up the child from the Centre within two (2) hours of being notified of the child's condition.

9.9. Anaphylactic Policy

Purpose

The purpose of this policy is to provide information about the nature of anaphylaxis. As well as, to provide a clear direction to the staff, students, volunteers, agents and clients of UYVDC regarding the processes that must be observed in the event that a child experiences a severe allergic or anaphylactic reaction. It is also intended to help support the needs of a child with a severe allergy and provide information on awareness to parents, staff, students and visitors to UYVDC.

Statement of Philosophy:

Upper Yonge Village Daycare Centre (UYVDC or the Centre) is committed to providing a safe and hazard-free environment for the children who attend the Centre. UYVDC acknowledges the broad definition of the "anaphylactic reaction" and takes measures to minimize the potential for such events on a day-to-day basis.

1) Definition of Anaphylactic Reaction

Anaphylaxis is a severe allergic reaction that can be fatal.

Anaphylactic shock is an extreme life-threatening allergy to certain foods, medications, insect stings, or to non-food materials such as latex, or to vigorous exercise. Exposure to even a minimum amount of the substance to which a person is allergic can trigger an anaphylactic reaction.

Anaphylactic reactions occur when the body's sensitized immune system overreacts in response to the presence of a particular allergen. Anaphylaxis affects multiple body systems, including skin, upper and lower respiratory, gastrointestinal and cardiovascular.

Anaphylaxis Triggers

(a) *Foods which are Sources of Anaphylactic Reaction*

NOTE: any food can trigger an anaphylactic reaction. Cross-contamination of foods is also a concern.

- peanuts/peanut butter/peanut oil
- mustard
- sulphates
- tree nuts (hazelnuts, walnuts, pecans, almonds, cashews)
- sesame seeds and sesame oil
- cow's milk
- eggs
- fish
- shellfish
- wheat
- soy
- bananas, avocados, kiwis and chestnuts for children with latex allergies.

(b) *Other Possible Sources in Prepared Foods:*

- cookies
- cakes
- cereals
- granola bars
- candies

(c) *Non-Food Sources:*

- Play dough (may contain peanut butter)
- scented crayons and cosmetics
- peanut-shell stuffing in "bean-bags" and stuffed toys
- wild bird seed, sesame
- insect venom (bees, wasps, hornets, yellow-jackets)
- rubber or latex (e.g. in gloves, balloons, erasers, rubber spatulas, craft supplies, etc.)
- vigorous exercise
- plants such as poinsettias

2) Symptoms of Anaphylaxis

An allergic reaction usually happens within minutes after being exposed to an allergen, but sometimes it can take place several hours after exposure. A reaction can involve any of these symptoms, and a person could have one or more of these symptoms regardless of the allergen:

- **Skin:** hives, swelling, itching, warmth, redness, rash
- **Respiratory system:** coughing, wheezing, shortness of breath, chest pain/tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing
- **Gastrointestinal:** nausea, pain/cramps, vomiting, diarrhea
- **Cardiovascular:** pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
- **Other:** anxiety, feeling of "impending doom", headache, uterine cramps, metallic taste

The most dangerous symptoms of an allergic reaction are:

- **Trouble breathing** caused by swelling of the airways (including a severe asthma attack for people who have asthma)
- **A drop in blood pressure** causing dizziness, light-headedness, feeling faint or weak, or passing out.

Both can lead to death if untreated

Keep the following in mind:

- Do not ignore early symptoms, especially if the individual has had a reaction in the past. Always take a possible reaction seriously and act quickly.
- Not every reaction will always look the same; a person can have different symptoms each time.
- Anaphylaxis can occur without skin symptoms or hives.

Factors that may increase the risk of a severe anaphylactic reaction:

Reducing the Risk of Exposure to Anaphylactic Causative Agents

The UYVDC has adopted a nut-free and scent-free environment and is committed to reducing the risk of exposure to other anaphylactic causative agents. All foods provided in the centre are prepared by the cook or catered by companies that recognize the needs of the centre, and take into consideration the strict requirements for food preparation.

To assist staff in reducing the risk of exposure, where possible, and ensuring that allergens that cause anaphylaxis are eliminated from the centre, the *Allergy and Food Restrictions List* will be posted in each area where children are permitted (e.g. classrooms, kitchen, office, lower bathroom, and outdoor shed).

Food is provided by the Centre for children for meals, snacks, and special occasions. Parents of children in the infant room, if permitted by the ED for a "special needs required" must ensure that the food they provide for their child is clearly labelled with the child's name; staff will serve the food only to that child. Labels on food containers will be reviewed by staff prior to serving the children. Any food items with labels indicating there may be trace amounts of an allergen will not be served. Where food labels are not present (e.g. off-site

catering), the supplier will be required to ensure all products delivered to the centre exclude the allergen.

Child with Anaphylaxis

The ED will ensure that the individual *Anaphylaxis Emergency Plan* is completed by the parent and is signed by a qualified medical professional. This *Anaphylaxis Emergency Plan* and the child's current photograph is posted in all program rooms, kitchen, lower bathroom and the outdoor shed. In addition, a copy will be placed in the Policies Anaphylactic binder and in the child's file.

This will be made known to all staff, students and volunteers during orientation or to the supply staff when covering at UYVDC.

The parent must complete and sign the *Administration of Prescription Medication* form.

The *Anaphylaxis Emergency Plan* must remain posted for as long as the child is at the centre and has the condition. The document is to be placed in the child's file after the child has outgrown the allergy or has left the centre.

Each child's *Anaphylaxis Emergency Plan* will contain:

- A description of the child's allergy
- Medication required
- Signs and symptoms of an anaphylactic allergy
- Strategies for monitoring and avoiding causative agents
- Action to be taken in the event that the child suffers an anaphylactic reaction
- Emergency procedure

The Individual Anaphylactic Plan must contain a current photograph of the child.

Parents are responsible for advising the ED if there is any change to an existing allergy, such as the condition no longer exists, the medication has changed, or the child has a new allergy. A note from a qualified medical professional must be provided for the child's file.

Should a parent report any change, the ED will review the child's individual plan of care with the parent to determine the appropriate steps to take.

Administering Epinephrine using an auto injector such as EpiPen®.

In an emergency, any staff can administer the lifesaving auto injector.

EpiPens® will be referred to as auto injectors in this document.

The emergency response treatment for a child suffering an anaphylactic reaction is the administration of epinephrine (adrenaline) by an auto-injector. Staff can only administer an EpiPen®. Anakits cannot be accepted, as they are required to be administered by an individual trained in giving injections.

Administering auto injectors requires minimal training and can be used by non-medical personnel.

Any individuals trained in the use of an auto injector can administer an auto injector. Auto injectors can be safely transported and are easy to administer. A single injection of the auto injector may not be sufficient to stop an anaphylactic reaction, but will normally give the sufferer 10 to 20 minutes of relief-often sufficient time to contact trained emergency healthcare professionals.

After administration, the affected child must immediately be taken to the hospital to receive additional medical attention, even if the symptoms decrease with the use of the auto injectors. A parent cannot request that you do otherwise.

Procedures:

- If a child shows symptoms of an anaphylactic reaction and has an auto injector on hand, the following steps must be followed in sequence:
 1. Administer dose immediately
 2. Call 911
 3. Call and inform the parent
 4. Inform ED/Designate
 5. Fill out an *Incident Report*
 6. Forward *Incident Report to the Executive Director (via email- if not present)*

- If a child shows symptoms and does not have an auto injector
 1. Call 911
 2. Inform parent. Parent must be advised that child cannot be accepted back into centre unless an auto injector is on hand.
 3. Inform ED/Designate
 4. Fill out an *Incident Report*
 5. Forward *Incident Report to the ED (via email- if not present)*

Body Position

Depending on how the child is reacting, different body positions are important when giving epinephrine.

If the child is:

- **Having difficulty breathing:** Keep them in an upright position.
- **Feeling faint or dizzy:** Place the person on their back with their legs raised above heart level.
- **Vomiting:** Place the person on their side with their head down.
- **Getting worse (but they are conscious and not vomiting):** Place the person on their back while waiting to go to the hospital.

Children with anaphylaxis who are feeling faint or dizzy because of impending shock should lie down, unless they are vomiting or experiencing severe respiratory distress.

It is important that the child not be made to sit or stand immediately following a reaction as this could result in another drop in blood pressure.

Upper Yonge Village Daycare Centre will administer medication (Epi-Pen®) prescribed

by a physician, provided that the parent has signed a parental consent form and Anaphylaxis Emergency Plan prior to bringing the medication into the Centre.

3) Exposure Prevention Strategies

- UYVDC does not knowingly allow peanut butter products or any other directly related peanut/nut products on the premises.
- Although every precautionary effort is made, we cannot guarantee that any food commercially purchased or prepared by the Centre is 100% free from all traces of peanut or nut oil.
- Children with extreme allergies that the Centre cannot accommodate will be required to bring their own food in labeled containers from home.
- In cases where the Centre is unable to provide a safe environment due to severe allergies, parents/guardians will be asked to look for alternative care.
- Food ingredient labels are checked when purchasing and all causative/food agents are kept to a minimum.
- Playground areas are checked and monitored daily for insects such as bees and wasps.
- The Centre does not use/allow balloons on the premises.

Storage

A child's auto injector is to be stored in its own labelled Ziploc bag in an accessible location (for staff only) and must accompany the child whenever he/she is out of the centre. The second Epi Pen is located in an easy accessible storage to the staff in the ED's office.

Disposal

Used auto injectors are not to be disposed of at the centre and should be taken to the hospital with the child.

Communication

1. The *Allergy and Food Restriction List* is to be posted in each classroom, kitchen, office, lower bathroom and the shed to inform clients, staff, students, and volunteers about restrictions on items that are brought into the centre due to the potential of an anaphylactic reaction.

In addition:

2. A copy of this policy will be available in the main hallway.
3. Parents, staff, students, and volunteers must be informed of the Centre's nut-free and scent-free environment policy and that no outside food is allowed in any classrooms (except for children with a special need in regards to food).
4. If a catering company is contacted they will be advised of the foods that are not to be brought to the centre and appropriate food substitutes will be requested.
5. The parents of children newly admitted to the centre will be made aware of the *Anaphylaxis Policy* and of its posted location in the centre.
6. Prior to involvement at the centre, all staff, students and volunteers must review the *Anaphylaxis Emergency Plan* for each child who has one.

Training by Parent and Consent to Train

A parent may provide training to the ED or an authorized staff and authorize them to train staff, students and volunteers or the parent may attend the staff meeting and provide the

training to all UYVDC staff. Parents are required to sign the *Consent for Executive Director or Designated Staff to Train Staff, Students and Volunteers regarding my Child's Condition* or sign the *Parent Training form*.

Training

1. All staff, students and volunteers must be trained in the administration of the auto injector by either the child's parent, a qualified medical professional or the ED or Designated Staff. Upon completion of training on the Anaphylaxis Emergency Plan for a child (ren), staff must sign the Training Record.
2. On an annual basis, as part of First Aid training, staff review how to recognize and treat anaphylactic reactions, and are trained in the administration of the auto injector. Staff, students, and volunteers shall review and sign off on the Anaphylaxis Policy on an annual basis.

The Consent for ED or Designated Staff to Train Staff, Students and Volunteers regarding my Child's Condition and on Use of My Child's Medical Device form and the Training Record forms will be kept in the file of the child, and a copy will be attached to the child's posted Anaphylaxis Emergency Plan.

Training Record

The ED is required to keep a *Training Record*, showing the name of every individual who has been trained on the child's *Anaphylaxis Emergency Plan* and the date of the training. This form must be signed by person who did the training and the individuals who were trained.

Additional Information for Parents and Staff

1. Two auto injectors must be provided to the Centre and must be left at the Centre at all times. As a result, parents should arrange for additional auto injectors for home use.
2. The ED must note the expiry date of the auto injector on the *Anaphylaxis Emergency Plan* and should remind the parents of the expiry date at least two weeks in advance, so that that the auto injector can be replaced. **Failure by the parent to replace the auto injector by the expiry date may result in the child being withdrawn from the centre until the replacement is provided.**
3. The child will not be admitted to the program unless the auto injector is provided.
4. When a child is no longer required to use an auto injector, the parent must submit a note from a qualified medical professional to the centre.

Serious Occurrence Reporting

All incidents involving an anaphylaxis emergency must be reported as a serious occurrence, as required in the Serious Occurrence Reporting Policy.

Additional Information

Background

Anaphylaxis is a severe allergic reaction that can be fatal. A conservative estimate is that one in fifty Canadians suffer from extreme life-threatening allergies to certain foods, medications, insect stings, non-food materials such as latex, or to vigorous exercise. For them, exposure to even a minute amount of the substance to which they are allergic can trigger an anaphylactic reaction.

The most common foods that cause anaphylaxis are peanuts and peanut products; however, it may be caused by other foods such as shellfish, fish, eggs, sulphates, milk, sesame seeds, or any other food. In recent years, anaphylaxis has increased dramatically among children and adolescents.

Anaphylaxis and Asthma

People with asthma who are also diagnosed with anaphylaxis are more susceptible to severe breathing problems when experiencing an anaphylactic reaction. It is extremely important for asthmatic patients to keep their asthma well controlled. In cases where an anaphylactic reaction is suspected, but there is uncertainty whether or not the person is experiencing asthma attack, epinephrine should be used first. Epinephrine can be used to treat life-threatening asthma attacks as well as anaphylactic reactions. Asthmatics who are at risk of anaphylaxis should carry their asthma medications (e.g. puffers/inhalers) with their epinephrine auto-injector (e.g. Epi-Pen®).

9.10. Children with Medical Needs Policy

If a child has a medical condition (i.e. Asthma, Epilepsy, etc.) or develops it after starting at the UYVDC, The Executive Director must be informed of all details pertaining to the illness. A medical practitioner's note containing the specifics of the condition is required.

In conjunction with the parents, the Executive Director will develop an ***INDIVIDUALIZED PLAN FOR A CHILD WITH MEDICAL NEEDS***.

Each child's Individualized Plan for a Child with Medical Needs will contain:

- A description of the child's life threatening ailment
- Medication if necessary
- Sign and Symptoms of the life threatening ailment
- Strategies for Monitoring and avoiding the life- threatening situation
- Action to be taken in the event that the child suffers the life threatening ailment
- Emergency contact information for the parent and Emergency services
- A current photograph of a child
- Steps to be followed to reduce the risk of the child being exposed to any causative agents or situations that may exacerbate
- A description of any medical devices used by the child and any instructions related to its use
- A description of the procedures to be followed in the event of an allergic reaction of other medical emergency
- A description of the supports that will be made available to UYVDC staff or premises
- Any additional procedures to be followed when a child with medical condition is part of the evacuation or participating in an off- site activities.

The **INDIVIDUALIZED PLAN FOR A CHILD WITH MEDICAL NEEDS** along with the child's photograph will be posted in any room where the child might reasonably be, such as all program rooms, kitchen, Lower bathroom, Playground shed. A copy of the Plan will be placed:

- in the Classroom Individual Plans Binder
- and the Child's file in the office.

Training by a Parent and Consent to train

A parent may provide training to the Executive Director and authorize her/ him to train the staff students and volunteers.

Parents are required to sign the *Consent for the Executive Director or Designated Staff to Train Staff, Students and Volunteers regarding my "Child's Condition. " Appendix # 1*

Training Record

The Executive Director is required to keep a Training Record, showing the name of every Individual who has been trained on the *Child's Individualized Plan for a Child with Medical Needs* and the date of the training. This form must be signed by the person who did the training and the individuals who were trained.

The Consent for the Executive Director or Designated Staff to Train Staff, Students and Volunteers regarding *"My Child" Condition and on Use of My Child's Medical Device* form and the *Training Record form* will be kept in the file of the child, and a copy will be attached to the Child's posted Individualized Plan for a child with medical needs.

Parents are responsible for advising the Executive Director of any changes to the child's medical condition .i.e. the condition no longer exist or if there is a change in medication. A note indicating the change must be provided by a qualified medical professional for the child's file.

The Executive Director will review any reported changes in the *Child's Individualized Plan for a Child with Medical Needs* with the parent to determine appropriate steps to take.

9.11. Health And Sanitary Practices Policy

As per the Provincial Child Care and Early Years Act (CCEYA) guidelines and the Ontario Public Health Standards Infectious Diseases Prevention and Control Standards, Upper Yonge Village Daycare Centre (UYVDC) staff and volunteers must be aware of and follow established policies and procedures with respect to sanitary practices and infection prevention and control. Creating a clean, healthy environment at UYVDC will help prevent the spread of infectious disease and keep it welcoming and pleasant.

The roles and responsibilities of Staff and Volunteers, Parents and Public Health

Managing infection and illness requires team work between the UYVDC management team, staff, parents and the Public Health Department. Communication and cooperation reduces the frequency and severity of infection and illness in a daycare centre. Infection and illness management begins with the following:

- understanding the roles and responsibilities of those involved
- following guidelines for ill children and staff

- following and maintaining correct infection control and sanitary practices

1.5.1

➤ Roles and Responsibilities

1. UYVDC Management

- Develop and update, as needed or required, infection prevention and control measures and sanitary practices policies and procedures to meet three protocols as per Ontario Public Health Standards:
 - a) Infectious Diseases Protocol: requirements outlining the prevention and management of infectious diseases of public health importance.
[Infection Prevention & Control for Child Care Centre Operators – City of Toronto](#)
 - b) Infection Prevention and Control: required inspections, investigations and management of infection control in the daycare.
 - c) Institutional Facility Outbreak Prevention and Control Protocol: required guidelines for the prevention, detection and management of outbreaks in the daycare.
[Gastrointestinal Outbreak Management in Child Care Centres – City of Toronto](#)
- Ensure staff and volunteers are provided in service training of the procedures prior to working at UYVDC and annually, or as necessary to incorporate best practices and adhere to policy and procedures.
- Ensure parents of children enrolled at UYVDC are informed, understand and adhere to the policy and procedures.
- Collect up-to-date health and immunization records and keep on file as per requirements.
- Ensure policy and procedures are accessible to staff and volunteers.
- Provide up-to-date information to parents of children enrolled at UYVDC as needed or required.
- Promote and support a workplace environment for staff and volunteers that recognizes personal illness and values taking time as needed/required for recovery.
- Ensure equipment and furnishings are consistently cleaned and kept in a good state of repair.
- Ensure guidelines of possible ill/infectious children and staff are adhered to develop and maintain surveillance of communicable disease/health logs to report to Public Health as per guidelines.
- Respect and maintain confidentiality of children, parents, and staff.

It is not the responsibility of the management team to diagnose illness and infections.

2. UYVDC Staff

- Show awareness and understanding of specifics of work activities and duties.
- Are trained in safeguarding the health and safety of children and personal protection measures.
- Review updated information annually or as necessary or required to ensure best practices.
- Encourage and support best practices within the staff and volunteer team.

- Educate, promote, and role model best practices with children and parents in the program.
- Identify children who need attention through regular observation and communication with the parents.
- Recognizing personal illness and taking time as needed/required for recovery.
- Ensuring appropriate steps are followed regarding guideline of Public Health Information Management of illness and infection.
- Keeping informed of illness/infection information.
- Upgrading First Aid/CPR as needed or required.
- Respecting and maintaining confidentiality of children, parents, staff and volunteers.
- Assessing risk when performing activities and providing care. **see TPH Routine Practices*
- Report possible infection/illness to management as per guidelines.
- Report possible infection/illness to parents as per guidelines.

It is not the responsibility of Staff to diagnose illness and infections.

3. UYVDC Parents

- Following guidelines/directions of UYVDC staff and the Health and Sanitary Practices Policy.
- Recognizing their child's illness and communicating with the UYVDC staff

It is not the responsibility of parents to diagnose illness and infections.

It is the responsibility of the parents to seek medical attention for their child and follow instructions/directions from the physician/pharmacist regarding diagnosis and treatment.

Parents MUST inform the Centre when their child is sick and communicate the nature of the illness.

Parents must follow the guidelines of the individual disease provided by the Centre.

4. UYVDC Toronto Public Health (TPH)

- Providing information and direction regarding infection/illness management to UYVDC to initiate preventive measures as necessary.
- Providing consultation related to preventive practices.
- Acting as a resource for health information and referrals.

Adults and children can be infectious before the signs and symptoms of an illness appears. It is very important to practice good infection control and sanitary practices at all times. It is the role of the ED and the UYVDC staff to ensure there is strict adherence to Infection Prevention and Control Procedures and Sanitary Practices.

Procedures and Practices include the following:

1. *Immunization Requirements for Children, Staff and Volunteers*
2. *Guidelines for Ill Children, Staff and Volunteers*
3. *Routine Practices*

4. *Hand Hygiene*
5. *Glove use*
6. *Diapering and Toileting*
7. *Environmental Cleaning and Disinfection*
8. *Housekeeping/Cleaning/Disinfecting*
9. *Pest Control*
10. *Pets and Animals*
11. *Food Safety/Snack and Lunch Procedures*
12. *Outbreak Management and Procedures*
13. *Occupational Health and Safety*
14. *Surveillance and Monitoring*

1. IMMUNIZATION REQUIREMENTS FOR CHILDREN, STAFF AND VOLUNTEERS

a. Immunization Requirements for Children

[Immunizations for Staff and Children – City of Toronto](#)

Under the Child Care and Early Years Act, Section 35 (1) of O. Reg. 137/2015 (General) requires that, every licensee shall ensure that before a child is admitted to a child care centre, the child is immunized as recommended by the local medical officer of health.

All children who attend child care centres should be immunized according to Ontario's Publicly Funded Immunization Schedule.

At the time of registration, the ED or designate will collect proof of immunization and keep on file **prior to the child's start date** at UYVDC.

Parents will be referred to their doctor or health care provider for a copy of their child's immunization record or to update any missing vaccines for their child. Parents **MUST** report new vaccinations to the ED in order for the child's file to be updated.

b. Immunization Requirements for Staff and Volunteers

Under Section 57 (1), O. Reg. 137/2015 every licensee of a childcare centre shall ensure that, before commencing employment, each person employed in each child care centre it operates has a health assessment and immunization as recommended by the local medical officer of health.

The ED will request employee and volunteer candidates to provide proof of a health assessment and immunization as required to be submitted and kept on file prior to employment.

Staff and volunteers are required to submit proof of updated immunization to the ED to be kept on file as per licensing requirements. **Staff and volunteers may not work/participate at UYVDC until proof of required information are submitted to the ED and are up-to-date as per the TPH guidelines.**

**see Employee Health Assessment forms*

Immunization Exemptions

Exemptions are to be documented and kept in the child's, staff's or volunteer's file:

1. For medical exemptions, a legally qualified medical practitioner must provide

medical reasons in writing as to why the child /staff/volunteer should not be immunized.

Form: **Statement of Medical Exemption for Individual, *Child Care Early Years Act 2014***

2. For religious or philosophical exemptions such as a parent who chooses not to immunize their child, or the staff or volunteer chooses not to receive the required and recommended immunizations "*on the ground that the immunization conflicts with the sincerely held convictions of the parent's religion or conscience*" can submit their objections on the form: **Statement for Conscience or Religious Belief for Individual, *Child Care Early Years Act 2014 - Affidavit*** signed by a legally authorized person.

If there is an outbreak or case of a vaccine preventable disease (e.g. measles), children and staff who are not up-to-date with their immunizations or exempted will be excluded from UYVDC to minimize the risk of spreading the disease.

Ontario Exemption Forms

- [Statement of Medical Exemption](#) form, must be completed by a legally qualified medical practitioner.
- [Statement of Conscience or Religious Belief Affidavit](#) form, must be notarized by a Commissioner of Oaths.

2. GUIDELINES FOR ILL CHILDREN, STAFF AND VOLUNTEERS

The following signs and symptoms generally indicate a person is ill. Children or staff who arrive with any of the observed signs/symptoms will not be admitted into UYVDC until diagnosis from a physician and/or physician note; or signs/symptoms have disappeared. Children or staff who develop these symptoms during the day will be isolated and sent home as soon as possible. Isolation and exclusion criteria guidelines from the public health department are used as a way to help prevent the spread of infection/illness at UYVDC.

2.1. Signs and Symptoms

- coughing, wheezing, difficulty breathing
- diarrhea
- discharge from eyes, puffy red eyes
- elevated temperature
- fever with rash
- high-pitched crying or screaming
- rapid breathing (faster than 40 breaths per minute)
- uncommon paleness or flushed face
- unexplained rash or open bleeding sores
- unusual behaviour, sleepiness, irritability, inconsolable crying
- vomiting
- weak cry

**UYVDC Surveillance and Monitoring Form located in the ED office*

2.2. Guidelines for Ill Children Policy

Managing infection and illness requires teamwork between UYVDC staff, the parents and the Public Health Department. Communication and cooperation reduce the frequency and severity of infection and illness in a daycare centre.

It is the responsibility of UYVDC staff:

- to regularly observe and identify the child that needs attention
- to communicate with parents and provide direction/instruction as necessary
- to keep a general log of illness in the daycare that may indicate patterns of illness which may need to be reported to the management team-*The Illness LOG Book is located in the folder next to the Executive Director's office door*
- to follow Toronto Public Health guidelines/reporting procedures
- to be a resource for Health Information and refer/report to Toronto Public Health as necessary

It is the responsibility of the parents

- to keep their child home if there are general signs/symptoms of illness and seek medical attention for their child as necessary
- to make arrangements to have their child picked up from UYVDC when directed by staff and seek medical attention as necessary
- to stay informed of any directions/guidelines to help minimize/prevent the spread of infection/illness at UYVDC
- to communicate signs/symptoms/diagnosis of child's illness to UYVDC for up-to-date records of illness
- to follow instructions of the physician/pharmacist regarding diagnosis and treatment
- to provide required documentation from medical practitioner to staff and complete any required forms/medication as prescribed to be administered to child

**see anaphylaxis, children with special medical needs policy regarding*

Toronto Public Health Guidelines are used as a way to help prevent the spread of any communicable disease, infection/illness at UYVDC. When a child is sent home from the Centre due to infection/illness, the reporting staff must complete "***UYVDC Report of Illness Form***" and ask to be signed by the parent, the reporting staff and UYVDC ED or a staff in charge in the ED absence. This form will be kept in the child's file and a copy is provided to the Parent/ Guardian

Any parent that refuses or appears to refuse to seek medical attention for their child that may be deemed necessary for the health and well-being of the child will be reported to Children's Aid.

**see Children's Aid reporting responsibilities*

2.3. Management and Reporting of Communicable Diseases

If a child is suspected of having any communicable disease, alternate care arrangements must be made. If symptoms develop during the day the parent/guardian or designated adult will be asked to take the child home immediately, within a maximum of 2 hours from the phone call made by staff of UYVDC.

The child will be accepted back to UYVDC only with a note from a doctor stating that the child's condition is no longer contagious.

Parents/guardians must advise UYVDC immediately if a child has been diagnosed as having a communicable disease (e.g. measles, chicken pox, pink eye, etc.).

Parents/guardians will be notified if the children have been exposed to a communicable disease through a memo posted on the parent board and via emails.

A) Plan for management of communicable diseases

i) *Management of critical data and information*

All data will be monitored in the “*Communicable Disease & Illness Logbook*” located in the office.

ii) *All surveillance records must include*

- Illnesses
- Date and time
- Name of child who is ill
- Signs and symptoms

iii) *All records must be review on a monthly basis*

B) List of Communicable Diseases

[Communicable Disease Information for Schools & Child Care Centres – City of Toronto](#)

Chicken Pox	Your child cannot return to the Centre until spots have been dried (i.e. scabbed over).
Conjunctivitis/ Pink Eye	If discharge is pus, your child must remain at home until she/he has taken appropriate antibiotics for 24 hours. The child may return if she/he is free of discharge.
Strep Throat	Your child must remain at home until the appropriate treatment has been taken for at least 24 hours.
Head Lice	Your child must remain at home until the appropriate treatment is completed and she/he is nit free.
Impetigo	Your child must remain at home until the appropriate treatment has been taken for at least 24 hours.
Measles	Your child must remain at home until at least 4 days have passed since the onset of rash.
Mumps	Your child must remain at home for at least 9 days after the first sign of swelling.

Ringworm	Your child must remain at home until the appropriate treatment has been taken at least 24 hours.
Rubella	Your child must remain at home for at least 7 days after the onset of rash.
Scabies	Your child must remain at home until the appropriate treatment has been taken for at least 24 hours.
Whooping Cough	Your child must remain at home for at least 5 days after the appropriate treatment begins or for 3 weeks from the onset of cough if untreated

C) Human Bites

Biting is typically normal behaviour in child care environments and quite common amongst children between the age of 11-30 months. Toddlers may bite for a variety of reasons such as:

- To relieve frustration (especially when they lack the vocabulary to verbalize their feelings).
- To get what they want (it is extremely effective with other children).
- To get attention (it is a behaviour that adults cannot ignore).
- Or perhaps in reaction to the arrival of a new sibling (jealousy).

What we do:

- Deal with each incident individually as it happens.
- Tell the child clearly and briefly that biting is not acceptable behaviour and will not be tolerated.
- Determine and acknowledge the child's feelings that prompted biting.
- Give the child words to use in lieu of biting (e.g. I don't like that).
- Encourage and reinforce more positive and appropriate ways to get attention.
- In situations where a child may be a repeat biter, substitute an object that is acceptable to bite (e.g. a biting ring or toy).
- The daycare's policy is not to tell parents whose child bit who (for the protection of the child and because the situation has already been dealt with).

For more information please refer to Toronto Public Health (TPH) factsheet "Human Biting."

2.4. Plan for Reportable Diseases

For the full list of reportable diseases please refer to the attachment: TPH factsheet: "Reportable Diseases" with information on who to contact: TPH 311 or Health Connection: 416-338-7600

Children with influenza like symptoms must stay home

Children who have been ill with the H1N1 virus **may return to daycare after seven (7) days from the onset of symptoms or when they feel well enough to return, whichever period is longer.**

2.5. Exclusion of Ill Children and Staff

Exclusion Criteria

- i) Unusual behaviour
- ii) Constant cough
- iii) Difficulty breathing
- iv) Vomiting
- v) Diarrhea
- vi) Yellow discharge from the eyes, crustiness around the eyes, puffy eyes or red eyes
- vii) Rash
- viii) Fever of 38° Celsius or higher

When to exclude a child

- ix) Any Illness that prevents a child from participating in activities.
- x) Greater need for care that the staff can't provide without compromising health and safety.
- xi) Illness poses a serious health risk if it spreads to others, circumstances under which separation of the affected child or staff is necessary.

Every exclusion and illness of the staff or a child must be reported to the ED of UY-VDC or in her/his absence Assistant Director

- Illness must be documented on the ILL TRACKING SHEET located in the office.

Place for Isolation

Should a child become ill while attending the UYVDC, staff will call the parents to pick up their child. If an extra staff is available, the sick child will be separated from the classroom (i.e. part of the classroom without other children) . **Parents are asked to pick up their child as soon as possible to maximum of two (2) hours.** If parents are not reachable or available, an emergency contact will be called.

In the best interest of all children at the Centre, a child must be kept at home for the FOLLOWING DAY and they MUST BE SYMPTOM FREE FOR 24 HOURS BEFORE they can return, when he/she displays any of the symptoms as indicated in above.

3. ROUTINE PRACTICES

Routine practices are based on the premise that everyone is *potentially* infectious. Routine practices are universally recognized strategies to prevent and control infection. They must be routinely used with everyone to prevent exposure to all bodily fluids and excretions. Routine practices are best practices that when applied consistently, will reduce or eliminate the risk of transmission of microorganisms.

As part of Routine Practices, UYVDC management team and staff must continually assess the risk of exposure to bodily fluids and excretions in their activities and identify strategies that will decrease these risks and prevent the transmission of microorganisms that can cause disease. Reducing or removing the risk of disease transmission must be incorporated into the culture of UY-VDC program.

- **Surveillance:**

Communicable disease surveillance includes:

1. Observing children for illness upon arrival
2. Document the daily health check on the attendance
3. Recording symptoms of illness
4. Recording attendances and absences
5. Recording any outings, special events, etc.

The key to identifying an outbreak is the maintenance of good surveillance information.

UYVDC staff work together to monitor an increase from baseline incidence of illness among staff and children. Baseline incidence is the normal level of illness in a given place and time.

Daily Health Check (DHC) is noted on every day Children's attendance forms

- **Risk assessment**

UYVDC Staff will ensure when performing activities and providing care, assessing the risk of:

- a) contamination of skin or clothing by microorganisms in the environment
- b) exposure to blood, body fluids, secretions, excretions, body tissues
- c) exposure to non-intact skin
- d) exposure to mucous membranes
- e) exposure to contaminated equipment
- f) signs and symptoms of infection

Respiratory Etiquette

Personal practices that help prevent the spread of bacteria and viruses that cause acute respiratory infections (e.g. covering the mouth when coughing care when disposing of tissues)

Staff shall reinforce with children, staff team and volunteers the personal practices that help prevent the spread of microorganisms that cause respiratory infections. These personal practices include:

- a) not attending UYVDC when acutely ill with a respiratory infection
- b) measures that minimize contact with respiratory droplets when coughing or sneezing, include
 - turning the head away from others (e.g. sneeze into sleeve and cover mouth);
 - maintaining a two-metre separation from others;
 - covering the nose and mouth with tissue
 - immediate disposal of tissues into waste after use
- c) Practice hand hygiene

**see TPH Cover Your Cough Poster*

Key elements of routine practices:

- Assess the risk of exposure to disease causing microorganisms and take appropriate action
- Clean and disinfect all contact surfaces
- Keep hands clean
- Cough or sneeze into sleeve, practice respiratory etiquette
- Monitor symptoms of staff and children who are ill
- Identify trends/outbreaks and report them to public health
- Staff and children who are ill are required to stay home
- Stock appropriate personal protective equipment in easily accessible areas for staff to use

Blood and Body Fluids Spills

All staff will follow TPH guidelines “blood and body fluid spills” “glove use” and UYVDC disinfectant procedures.

4. HAND HYGIENE

Hand hygiene refers to any hand-cleaning action and is an integral part of Routine Practices. Several studies demonstrate that hand washing in child care centres significantly reduces diarrhoeal and respiratory illness (Huskins 2000, Ejemot 2008). Hand hygiene involves the removal or destruction of visible soil and transient microorganisms from the hands while maintaining good skin integrity. Intact skin is the body’s first line of defence against bacteria; therefore, careful attention to skin care is essential. The presence of dermatitis, cracks, cuts or abrasions can trap bacteria and compromise hand hygiene. Dermatitis also increases shedding of skin and, therefore, shedding of bacteria.

Education in Child Care Centres

Child care operators must provide education to staff and children regarding hand hygiene and respiratory etiquette. The following resources may be useful:

- Public Health Agency of Canada, [Coughing and sneezing hygiene for Kids](#) (Video)
- Public Health Agency of Canada, [Hand-washing Heroes](#) (Video)
- Public Health Ontario, [How to Hand Rub](#) (Video)
- Toronto Public Health, [Cover Your Cough](#) (Poster)
- Toronto Public Health, [Hand Washing](#) (Poster)
- Toronto Public Health, [Hand Sanitizing](#) (Poster)

There are two methods of killing/removing microorganisms on hands:

- a. **Hand sanitizing with alcohol-based hand rubs (ABHR) containing 70% to 90% alcohol is the preferred method when hands are not visibly soiled.** Using easily accessible ABHR in most settings takes less time than traditional hand washing. Use of ABHR is also more effective than washing the hands with soap and water when hands are not visibly soiled (note: providing an ABHR product that contains an emollient (moisturizer) can significantly decrease "irritant contact dermatitis" under frequent-use conditions).
[Hand Sanitizing \(toronto.ca\)](#)
- b. **Hand washing with soap and running water must be performed when hands are visibly soiled.** The presence of organic material can reduce the effectiveness of alcohol in ABHR. The mechanical action of washing, rinsing and drying is the most important contributor to the removal of transient bacteria. If hands are visibly soiled and running water is not available, use a moistened towelette to remove the visible soil, followed by ABHR.

A common barrier to hand hygiene compliance is the adverse effect(s) of products on the skin. ABHRs have been shown to be less irritating to skin than soap and water despite perceptions to the contrary. If an individual feels a burning sensation following the application of ABHR, it is generally due to pre-irritated skin. Allergic-contact dermatitis associated with ABHRs is uncommon. Non-alcohol-based waterless antiseptic agents are not recommended for hand hygiene in healthcare settings and must not be used (PIDAC, 2014).

- **Handwashing Procedure**
[Hand Washing \(toronto.ca\)](#)

- 1. Turn on tap; water should be warm and be kept running during hand washing. Do not use a stopper in sink or use a container.*
- 2. Apply liquid soap to entire hands, up to wrists. Lather well, while counting slowly to 15.*
- 3. Rinse well.*
- 4. Use a paper towel to dry hands.*
- 5. Turn the taps off with the paper towel and discard into lined trash container.*

This handwashing procedure should be used by all staff, students and volunteers, and taught to the children, and must be followed:

Staff must clean hands:

- Arrival to UYVDC
- Before initial contact with children or handling items in the room
- Before and after glove use
- After toileting
- After touching their own nose, ears etc.
- Before preparing, handling or serving food or giving medication
- After treatment/care involving blood, body fluids, secretions and excretions of -children or staff, even if gloves were worn
- Before and after handling pets
- After coming in from outside or after breaks or lunch returns back to the classroom
- After dispensing/handling expressed breast milk
- Whenever in doubt

Staff assist children with cleaning hands:

- Arrival to UYVDC – every morning
- After playing outdoors
- After using the washroom
- Before eating
- Before and after handling pets
- When sneezing, coughing, etc.
- Before and after communal sensory play activities
- When hands/fingers have been in mouth, nose, ears
- Whenever in doubt

Expectations

- Staff, visitors, parents and children must clean hands as per TPH guidelines
- Children are taught hand hygiene by UYVDC staff

- Teaching through the program
- Role modelling
- Supervising children and ensuring they are following correct procedures
- ensuring the most up to date TPH handwashing posters are accessible and visible for everyone in handwashing area
- Staff should teach and must supervise children using ABHR and ensure ABHR is used when hands are not visibly soiled
- Handwashing must be carried out when hands are visibly soiled (use of ABHR is not appropriate when hands are visibly soiled)
- **Staff, visitors, parents and children must clean hands upon arrival and/or entry into any room**

Each UYVDC classroom must have:

- Hand Hygiene information sheets must be posted at every designated hand wash sink
- Approved Liquid soap and Hand Sanitizer in a dispenser and paper towels must be available at all times

5. GLOVE USE

Expectations

- Gloves must be worn when it is anticipated that hands will be in contact with mucous membranes, broken skin, tissue, blood, body fluids, secretions, excretions, or contaminated equipment and environmental surfaces.
- Gloves must be appropriate for the type of activity and single-use only.
- Hand hygiene must be practiced before putting on and after taking off gloves.
- Gloves must be removed immediately and discarded into a waste receptacle after each use.

**see TPH Glove use poster*

**Note: the use of gloves does not replace the need for hand hygiene.
Gloves are task specific and single use only**

UYVDC purchases and supplies the following gloves for staff:

- Non-powdered and latex-free gloves in various sizes

Gloves are not completely free of leaks and hands may become contaminated when removing gloves. Hand hygiene shall be practiced before and after donning gloves. Gloves shall be removed immediately and discarded into the designated waste receptacles after each use.

To reduce hand irritation:

- Wear gloves for as short a time as possible
- Hands shall be clean and dry before donning gloves
- Gloves must be intact, clean and dry inside

Gloves (Personal Protective Equipment) are ordered and kept in designated areas accessible to staff. There are various sizes to ensure staff for proper fitting. It is the responsibility of staff to inform the cook if the gloves are low in supply and prior to the general order schedule.

[Glove Use \(toronto.ca\)](http://toronto.ca)

6. Diapering and Toileting

Expectations

The following elements are necessary in order to prevent the spread and control of diseases while diapering:

- The diapering/toilet training station is located in the washroom area
- A designated diaper changing area with a smooth vinyl diaper change table/mat free of cracks-**staff must alert management team if the diaper pad requires replacement**
- A designated hand wash sink within the diaper changing area equipped with hand soap at all times
- Diapering surface is disinfected after each use, the surface under the mat is disinfected at the end of each day or when needed
- Single-use disposable gloves are available at all times
- Separate diapers and ointments/creams for each child are stored and labelled by full name of a child
- Use disinfectant as approved by UYVDC
- Hand washing sinks are disinfected at least daily or as necessary and must not be used for food preparation, rinsing soiled clothing or toy washing
- Garbage pail has a leak proof plastic liner and is foot activated

The separate hand wash sink in the diaper changing area must only be used by staff and children for the purpose of washing hands after diapering and toileting. The diaper changing area must be separate from the food preparation area. In addition, the use of gloves, as a barrier to the transmission of communicable diseases, is required during the diaper change routine.

The toileting routine differs from the diaper change routine, the risks and successful IPAC interventions are the same. As such, hand washing sinks, disinfectants, and gloves are required during the toileting procedure as well.

Toilet training is introduced as part of the toileting routine and the children are transitioned with encouragement and support from the family and the staff. Children are changed on a non-porous non-absorbent diaper pad covered by smooth vinyl. The surface should be free of cracks or tears.

Pottys are not used for toilet training

*see TPH Diapering routines and instructions

[871f-Child-Care-Centres-Information-SheetDiaper-Change-Routine.pdf \(toronto.ca\)](#)

STAFF MUST ADHERE TO FOLLOWING:

- Diaper changing and toileting must take place away from food or food preparation areas
- Diaper changing may not be done in public areas
- Diaper changing is done in the designated toileting area
- Never rinse diapers/clothing soiled with stool at the daycare; this may result in environmental contamination.
- Cloth soiled diapers must be placed into a plastic bag, tied and returned back to the parents at the end of each day.

- Parents should provide at least one change of clothing for their child. Soiled clothing should be removed from the child, packed in a plastic bag and returned to parents for cleaning. Parents should remove it from the child(s) cubby the same day.
- The diapering mat must be disinfected after each use
- Children should not be forced to sit on a toilet. A toilet training plan must be prepared with the family to ensure the child receives consistency and support success.
- Children should also not feel shamed if they are unable to complete a plan or soil clothing.
- Toronto Public Health Diaper and Toilet Routines information sheets must be posted in each designated toileting areas or available in booklet form for children to support children's independence

7. Environmental Cleaning and Disinfection

Expectations

UYVDC has implemented a comprehensive environmental cleaning and disinfection program.

The program includes:

- Written schedule(s) and checklists that identify areas and items to be cleaned and disinfected, frequencies of cleaning and disinfection (e.g. daily, weekly and monthly)
- There are designated person(s) doing the cleaning and disinfection
- Information relating to the cleaner(s) and disinfectant(s) approved by UYVDC is available to all staff
- Cleaners, disinfectants are purchased by the UYVDC designate as per monthly purchase orders or as per need (cook)
- The staff will be advised and trained of the use (MSDS), safe storage and required PPE guidelines
- It is the responsibility of staff to alert the cook of supplies on hand to ensure more accurate purchasing as required

The disinfectant is approved by Toronto Public Health as per guidelines:

- Have broad spectrum of antimicrobial effectiveness
- Be fast acting (e.g. disinfectant will carry rapid and realistic contact time)
- Not be affected by environmental factors (e.g. disinfectant remains active in the presence of different soils or contaminants doesn't react negatively with other cleaning products)
- Have good cleaning properties be nontoxic or non-irritating at in-use concentrations
- Carry wide material compatibility
- Be easy to use with clear label instructions
- Be economical or cost effective in use
- Be stable in concentrate or sue dilution and therefore have a suitability long shelf life

Using a Cleaner

Cleaning must be done as soon as possible after contamination. When using cleaning products, do not apply by aerosol or trigger spray. It is important that the sequence or steps involved in the cleaning process be done in the correct order:

- Wear the appropriate personal protective equipment for the task
- Clean in a progression from low-touch to high-touch surfaces and from top to bottom
- If required, rinse surface(s) with clean warm

Using a Disinfectant

- Read and follow all manufacturer instructions before use
- Wear appropriate personal protective equipment
- Cleaning is a critical step before disinfection. Ensure there is substantial reduction in bio-burden by manually scrubbing with a combination of detergents and warm water before disinfection or use an approved One-Step Disinfectant Cleaner
- Use a test reagent (e.g. test strip) to test the concentration of disinfectant solutions and discard and replace when necessary
- Consider the type of microorganisms that can potentially be present on the surface to be treated (e.g. is the surface exposed to blood, skin, etc.)
- Choose the appropriate disinfectant (i.e. type and concentration) of chemical required for disinfection (e.g. disinfection of a blood spill requires a higher concentration of disinfectant than disinfection of toys)
- The disinfectant must be mixed daily in a clean bottle. Never top up disinfectants (PIDAC, 2012a)
- Each disinfectant bottle must be appropriately labelled
- Do not dip a soiled cloth into the disinfectant solution (no ‘double-dipping’)

Disinfectant Wipes

This is a cloth applied with disinfectant (as approved by Public Health), allowing adequate contact time with the disinfectant. A disinfectant wipe may be used for items that cannot be soaked or tolerate soaking or large pieces of equipment.

High-touch Surfaces High-touch surfaces may include doorknobs, toys, cribs/cots, light switches and computer keyboards that are touched frequently. These surfaces require frequent cleaning and disinfection. For these surfaces, cleaning and disinfection is required at least daily and more frequently if the risk of contamination is higher (e.g. during an outbreak).

Low-touch Surfaces Low-touch surfaces may include floors, walls and windowsills that are touched less frequently. These surfaces require cleaning and disinfection as needed.

Carpeted floors can be more heavily contaminated for prolonged periods than non-carpeted floors and can be a potential source of microorganisms during outbreaks of norovirus (PIDAC, 2012). Carpets must be vacuumed as necessary, cleaned promptly if a spill occurs, and shampooed/steam cleaned every 3-6 months. If the carpet does not appear to be adequately cleaned, re-cleaning may be necessary or replacement must be considered.

Floor mats that cannot be adequately cleaned and disinfected should be promptly removed and replaced.

[Chlorine \(Bleach\) Solutions for Disinfecting \(toronto.ca\)](#)

[Chlorine Dilution Calculator | Public Health Ontario](#)

*Refer to TPH "Blood and Body Fluids" info sheet for cleaning blood or body fluids

8. Housekeeping – Cleaning - Disinfecting Checklists

The ED is responsible for the purchases and maintenance of toys, furnishings and equipment. The ED will ensure that the choice of materials and equipment used in the centre will have the following consideration:

- Choice of finishes, furnishings and equipment that is cleanable
- Ensuring compatibility of the cleaning and disinfecting agents with the items and surfaces to be cleaned
- Identifying when items can no longer be cleaned /disinfected due to damage (staff will identify in a maintenance report to the ED for approval to remove, repair, throw out or replace equipment)

Staff as per duty opening/closing checklists, housekeeping schedules and other required daily checklists will follow cleaning guidelines:

- **Tables and countertops** used for food preparation and food service shall be cleaned and disinfected before use as well as before and after eating. The countertops must be neat and tidy during the day and disinfected and organized by the end of each day.
- **Designated floor area** cleaning shall be performed daily by staff
- **Carpets** shall be vacuumed daily by the cleaning staff or when necessary during the day by UYVDC staff, cleaned promptly if spills occur. The carpets shall be vacuumed and shampooed-steam cleaned every 3-6 months by the cleaning company. The ED will make arrangements to arrange carpet cleaning if outside of regular carpet cleaning schedule. If the carpet is deemed for replacement, the staff shall inform the ED. Floor mats that cannot be adequately cleaned and disinfected should be promptly removed and the staff should inform the ED about the need for the replacement.

Equipment and Furnishings

1. Staff must sweep floors after every meal. NO food should stay on the floor for more than 5 minutes after meal time is over.
2. Staff must mop/disinfect the floor after each lunch and other times when necessary.
3. All eating surfaces (including edges of the tables, not just the top parts) and infant seats must be cleaned and sanitized after every use.
4. Shelves, play bins, playroom tables and chairs must be cleaned once a week.
5. Toys that children placed in children's mouths must be placed immediately in the "Soiled Toys bin" and cleaned before using again.
6. Sheets and blankets must be washed once a week and at other times as necessary.
7. Mattresses in the Infant room must be sanitized once per day, and at other times as necessary.

Play Areas

Procedure for Toy Cleaning and Disinfection

- Ideally, all toys shall be cleaned and disinfected using the commercial dishwasher
- Infant toys must be washed and sanitized daily and at other times as necessary. Toys that infants have put in their mouths must be cleaned and sanitized before being used by another child.
- Toddler and preschool toys must be washed and sanitized at least once a week and at other times as necessary.

Schedules are posted in each room and should include a list of the toys that are to be cleaned/disinfected; frequencies of cleaning and disinfecting (daily, weekly, monthly, other) and the signature of the person(s) doing the cleaning /disinfecting.

Expectations

- Toys purchased or accepted as donations shall be approved by the ED
- Must be maintained in good repair
- Must be easily easy to clean and able to withstand frequent cleaning and disinfection
- Toys used for water play shall not retain water, as they can provide an environment of bacterial mould
- Toys that are mouthed or contaminated by body secretions shall be cleaned with water and detergent and then disinfected before handling by another child
- Sensory activity toys must be cleaned as per cleaning – housekeeping schedule

Procedures for toy maintenance:

- Cleaning and disinfection for are as per disinfecting checklists
- Staff are assigned to housekeeping schedule and daily checklist schedule to ensure health and safety requirements
- Toys shall be inspected for damage cracked or broken parts as these may compromise cleaning and disinfecting. Any toy found to be damaged or cracked or broken shall require a maintenance report and alerted to the ED for inventory recording and disposal
- Toys shall be cleaned prior to disinfection as per TPH requirements

[9674-Child-Care-Centres-Information-SheetToy-Cleaning-Disinfecting.pdf \(toronto.ca\)](#)

Toys that are mouthed or that are otherwise contaminated by body secretions shall be cleaned with water and detergent and then disinfected before handling by another child.

Sleep Equipment – Cots

Children scheduled for sleeping - napping as part of regular day routine should have this activity is carried out in a sanitary manner.

The Staff will:

- ensure individual cots shall be labelled and assigned/designated to a single child
 - there is a diagram listing the children's assigned cots and posted in an area accessible to all staff or for inspection purposes
 - the individual cots are cleaned and disinfected before being assigned to another child
 - the individual cots are cleaned and disinfected as per removal of bedding
 - there are bedding (sheets) provided and assigned to each child's cot
 - the bedding will be removed once per week or immediately when soiled or wet
 - the bedding is removed immediately when a child sent home with illness or absent with illness
 - ensure laundering schedule records maintained and up-to-date
 - ensure cot cleaning checklist schedule maintained and up-to-date
 - inform and ensure support staff are aware and adhering to policy and procedures
- *Dress-Up Clothes*

Laundry weekly. If there is an outbreak, launder and put away until the outbreak is over.

- *Playground and Indoor Gross Motor toys*

Wash a minimum of 3 times per year.

- *Sandbox*

Cover outdoor sandboxes after leaving the playground, both must be covered at the end of the day.

- *Sand/Water/Sensory Tables*

Drain after each sensory experience, must be cleaned and disinfected daily and ready for the next day.

Replace some or all of the sand if visibly soiled or contaminated.

Children MUST wash their hands before playing in the sensory table.

Sanitize all used sensory toys daily.

A child with a cold or cough, a stomach bug or intestinal upset, or a skin infection is not allowed to play with other children at the water table or other wet sensory activities. If there is an outbreak of diarrhea, stop using the water table until the outbreak clears.

- If a child vomits into the water table:

- ❖ Instruct the children to wash their hands.
- ❖ Discard the sensory material (toilet or garbage).
- ❖ Rinse and sanitize the water table, water toys and the scoop.

The following sensory play materials are not to be used:

- ***Sand, gravel obtained from outdoor locations.***
- ***Meat trays, or soiled egg cartons and toilet paper rolls.***
- ***Manure or other products containing possible fecal matter or chemicals.***

- *Playdough*

Homemade playdough must be disposed of after each use.

Toys used with playdough must be cleaned and disinfected daily.

Store bought playdough shall be discarded as per manufacturers' recommendations.

- *Carpets*

Carpets are sent for a deep cleaning once per year and steam cleaned at least 4 times per year, or as frequently as needed.

- *Toy Storage Bins-Containers/Toy Shelves*

Must be emptied, cleaned and disinfected weekly or as necessary.

Bins and shelves should be monitored for pest activity.

- *Shared Electronics/Tablets and Computer, Phones, Walkie-Talkies*

Shall be cleaned and disinfected between users.

- *Hallway Storage/Classroom Storage Cupboards*

Must be kept clean and organized by staff as per housekeeping schedule or as needed.

Shall be monitored for pest activity.

Recommended TPH Disinfecting:

Frequency	Method	
Toys		
Mouthed toys	After each use	Clean & disinfect
Infants (< 18 months)	Daily	Clean & disinfect
Shared plastic toddler toys	Daily	Clean & disinfect
Toddlers (18 months to 30 months)	Weekly	Clean & disinfect
Pre-school (30 months to 5 years of age)	Weekly	Clean & disinfect
Kindergarten & school age	Monthly	Clean & disinfect
Plush toys and dress-up clothes	Weekly	Launder
Sensory Materials		
Water sensory play bins	After each session	Drain, clean & disinfect
Used homemade playdough/slime	After each use	Discard
Sand play bins and toys	Weekly	Discard sand, clean & disinfect play bin and toys
Activity table	After each use	Clean & disinfect
Water play toys	After each session	Clean & disinfect
Play Areas & Surfaces		
Carpets – infant rooms	Every three months	Shampoo or steam clean
Carpets – all other rooms	Every six months	Shampoo or steam clean
Floors (including carpets)	Daily	Vacuum and/or wet mop

Infant Room - Shoes

1. Before entering the infant room, all staff, students, parents and visitors are required to remove their shoes and cover their feet with booties that are provided by the centre.
2. If staff have shoes designated for use in the infant room, they must be removed each time the staff leaves the infant room.

Laundry Requirements

- Hand hygiene and routine practices shall be strictly adhered to when performing laundering duties.
- Children's soiled clothing shall be sent home for cleaning (do not rinse; roll and place items in a plastic bag). The plastic bag should be sealed (tied) and labelled with the child's name and noted with **soiled clothing**. The parent or family member should be alerted to ensure the bag is taken home.

8. Pest Control

UYVDC has a contract with a Pest Control Operator.

- Interior and exterior of the centre/structure of the building must be inspected on a monthly basis.
- Staff shall notify the ED if any pest activity is observed in the premises.
- Staff of UYVDC must ensure that clutter and accumulation is reduced inside and outside the facility to eliminate harbourage sites for rodents/vermin.
- Staff must ensure that food and sensory play material (e.g. dried pasta) are in labelled plastic containers with tight fitting lids only. All food/sensory material must not be stored in plastic bags.
- ED (in her absence Assistant Director) must notify the pest control operator if they notice any pests activity at UYVDC (mice droppings, ants etc.).
- Ensure food and sensory play materials are in labelled plastic containers with tight fitting lids.

Procedures:

The housekeeping checklists and monitoring program supports prevention of infestation.

Checklists and monitoring required by staff include:

- Cleaning all rooms (especially food preparation areas), closets, cupboards and storage as required or as needed.
- Addressing problems to structural issues inside the facility with the ED.
- Ensuring clutter and accumulation is reduced inside and outside the facility to eliminate places where rodents/vermin can live.
- Ensuring food and sensory play materials are stored in labeled plastic containers with tight fitting lids.
- Monitoring for pest activity such as live or dead rodents/vermin and/or their feces.

It is not the responsibility of staff or volunteers to handle extermination or disposal of rodents/vermin, cockroaches etc. Staff or volunteers may not at any time use extermination products or an extermination company.

9. Pets and Animals

Expectations

In order to prevent injury or illness to staff and children in UYVDC, the expectations listed below must be followed:

- Staff and children **may** have contact with the following animals: dogs, cats, rabbits, birds, rodents (e.g. mice, hamsters, rats, gerbils, guinea pigs) and fish. These animals must have an appropriate temperament to be around children and show no signs of disease (see procedures).
- Dogs and cats shall be fully immunized against rabies, must be trained and be in good health. Dogs and cats must also be on a flea, tick and intestinal parasite control program. They must be up-to-date with applicable vaccinations and medication. Written proof from a veterinarian is required.

- Pet birds (e.g. budgies, parakeets) are strongly discouraged as per TPH guidelines.

The following animals are **prohibited to be kept as pets and are not recommended to be involved in activities with children such as visits to the child care centre:**

- *Exotic animals (e.g. hedgehogs, monkeys)*
- *Wild/stray animals (e.g. bats, raccoons, stray dogs or cats, squirrels)*
- *Inherently dangerous animals (e.g. lions, cougars, bears)*
- *Venomous or toxin-producing (e.g. spiders and insects)*

The following animals **are prohibited to be kept as pets and are not allowed to visit the child care centre, including indoor/outdoor travelling animal shows for children <5 years of age:**

- *Reptiles (e.g. turtles, snakes and lizards)*
- *Amphibians (e.g. frogs, toads, newts and salamanders)*
- *Live poultry (e.g. chicks, ducklings and goslings)*
- *Ferrets*
- *Farm animals (e.g. calves, goats and sheep)*

Expectations for Pet Handling

The following expectations are necessary to ensure a safe and sanitary environment is provided for children coming into contact with pets and/or animals:

- UYVDC staff must be educated as to which animals are permitted.
- UYVDC staff must teach children on the humane and safe procedures to follow when in close proximity to animals.
- All children and staff who handle animals must practice strict hand hygiene after contact with animals, their feed, and/or their environment.
- UYVDC staff must supervise all contact between animals and children. Children must not feed the animals or have food or drink in proximity of the pets.
- Animals must be housed within some barrier (e.g. cage) that protects the children.
- Dogs or cats shall wear proper collars with a license tag (no choke chains as they can harm little fingers).
- Animals are prohibited from entering a food preparation area.
- A staff member must be assigned to clean the pet habitat and wear personal protective equipment when doing so.
- Pet enclosures/cages and/or habitats must not be cleaned in food preparation sinks or areas.
- Cages must be placed in a well-ventilated area, cleaned regularly using a damp cloth and then disinfected.
- Animal bites shall be immediately reported to TPH.

Procedures

For a variety of reasons, it is generally best to exclude animals from UYVDC. Many children and staff are allergic to animal fur, hair, saliva or dander.

Consideration may be taken with hamsters, gerbils and fish. Staff shall prepare and submit a plan to provide the safe environment for the children and the staff by adopting the TPH Infection Protection and Control procedures, pet handling procedures and learning opportunities. Approval will come from the ED.

Food Safety/Snack and Lunch Procedures

The Danger Zone

- Bacteria will multiply in the danger zone (bacteria grow extremely well at body temperature 37.1°C)
- Keep food hot 60°C or above. Use a probe thermometer to check temperature. Cover food to keep the heat in and to prevent contamination. This will be logged daily, and concerns should be followed up immediately with the ED.
- Keep food cold 4°C. Refrigerators in the Kitchen, Infant room and the Staff room must be equipped with thermometer to ensure proper operation. Food should be placed in refrigerator so that air can circulate around it freely to maintain proper temperature. If there is an issue with air circulation, temperature, or missing thermometer then it must be followed up immediately with the ED.

Preventing Cross Contamination

- All food must be covered when stored in the refrigerator. Food containers must be labeled and dated. Food must be rotated.
- Cutting boards knives and equipment are cleaned and sanitized after they come in contact with food.
- Chemicals, soaps, cleaners must be labeled and kept separately from food.
- Wash hands.

**see TPH Food Handler Guidance Document*

Expressed Breast Milk

Expectations

- Apply Routine Practices when handling EBM.
- Frozen EBM must be thawed in a refrigerator and used within 24 hours. Do not use a microwave to thaw EBM.
- Keep EBM refrigerated at a temperature of 4° Celsius or colder, until used.
- Ensure bottles and containers are properly labeled with date, name of infant/child and name of mother.
- Clean hands before and after handling EBM.
- Wear gloves while handling EBM (e.g. dispensing into a cup or from a container).
- Supervise children drinking EBM from a cup to prevent unintended consumption by other children.
- Discard any left-over EBM not consumed by the child.
- Contact TPH immediately if another child consumes EBM intended for someone else (PIDAC, 2012).

Breastfeeding is encouraged even after a child has been admitted to the centre. Staff are required to support and accommodate mothers who breastfeed their children at the centre.

Bottle Feeding

Babies who are bottle fed - with breast milk or formula – must be held and cuddled by the staff when being fed. Bottle propping is not acceptable.

Serving Food

The following guidelines apply to any UYVDC staff who are involved with the preparation of food for the purpose of serving it to the children who attend the Centre and other UYVDC staff.

All UYVDC staff must use serving utensils to remove food from containers and to distribute it.

1. All foods must be prepared on a designated disinfected surface. No paints, pastes,

- toys, or other public objects will be placed near the food preparation surface.
2. All tables and surfaces will be disinfected prior to and following snack and lunch service.
3. Soiled dishes will be placed in an assigned bin or a tray following lunch and snack service. These bins/trays are designated for dishes only.
4. Use utensils to serve food whenever possible. If not possible, washed hands can be used to touch food.
5. Food must be cut away from the children (separate area of table), knives must be stored out of reach of children (no serving trolleys, no edge of the counter tops), and food must be served to the children by using tongs or other proper utensils.

Food Preparation

1. Never serve undercooked meats, fish or poultry (see guidelines for internal temperatures for cooking meat).
2. Do not serve unpasteurized milk or milk products.
3. Thaw meat, fish and poultry in the refrigerator in a container or on a deep tray, which will not allow dripping onto other refrigerated foods and cause spoilage.
4. Keep all refrigerated foods covered.
5. Rinse raw vegetables and fruit thoroughly prior to serving it.
6. Always cook poultry completely and thoroughly which may necessitate cooking it the day before its designated use. Store cooked poultry in the refrigerator at five (5) degrees Celsius or lower.
7. Food preparation countertops and areas must be kept clean and clear of dirty dishes, bottles or cartons. No one should ever sit on countertops or tables.
8. Prepare salads, sandwiches and other ready-to-eat foods on a clean, sanitized surface. Cutting boards that have been used to prepare raw products such as meat, poultry and fish must never be used to prepare any other foods.
9. Prepare salads, custards and other dishes containing milk or milk products immediately prior to use. Store these products in the refrigerator at five (5) degrees Celsius or lower until served.
10. Maintain the internal temperature of food to be served hot at above sixty (60) degrees Celsius, and served cold at five (5) degrees Celsius or lower until served. Monitor the internal temperatures of foods using a probe thermometer that is sanitized between applications. Temperature must be documented every day on the temperature chart located in the kitchen.
11. Food or drinks cannot be heated in plastic containers. Formula or breast milk must be heated in a glass or microwave safe dish and then transferred to the bottle (if using microwave).
12. UYVDC serves fresh or frozen foods (rather than canned foods) whenever possible.
13. UYVDC avoids cooking at very high temperatures when using non-stick cookware coated with per fluorinated chemicals (PFCs).
14. Use a clean knife to cut raw meats. The knife must be washed and sanitized prior to using it for other purposes.
15. Sanitize all utensils, equipment and food contact surfaces, including cutting boards and knives, following any use.
16. Refrain from handling food if you have an open cut, wound or severe rash or while wearing a bandage on your hands or fingers. Use single use disposable rubber gloves and change them as often as required.
17. Store chemicals away from food products and food contact surfaces.
18. Use food only from approved sources and suppliers who have proven responsible

to the Centre.

19. Disinfecting schedule must be followed and the cook or designated staff must be documented by initializing the chart every day.

9.1 Food Services

1. Ensure that all children and UYVDC staff members wash their hands prior to eating, serving food, taking a break, using the bathroom. If a meal is interrupted, all staff and children must wash their hands again prior to resuming a meal or serving food (e.g. assisting a child in the washroom, or wiping a discharging nose).
2. Assist children with their hand washing. Rewash your hands if necessary.
3. Ensure that no one with signs or symptoms of illness are involved with the preparation and handling of food. If you are ill, report your illness to the ED immediately.
4. Ensure that UYVDC staff who are involved with food preparation wash their hands in the hand wash basin located on the right-hand side of the kitchen prior to food preparation. Use hot water and soap to wash hands. Dry hands using a single use paper towel from the dispenser. This sink is used exclusively for hand washing.
5. Ensure that children do not share their food. NOTE: The intent is to reduce the risk of allergic reactions and the spread of germs.
6. Ensure that the children do not share utensils, cups, towels, bedding and other personal items.
7. Ensure that foods do not directly contact the table surface. Protect foods and surfaces by serving food on a plate or napkin.
8. Use kitchen dishes and utensils for food service only and never for programme activities (e.g. paints and playdough).
9. Clean and sanitize all table tops that are used for meal service prior to and following the meal service.
10. Pick up utensils using their handles only. Handle clean cups, bowls and glasses so that fingers and thumbs do not touch the inside surfaces or the lip.
11. Ensure that hot and cold food does not sit on tables for more than 5 minutes prior to eating.
12. Pre-soak utensils and cutlery in dishwashing liquid in the period between mealtime and loading of the dishwasher

Expectations and Procedures for Snack and Lunch

- Meal and/or snack times are viewed as educational experiences and a time for socialization and conversation.
- Adults sit with children during mealtimes and have the same expectation of the children.
- Children are encouraged to eat, but never forced.
- Children are encouraged to try new foods.
- Children are encouraged to serve themselves.
- When food is passed to children it is on a plate for the child to take from or served with a tong and placed on the child's plate.
- Adults are conscious of personal feelings/thoughts about foods presented/available and provide appropriate role modeling.
- Food is presented on plates and napkins or from serving dishes and bowls to be served on plates or napkins.
- There are extra utensils and dishes available as needed in case they get soiled.
- Food is handled in a sanitary manner.
- **Food must always be wrapped or covered, labeled for children with allergies during transportation or prior to presentation to children.**

- Food and preparation areas including, tables and chairs, refrigerators, food/utensil storage bins/cupboards/shelves, microwave/convection ovens, utensil drawers should be free from hazards to health and safety, kept in good and safe repair, maintained in a hygienic, orderly manner.
- Food should be disposed of in the designated garbage bin with a bag and disposed of accordingly.
- Fruit/raw vegetables and water should always be available (please use discretion during outdoor active play).
- Gloves are not required and should not be used during meals and snack time.

Staff must not:

- **Serve meals and snack from bags or containers they have been transported in.**
- **Place food on plates prior to children sitting down to begin.**
- **Separate the meal (i.e. lunch first/ drink after) but serve together.**
- **Serve food by tossing/dropping on to tables or plates.**
- **Serve food as a reward or punishment.**
- **Serve or handle food with flu like symptoms.**

Food Storage

- All Food must be labelled for intended group or child/type of food/date it was received/if it is a snack or lunch item/ date to be served.
- Food that belongs to staff or volunteer must require the same labelling procedures.
- Food that is not labelled must be disposed for safety of children and staff.
- All dry food will be kept in designated sealed containers and labelled.
- The cook will review labels on all stored food to ensure that it is not kept past due dates.
- All food storage includes: classroom kitchen cupboards, storage cupboards, refrigerator and freezers.

Disinfecting Tables & Food Prep Surfaces

- Wash the table/surface with soapy water & designate cloth.
- Wipe the table/surface with designate cleaner. One table per cloth. Wear gloves.
- Rinse the table/surface with water & designate cloth.
- Dry the table/surface with paper towel if necessary. One table per towel.
- Discard paper towels in garbage.
- Spills are cleaned with a designated cloth or paper towels.

Soiled dishes will be placed in assigned GREY bins after lunch and snacks. **Grey bins are for dishes only.**

Dishwasher

Designated and authorized UYVDC staff will be trained for dishwasher duty. An authorized staff must be trained and approved to operate the dishwasher by the ED.

Volunteers or parents will not be approved to operate the dishwasher.

9.2 Machine Dishwashing Guidelines

1. Follow manufacturer's instructions for use of the automatic dishwasher.
2. Sort, scrape and pre-soak utensils and cutlery.
3. Do not overload the dishwasher (jets will not reach all items properly). Put any utensils or dishes found unclear after a full cycle through another cycle.

4. Allow utensils and dishes to air dry in the dishwasher.
5. Clean movable parts of the dishwasher thoroughly each day, especially the jets and strainers.
6. Check dishwasher temperatures daily to ensure proper functioning of the unit.

- **Hygienic Practices**

Washing

1. Use disposable paper towels for washing tables, counters, etc.
2. Use one face cloth once on each child, and then launder.
3. Have a liquid soap dispenser available at every sink.
4. Before entering the classrooms, specifically the INFANT CLASSROOM, all visitors, parents, other child care staff, students, volunteers and children are required to wash their hands or use the hand sanitizer located outside the room. This promotes good hygiene practice.

Proper Storage Guidelines

1. Cover or adequately protect all food from contamination.
2. Check food storage areas, including the refrigerators and freezers, daily and discard any foods that show signs of spoilage.
3. Check refrigeration and freezer unit temperatures each morning to ensure that they are functioning according to specifications. Report any malfunctions to the ED immediately. Refrigerator units are maintained at five (5) degrees Celsius or lower, and freezer units at minus eighteen (-18) degrees Celsius or lower.
4. Never store cleaning and disinfecting materials and chemicals in food storage areas.
5. For the storage of dishes and utensils:
 - i Store glasses and cups upside down on a clean, dry surface.
 - ii Store cutlery in clean containers with the handles all pointing in one direction and with eating surfaces protected.
 - iii Store dishes 30 centimeters above the floor on clean shelves.
 - iv Protect utensils and dishes from dirt and other contamination.
 - v Store left-over food that has not been served in containers with sealed tops and use them as soon as possible following storage. Any left-over food that has been served must be discarded.
 - vi Always place raw meats, poultry, fish on the lower shelves of the refrigerator while thawing and storing.
 - vii Keep all foods being stored covered completely and properly.

Procedure for taking the temperature of food

The location of the FOOD TEMPERATURE PROBE is posted in the kitchen.

1. Use separate probes for meat and vegetables. Sanitize the probe with alcohol swab (where applicable).
2. Insert the probe in the middle of each container of food that is in the food warmer.
3. Food temperature must be 140°F or 60°C or higher. If temperature is lower, inform the ED.
4. Sanitize probe with alcohol and return to original location.
5. Record the temperature of the food on the *Food Temperature Recording Chart* located in the kitchen.

10. Occupational Health and Safety

Occupational health and safety involves health and safety aspects in the workplace. The Ministry

of Labour (MOL) directly oversees and enforces all matters relating to occupational health and safety. As such, the Ministry of Labour employs two Infection Control Practitioners in order to review requirements and provide consultation on IPAC issues in the workplace. As a result, occasional audits of "Health Care Facilities" are conducted.

Although childcare centres are not defined under the Health Care and Residential Facilities Regulation, the MOL has set precedent by applying this regulation to work settings where IPAC is a key component of that work setting.

Additionally, the Health Protection and Promotion Act (HPPA), as well as sections of the Ontario Public Health Standards require local public health units to investigate and alert the MOL with respect to occupational health hazards (HPPA, R.S.O. 1990, c. H.7, s. 11 [1]). It is the responsibility of local public health units to keep informed of matters relating to occupational health and safety (HPPA, R.S.O. 1990, c. H.7, s. 12 [1]).

In order to comply with occupational health and safety legislation, activities in the child care centre may require the use of personal protective equipment (PPE) (e.g. gloves, masks, eye protection, closed toed shoes).

Examples of activities that require the use of PPE include handling hazardous chemicals such as those used for making your daily disinfection solutions. It is important to note that IPAC measures will also ensure compliance with occupational health and safety legislation (e.g. wearing gloves during diaper change). As well, it is important to ensure chemicals are stored out of reach from children and separate from food.

When using PPE, remember:

- PPE should be appropriate for the type of activity (e.g. rubber gloves for cleaning and disinfection versus medical-type gloves for diaper change).
- Always follow manufacturer's instructions for PPE.
- Ensure appropriate PPE is available for use by staff depending on the activities in the child care centre.

11. Managing Outbreaks

Outbreak Management Plan

- Isolate ill children in the ED office if possible until they can be taken at home.
- Send ill staff at home.
- Notify parents or emergency contact to pick-up ill children as soon as possible.
- Start a line list.
- Follow UYVDC outbreak procedure. Mix disinfectant (bleach) as per the Outbreak mixing directions.
- Start additional measures.
- Increase a frequency of cleaning a disinfecting of common areas, high touch surfaces and toys.
- Adjust concentration of disinfectant that is approved for use against the organism circulating during the outbreak.
- Suspend water and sensory play activities.
- Reinforce with staff, children and visitors the importance of keeping hands clean.
- Contact Toronto Public Health (TPH) to report the outbreak by calling the Communicable Disease Surveillance Unit (CDSU) at: 416-392-7411.

- Obtain permission from parents to submit specimen samples to the Public Health Laboratory.

Contact ill staff and the parents of ill child who are at home during the time before the outbreak was declared, to inform them of the outbreak and to determine if they are ill (e.g. do they have similar signs and symptoms of those currently ill?) if so, add their information to the Line List.

Background

All child care centres are legally responsible for reporting outbreaks to their local public health unit. Once the outbreak has been reported, the child care centre is required to:

- follow all TPH recommendations and expectations
- provide TPH with the necessary information pertaining to children and staff
- facilitate the collection of stool specimens (after obtaining consent from a parent)
- immediately report changes associated with the outbreak and provide updated information about the outbreak on a daily basis using the TPH Outbreak Line List
- communicate necessary information to the families of children attending the centre. TPH will provide the daycare with a letter for parents once an outbreak has been declared.

Expectations

Public Health Response once a suspect outbreak is reported, TPH will assist with the coordination and management of the outbreak. If an outbreak is declared, you will be working closely with two TPH staff to manage your outbreak:

1. A Public Health Inspector from Healthy Environments will assist with the environmental control measures for gastrointestinal illness outbreaks (e.g. review cleaning/disinfection procedures, outbreak consult, on-site inspections).
2. A Communicable Disease Investigator from Control of Infectious Diseases & Infection Control (CID/IC) will assist in case management for gastrointestinal and respiratory illness outbreaks (e.g. review line lists, provide exclusion letters, facilitate stool kit submission to the Ontario Public Health Lab and declare the outbreak over).

UYVDC must start with communicating to all centre staff/volunteers/parents what control measures have been implemented as a result of the Outbreak Management consult. Additionally, UYVDC/ED is responsible for coordinating and ensuring that the agreed upon control measures are enforced.

Ill children and staff are to be excluded from UYVDC

Note: As a minimum children and staff can return to the childcare centre when they have been *symptom-free* of vomiting and/or diarrhea for 48 hours (or until other disease specific criteria has been met such as two negative stools taken 24 hours apart). TPH staff will give updated directions regarding exclusion as required.

Children who become ill while attending UYVDC must be isolated from other children until a parent or guardian can take them home. Ill staff must report all outbreak-related illness to the ED or staff designate. All ill staff must be advised that they are not to work at another childcare centre until they have met the criteria established by TPH.

Additional control measures include, but are not limited to:

- Reviewing and reinforcing hand hygiene practices, while providing all rooms with

adequate supplies.

- Increasing the frequency of cleaning and disinfecting of common areas, high touch surfaces and toys.
- Adjusting the concentration of disinfectant that is approved for use against the organism circulating during the outbreak (most likely norovirus).
- Suspending communal activities such as sensory play or baking activities.
- Reinforcing with staff, children and visitors the importance of keeping hands clean.
- New admissions can continue if the parent/guardian is aware of the outbreak and understands potential risks (as outlined by TPH).
- Visits by outside groups (e.g. entertainers, facility tours, etc.) are not permitted during an outbreak.
- Child care centre operators must limit the movement of staff and children from room to room as much as possible.
- Wearing PPE, child care centre operators and staff must use gloves where indicated (e.g. diapering, cleaning, spills).
- Toilet and diaper routine must be reviewed, including the proper use of gloves.
- Increasing (one or all) frequency, concentration or contact time of disinfectant.
- Ensuring change table is disinfected after each use (with an appropriate disinfectant) and infant/toddler hands are washed. Refer to the TPH Information Sheet "Choosing and Using a Disinfectant" or "Bleach Solutions for Disinfecting" for details regarding the strength of disinfecting solution to be used during outbreaks.

OUTBREAK PROCEDURES

Anytime the number of ill children and/or staff or those absent due to illness exceeds what you would normally expect for a certain time period, age-group, program or classroom.

When suspecting an outbreak:

1. Notify the ED immediately.
2. Isolate ill children until they can be taken home and send ill staff home.
3. Record and monitor on the **Record of Illness** chart.
4. ED plan and forward to staff and parents an outbreak management plan to include:
 - Increased frequency of cleaning and disinfecting of surfaces and toys.
 - Suspension of water and sensory play activities.
 - Verbal and written reminders to children and visitors of keeping hands clean
5. The ED will contact Toronto Public Health.

To report the outbreak by calling the **COMMUNICABLE DISEASES SURVEILLANCE UNIT AT 416-392-7411**

The following information must be provided when calling:

- 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 children and staff **ill** per room
 - Date and time the Outbreak Management Plan
 - Control measures implemented
6. The ED must obtain permission from parents to submit specimen samples to the Public Health Laboratory.
 7. The ED will contact staff and parents of the children that are home ill from before the outbreak was declared, to inform them of the outbreak and to identify if there are

additional cases (are there similar signs and symptoms of those currently ill) to add to the information list.

12. Surveillance and Monitoring

Monitoring Health and Safety:

The ED will provide monthly reports to the Board of Directors to report any concerns regarding health and safety of children and staff check each room's first aid, storage of medication and other health and safety related practices.

Hand washing monitoring:

It is the responsibility of all staff to ensure hand washing is practiced as per TPH guidelines. The ED will monitor and record hand washing monitoring as required or instructed to ensure practices are strictly adhered as per TPH guidelines.

Surveillance Guidelines

Daily reviews of checklists, communication with staff and volunteers is the responsibility of the ED, Assistant Director and senior staff and documented for review.

Daily checklists, health logs, reports are reviewed and initialed by the EE to ensure strict adherence to policies and practices.

For more information regarding this policy please see the Referenced Toronto Public Health Guidance Document located in the same Binder.

Toronto Public Health

For child care inquiries related to COVID-19, as well as general infection prevention & control questions, call 416-338-7600 or email publichealth@toronto.ca. Note: the ChildCareIPAC email address is no longer accessible.

Telephone: 416-338-7600

Email: publichealth@toronto.ca

9.11. EXTREME WEATHER- SMOG AND HEAT POLICY

Policy Statement

This policy provides staff members with a guideline to ensure safe, healthy and meaningful outdoor playtime for children during the summer season. High heat and smog can be dangerous to health and exposure to extreme heat, humidity and smog can be hazardous or even life threatening to children. Sunburns, feeling unwell, headache, nausea, and dizziness are signs and symptoms of overexposure in hot weather conditions. If children exercise outdoors during a heat or smog alert, their body temperature can rise to a dangerous and unhealthy level as the body works extra hard to keep cool.

Section A: Preventive measures and recommended actions

1. Listen to the weather forecast.

The Assistant Director or in her absence one of the Program Supervisors will familiarize himself/herself with current and expected weather conditions at least twice daily (AM and PM) at:

<http://www.theweathernetwork.com> or similar service

2. *Document on the weather chart*

The person responsible for confirming weather conditions in #1 above must document on the chart posted next to the Observation Room door and initial for am and pm, prior to outdoor activities, during the months of April until end of September the following information:

- Temperature
- Humidity
- Conclusion regarding outdoor activity (will occur for the day; be shortened; or cancelled completely).

All Program Staff must check the chart before engaging in outdoor activity.

3. *Plan ahead and modify outdoor time as appropriate*

Activities should be planned and adjusted as appropriate based on the weather conditions documented in #2 above. Any changes to Program Planning must be noted on the Outdoor Program, with an explanation of reasons for the change.

If it feels like 35°C and higher the outdoor time is canceled or if there is a warning issued by Toronto Public Health, the children's outdoor time will be cancelled an indoor play will be required.

At all times common sense and sound judgement should also factor into the decision.

Section B: Temperature / Humidity

A Heat Alert is called when the combination of heat, humidity index and other weather conditions can be dangerous to health. The humidity index is used to describe how hot humid weather feels to the average person. A combination of heat and humidity reflects the perceived temperature. If the Humidity Index reading is in the mid-30s certain types of outdoor exercise should be modified to a lower energy level and reduced to 15 – 20 minutes maximum.

1.5.2 Humidity Index Table

The Humidity Index should be used in determining the appropriateness of outdoor activity as follows:

Humidity Index	Degree of Comfort
20 - 29	No discomfort
30 - 39	Some discomfort
40 - 45	Great discomfort; avoid exertion
46 and over	Dangerous; possible heat stroke

Resource: www.ec.gc.ca

Smog Alert

Smog typically forms between May to the end of September but it is possible to have winter episodes of smog. Afternoons and early evenings are the peak times for smog formation during the day. If there is a Smog Alert outdoor activities should be cancelled.

Sunscreen & other sun protection

Staff should ask parents to apply sunscreen before coming to the daycare. Staff may apply sunscreen 30 minutes prior to the scheduled time for outdoor play only if a parent gives written consent. Sunscreen should be reapplied as necessary and after all water activities.

If a child has an allergy or the parent/guardian chooses a certain type of sun screen that UYVDC does not provide, staff must ask the parents to bring in their own supply in a bottle that is specifically labeled with the child's name.

All children who are participating in the Centre's outdoor activities on the playgrounds, field trips and walks are required to wear sun hats provide by their parents.

Staff must take all reasonable precautions to keep children sheltered from the sun during peak hours.

Children do get sunburns on cloudy days therefore they should wear sunscreen lotion every day from May to September.

Provide children with plenty of water during outdoor play.

9.11. EXTREME COLD WEATHER POLICY

Policy Statement:

This policy provides staff members with a guideline to ensure safe, healthy and meaningful outdoor playtime for children during the winter season. Cold and wind chill can be dangerous or even life threatening to children. If children exercise outdoors during extreme cold their body temperature can get very low and also their exposed skin can burn.

Section A: Preventive measures and recommended actions

1. Listen to the weather forecast

The Assistant Director or in her absence one of the Program Supervisors will familiarize himself/herself with current and expected weather conditions at least twice daily (AM and PM) at:

<http://www.theweathernetwork.com> or similar service

2. Document on the weather chart

The person responsible for confirming weather conditions in #1 above must document on the chart posted next to the Observation Room door and initial for am and pm, prior to outdoor activities, during the months of October to March the following information:

- Temperature
- Wind- chill
- Conclusion regarding outdoor activity (will occur for the day; be shortened; or cancelled completely)

All Program Staff must check the chart before engaging in outdoor activity.

3. Plan ahead and modify outdoor time as appropriate

Activities should be planned and adjusted as appropriate based on the weather conditions documented in #2 above. Any changes to Program Planning must be noted on the Outdoor Program, with an explanation of reasons for the change.

Children will not be taken outdoors in the winter if the temperature is:

Infants: -10°C with wind-chill.

Toddlers & Preschoolers: -14°C with wind-chill.

At all times common sense and sound judgement should also factor into the decision.

Section B: Cold Weather Safety

UYVDC staff address winter weather conditions by modeling appropriate dress for the cold weather and ensuring that the children have appropriate outdoor attire to keep warm. UYVDC staff assesses the playground surface conditions before outdoor playtimes. UYVDC staff adjust outdoor play times to accommodate for icy or unusually cold conditions. All UYVDC programs play outdoor everyday unless the winter conditions are deemed to be unsafe for the children.

Section C: Severe Weather Watch Policy

When “a severe weather watch” has been issued by the weather agencies prior to a storm arriving, parents need to be aware that the daycare may be closed the following day as a result.

The Executive Director has the sole discretion to close the Centre.

The Executive Director will record a voice message on the main line indicating that the centre will be closed as a result of the “severe weather conditions”, advising the parents and guardians to check the messages again the following day to see if the centre will be open and listen to the news.

The Executive Director is responsible for notifying all staff of the closure.

Every attempt will be made to open the Centre at the regularly scheduled opening time of 7:30 a.m.

The centre will remain open until 6:00 p.m. and the centre will not close until the last child has been picked up.

Parents should make an effort in getting to the centre by closing time at 6:00 p.m.

9.12. SAFE DRINKING WATER POLICY

Rationale

Upper Yonge Village Daycare Centre is committed to providing safe drinking water. In accordance with the Safe Drinking Water Act, the plumbing will be flushed in the childcare centre as well as the kitchen on the first day that the centre is open each week before the children enter the program.

Lead Flushing and Testing

According to the “*Safe Drinking Water Act, 2002, O. Reg. 170/03*” operators of a school, private school or day nursery shall ensure that the plumbing is flushed on the first day of each week the facility is open. All records and documents must be available for inspection by any member of the public during normal business hours without charge.

Where applicable, operators must comply with the requirements of the *Safe Drinking Water Act, 2002*, O. Reg. 170/03. These provisions only apply to designated facilities with drinking water systems where the water is not provided through service connections with a municipal residential water system.

Records of weekly flushing, test results and reports must be kept for at least six years.

Safe Drinking Water Act, 2002

- [O. Reg. 243/07 under the *Safe Drinking Water Act, 2002*](#)
- [O. Reg. 170/03 under the *Safe Drinking Water Act, 2002*](#)

Policy

- Plumbing in the childcare centre and the kitchen will be flushed on the first day that the centre is open each week before the children enter the program.
- Every tap on premises is to be flushed.

9.13. LINENS POLICY

Disposable cups, disposable diapers, and disposable towelling are used to maintain hygiene and for infection control. The Centre supplies cot sheets; however, children may bring their own blanket to remain at the Centre. Both blankets and cot sheets are laundered weekly on the premises, or when needed. Please remember to label all your child's clothing and linens.

Your child will require an extra change of clothing, including socks, and underwear to be kept at the Centre. Those children in the process of toilet training will require at least two changes of clothing.

10. ADDITIONAL INFORMATION

10.1. Diapers/Toilet Training

If your child requires diapers and wipes, you are required to provide a supply to the Centre. You are requested to provide 7-10 diapers daily to keep your child's supply current. Please ensure that you label your child's supplies.

10.2. Clothing

You are required to keep an extra change of clothing at the Centre for your child. If you have an infant child, you may leave more than one spare of clothing. All soiled clothing will be sent home at the end of the day.

10.3. Photographing of Children

Staff regularly take and post pictures of the children in the Centre. As part of our curriculum, these pictures display the children's interests, talents, skills, and their learning through activities and play. Pictures vividly portray what is happening in the daycare and are an important part of documenting our programs, and the children's progress, growth, and development. These pictures may be used for educational, and/or child-related purposes, for classroom bulletin boards, photo albums, and for displays regarding programs.

You are requested to sign consent forms at the commencement of your child's attendance at the Centre.

On occasion, families request a copy of their child's photo that they've seen posted. These photos sometimes include other children. We will therefore only provide parents with photos if their child is alone in the picture, or if the parents of all the children in the picture agree to the photo being distributed.

10.4. Specialized Services

UYVDC has the ability to access Specialized Services, e.g. resources to assist with meeting the individual needs of the child if necessary. In the event that UYVDC staff or the parents/guardians of a child in attendance feel that there may be a need for specialized services, the following practices are followed:

- If the initial concern or questions are voiced by the parents/guardians of the child, the staff and/or the Executive Director will meet with the parents/guardians of the child to listen to concerns or questions, and offer literature, or help to develop program goals for the child.
- UYVDC staff and/or the Executive Director may record observations of the child's development to follow up to the concerns and questions.
- Program goals will be reviewed with the parents/guardians within a time frame designed to address the individual circumstance.
- If after discussions and information sharing, the parents/guardians and/or the Executive Director feel that it is beneficial to have a resource consultant become involved, the parents/guardians will be presented with a consent form, to have the Toronto Children's Services approved resource staff become involved. Parents/guardians consent is necessary. This service is provided to UYVDC at no cost.

10.5. Private Childcare Services

- We strongly discourage parents asking staff to work for them in their home environment. Parents/guardians are asked to not contact staff for private childcare arrangements.
- UYVDC staff are not allowed to provide private services for current families.
- Staff is not permitted to sign children out of the Centre.
- Please be advised that UYVDC is not responsible for any staff that is employed by a parent at UYVDC.

If parents/guardians are late for pick-up, please follow the UYVDC Late Fee Policy.

10.6. Birthday/Event Celebration

Children's birthdays are celebrated in a simple, but joyful manner. Loot bags or personal entertainment is not permitted.

11. REVISIONS

1. Date: November 13, 2013- Daniela Durisova, ED
Description: Parent Handbook approved
Board member name: <signed by Board Member>
Board member Signature: <signature on file copy>
2. Date: April 1, 2014- Daniela Durisova, ED
Description: Policy added
 - Anti-Bias Policy 5.1
 - Child Abuse Policy 5.2
 - Fragrance Free Policy 5.11
3. Date: May 1, 2014- Daniela Durisova, ED
Description: Policy added
 - Anaphylaxis Policy 6.8
4. Date: June 1, 2014- Daniela Durisova, ED
Description: Policy added
 - Withdrawal Policy 5.7
5. Date: December 1, 2014- Daniela Durisova, ED
Description: Policy added
 - Code of Conduct Policy 5.12
6. Date: March 27, 2015- Daniela Durisova, ED
Description: Policy added
 - Private Childcare Services 7.7
7. Date: April 22, 2015_- Daniela Durisova, ED
Description: Parent Handbook 2nd revision
Board member name: Elizabeth Royle
Board Member Signature: < on file >
8. Date: October 15, 2015- Daniela Durisova, ED
Description: Policy added
 - Infant Sleep Room Policy 6.18
9. Date: February 27, 2016- Daniela Durisova, ED
Description: Parent Handbook 3rd Revision
Board member names: Christine DeSouza, Julie Guarasci
Board Member Signature: < on file >
10. Date: March 29, 2016- Daniela Durisova, ED
Description: Policy added
 - Behaviour Management Policy 5.4

11. Date: September 22, 2016- Daniela Durisova, ED
Description: New Program Statement added
12. Date: March 12, 2017- Daniela Durisova, ED
Description:
 - Revised Program Statement
 - Revised and added: Policies.
 - Revised: Additional Information
13. **Waiting List, Admission and Withdrawal Policy**
 - Revised Withdrawal Procedure
14. **Waiting List, Admission and Withdrawal Policy**
Anti –Bias Policy
Emergency Evacuation Policy
 - Revised on November 26, 2018
15. **Playground Safety Policy**
 - Revised on March 19, 2019
16. **Civility Policy (NEW)**
 - Added October 10, 2019
17. **Parents Complaints and Issues Policy**
 - November 27, 2019
18. **Administering Over the counter Mediation Policy**
 - February 28, 2022
 - Administering Over the counter Policy
19. **CWELCC and Financial Policy update**
Infection prevention Control Policy
Land Learning Philosophy
 - April 6th, 2023 – by Daniela Durisova
 -
20. **Admission, Waiting List and Withdrawal Policy**
 - November 20, 2023- Daniela Durisova-Young
21. **Safe Arrival, and Dismissal Policy and Procedure**
 - Dec. 27, 2023- by Daniela Durisova-Young
22. **Updated Link to the MOE Child Care Licensing Manual**
 - January 25, 2024- by Daniela Durisova-Young

Approval & Revision History

Version #	Approved By	Approval Date	Change(s) to Document	Board Member Signature
v. 1.0	Board of Directors	March 28,2018	Entire document	Daniela Durisova
v. 1. 1.	N/A	Jan. 10, 2020	Entire Document	Daniela Durisova

12. REFERENCES

1. Accessibility for Ontarians with Disabilities Act (AODA), 2005: <http://www.aoda.ca>
2. Anaphylaxis 101, Anaphylaxis Canada: <http://secure.anaphylaxis.ca/en/educators/anaphylaxis101.html>
3. Assessment for Quality Improvement (AQI): <http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=c9a0391869c63410VgnVCM10000071d60f89RCRD&vgnextchannel=922e8ed34ce9e310VgnVCM10000071d60f89RCRD>
4. Assessment for Quality Improvement (AQI): <http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=c9a0391869c63410VgnVCM10000071d60f89RCRD&vgnextchannel=922e8ed34ce9e310VgnVCM10000071d60f89RCRD>
5. Child-Care Modernization Act, 2014: <https://www.ontario.ca/page/child-care-modernization>
6. How Does Learning Happen: <http://www.edu.gov.on.ca/childcare/HowLearningHappens.pdf> UYVDC Parent Handbook
7. Canadian Dermatology Association recommended sunscreen: <http://www.dermatology.ca/programs-resources/programs/recognized-products/#!/programs-resources/programs/recognized-products/sunscreens/>
8. Catholic Children’s Aid Society of Toronto: <http://ccas.toronto.on.ca/search.php>
9. Child-Care Modernization Act, 2014: <https://www.ontario.ca/page/child-care-modernization>
10. Child and Family Services Act, 1990: <https://www.ontario.ca/laws/statute/90c11>

11. Children's Aid Society of Toronto: <http://www.torontocas.ca>
12. Day Nurseries Act, 1990: <https://www.ontario.ca/laws/regulation/900262>
13. Early Childhood Educators Act: <https://www.ontario.ca/laws/statute/07e07>
14. Eating Well with Canada's Food Guide: <http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php>
15. Health Canada – Canadian Safety Regulations - Infant Sleep: <http://www.hc-sc.gc.ca/cps-spc/pubs/cons/child-enfant/sleep-coucher-eng.php>
16. Health Canada – Pacifiers: <http://www.hc-sc.gc.ca/cps-spc/pubs/cons/child-enfant/sleep-coucher-eng.php>
17. Jewish Family & Child: <http://www.jfandcs.com>
18. Licensed Child Care website: <http://www.edu.gov.on.ca/childcare/research.html>
19. Ministry of Community and Social Services: <http://www.mcss.gov.on.ca/en/mcss/>
20. Ministry of Education: <http://www.edu.gov.on.ca/eng/>
21. Native Child and Family Services of Toronto: <http://www.nativechild.org>
22. Ontario College of Early Childhood Educators: <https://www.college-ece.ca/Pages/default.aspx>
23. Ontario Human Rights Code: <http://www.ohrc.on.ca/en/ontario-human-rights-code>
24. Ontario Human Rights Commission: <http://www.ohrc.on.ca/en>
25. Public Health Agency of Canada: http://www.phac-aspc.gc.ca/index-eng.php?utm_source=VanityURL&utm_medium=URL&utm_campaign=publichealth.gc.ca
26. Smoke-Free Ontario Act: <https://www.ontario.ca/laws/statute/94t10>
27. The Weather Network: <http://www.theweathernetwork.com/ca>
28. Toronto Children's Services: <https://www1.toronto.ca/wps/portal/contentonly?vgnextoid=d80e8ed34ce9e310VgnVCM10000071d60f89RCRD>
29. Toronto Public Health: <http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=a253ba2ae8b1e310VgnVCM1000007>