



Nipissing First Nation

Child Care Centres

Policies and Procedures

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## Nipissing First Nation Child Care Centres

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## TEAM OVERVIEW

The Nipissing First Nation Child Care programs; Couchie Memorial and Nipissing Ojibway, are designed to provide quality accessible programs that support the development of all children and families of our community. All programs are compliant with the Child Care and Early Years Act (CCEYA) and Ministry of Education Early Learning directives and policies.

All Educators work within the College of Early Childhood Educators and compliant with the Code of Ethics and Standards of Practice. Individually, educators review their continued professional development and ensure its completion as necessary for membership with the College. In addition to taking part in regular scheduled professional learning opportunities throughout the year, staff participate in an annual performance review which is aimed to address professional development and assess personal performance within their work role.

Regular staff meetings will take place where educators and the child care supervisor discuss the health, safety, nutrition, well-being, and program goals of the centre to ensure that they are meeting the overall goals for the program. An annual work plan is completed and shared with staff to ensure that all members of the program are aware of the goals and timelines.

Program goals and objectives are common intentions amongst Educators and parents to achieve optimum development of each child's social, cognitive, and physical growth. Our Nipissing culture, language and cultural activities are to be introduced and provide opportunities to learn and appreciate our heritage and culture to educate children to respect oneself and others.

How Does Learning Happen, Ontario's Pedagogy for the Early Years will be the foundation for all programs. Our goals and expectations include the four foundations: Belonging, Well Being, Expression and Engagement, in respect to the children and families.

We embrace the view that children, parents, and educators are competent, capable, and rich in potential. We value positive and responsive relationships with families. By engaging families in a meaningful way, this partnership ensures that we can focus on their child's social, emotional, physical, creative, and cognitive development in a holistic way.

## VISION & CHARTER

### VISION

Our centers will be warm and welcoming for children and parents. We are designed to provide quality accessible programs to include the How Does Learning Happen Pedagogy. Further, Nipissing First Nation Child Care programs will have a specific focus on Nipissing culture, language, and traditions as the foundation. This is most important to ensure that the children grow and thrive with self-awareness and pride of who they are.

Children will have a variety of opportunities for interactive play and expressive learning. Diversity will be celebrated, and all children and families will belong. Healthy relationships among children, parents, and staff will be developed and valued. Parents will be trusted partners in their child's care and education. There will be effective and timely communication with children, families, and the community.

### TEAM CHARTER

1. We will support team work and will treat each other with respect and trust. We will function as professionals.
2. We will be open-minded and maintain a cheerful outlook. We will approach our work with energy.
3. We will be compassionate and will promote companionship in our team.
4. We will each contribute to the team, the program and to planning.
5. We will be dependable.
6. We will maintain effective communication with each other and with parents.

## PROGRAM & PEDAGOGY STATEMENT

Nipissing First Nation Child Care programs will provide quality accessible programs that support the health and well-being of children and families of our community. How Does Learning Happen, Ontario's Pedagogy for the Early Years will be the foundation for all programs and the four foundations: Belonging, Well Being, Expression and Engagement will be the basis for goals for the children and families and expectations for the program.

### BUILDING RELATIONSHIPS

We understand the importance of building relationships with children, families, educators, environment, and the community. We believe that these relationships will promote and nurture

learning and development for everyone. *"We all know that the stronger our partnerships and the deeper and more valuable our connections, the greater the benefit."* (HDLH)

## PROGRAM EXPECTATIONS

The Foundations present themselves in "Goals for Children" and "Expectations for Programs." and it is within each of these that we acknowledge what children, parents and our teams deserve.

with regard to learning, growing, and caring for young children and us.

## ENVIRONMENTS

The importance of environment is integral, and the environment is recognized as a teacher, therefore all environments will:

- Ensure each child is regarded and treated as a unique individual who is competent, curious, and capable of complex thinking and rich in potential.
- Be welcoming and provide rich experiences, invitations for exploration, inquiry, and play.
- Encourage and provide opportunities for outdoor experiences inside and inside experiences outdoors.
- Have active, quiet, rest, outdoor times.
- Provide positive and responsive interactions among children, parents and ECE's. This will be enabled by assisting children with the development of self-regulation and the staff using active listening, self-reflection, meeting the College of ECE Standards and Code of Ethics and working together as a team.
- Ensure that health and safety of children is paramount.
- Provide adequate amount and variety of nutrition based on the Canada Food Guide for First Nations, Inuit, and Metis

## HOW DOES LEARNING HAPPEN? THE FOUR FOUNDATIONS

“How Does Learning Happen?” is structured based on four fundamental conditions crucial for the optimal growth and development of children: Belonging, Well-Being, Engagement, and Expression. These pillars represent a vision for the future potential of all children and outline the daily experiences they should encounter. These foundations reflect conditions that children instinctively pursue for their own benefit.

Foundations	Goals for Children	Expectations for Programs
Belonging	Every child has a sense of belonging when he or she is connected to others and contributes to their world.	Early childhood programs cultivate authentic, caring relationships and connections to create a sense of belonging among and between children, adults, and the world around them.
Well-Being	Every child is developing a sense of self, health, and well-being.	Early childhood programs nurture children’s healthy development and support their growing sense of self.
Engagement	Every child is an active and engaged learner who explores the world with body, mind, and senses.	Early childhood programs provide environments and experiences to engage children in active, creative, and meaningful exploration, play, and inquiry.
Expression	Every child is a capable communicator who expresses himself or herself in many ways.	Early childhood programs foster communication and expression in all forms.

## VALUING RELATIONSHIPS

As we have noted in our Program Statement, we value the four foundations of *How Does Learning Happen?* In our relationships with each other we strive to consider the Foundations of:

- Belonging
- Well-Being
- Engagement
- Expression



The Foundations present themselves in “Goals for Children” and “Expectations for Programs” and it is within each of these that we acknowledge what children deserve with regards to learning, growing, caring for them.

We see children as competent, capable of complex thinking, curious, and rich in potential. We value and build on their strengths and abilities.

We recognize families as experts who know their children better than anyone else and have essential information to share. We value and engage them in a meaningful way.

We see Educators as knowledgeable, reflective, resourceful, and rich in experience, we value the experiences and environments they create for children.

The research from diverse fields of study shows that children who attend programs where they experience warm, supportive relationships are happier, less anxious, and more motivated to learn than those who do not.

Experiencing positive relationships in early childhood also has significant long-term impacts on physical and mental health, and success in school and beyond.

Educators can know more about the complexity of each child and can deepen children’s learning and experiences when they look at and listen to children from multiple perspectives, asking, for example:

- What are the unique strengths and needs, approaches, attitudes, and dispositions of each child?
- How do a child’s relationships, families, home environments, and the cultural context in which the child lives influence his or her development and learning?
- What motivates a child’s actions; what is meaningful to him or her; what brings a child joy?

## GUIDANCE

HDLH provides information on ways adults can engage in positive, responsive interactions and why this is critical for children’s overall learning, development, health, and well-being.

- What can be done to extend and deepen children’s learning?
- What do I know about each child’s unique spirit and character?

Children thrive in indoor and outdoor spaces that invite them to investigate, imagine, think, create, solve problems, and make meaning from their experiences – especially when the spaces contain interesting and complex open-ended materials that children can use in many ways.

In addition, when the schedule allows for extended periods of uninterrupted play, with few transitions, children are calmer and more engaged. When the environment supports children's growing autonomy and independence, challenging behaviours are reduced and educators can focus more fully on observing, interacting, and extending children's learning and development in meaningful ways. (Dr Stuart Shanker)

Rather than reprimanding children for undesirable behaviours, assist them in finding new ways to achieve their goals (e.g., look for the root cause of behaviour; reduce stressors; support children's efforts to initiate and join in play with others; notice, acknowledge, and document positive interactions and attempts at self-regulation and share the information with children and families to gain new insights).

Educators can play a key role in supporting self-regulation by providing environments that reduce stressors while recognizing and supporting children's efforts and increasing ability to self-regulate. Educators can also support children's developing ability to self-regulate by being responsive and attuned to children's individual cues, arousal states, and responses to various stressors.

And they can help children learn strategies for becoming or staying calm and focused by enabling them to recognize and modulate their emotional states and impulses and become more aware of the effects of their actions on others. (HDLH)

## ADMINISTRATIVE POLICIES

### STAFF QUALIFICATIONS

#### SUPERVISOR

The Child Care Supervisor is tasked with managing and sustaining the daily operations of the child care Centre. This includes overseeing the staff, ensuring the provision of child care programs, and delivering services to the enrolled children.

In addition to the day-to-day operations, the Supervisor holds responsibilities for the program planning and establishment and maintenance of a secure working environment within the Centre. The role extends to effective leadership, communication, and mentoring of the staff. It also involves active engagement with families and children, fostering connections with the community, collaborating with students or volunteers.

## NIPISSING FIRST NATION CHILD CARE CENTRES

The Supervisor is not only involved in the operational aspects but is also required to manage various administrative responsibilities. This includes tasks such as scheduling, financial reports, and addressing any organizational needs that may arise. Importantly, the Child Care Supervisor reports to the Manager of Early Childhood Education Services, providing a line of communication and accountability within the organizational structure.

### REGISTERED EARLY CHILDHOOD EDUCATOR

The educator is responsible for working closely with children and colleagues to ensure that the programs provided enhance cognitive, physical, social, and emotional development. This is achieved through planning age-appropriate curriculum and demonstrating knowledge of the emergent curriculum, as outline in documents such as “How Does Learning Happen?” and “Early Learning for Every Child Today (ELECT).”

The educator is tasked with supervising both outdoor and indoor environments, ensuring they are conducive to the well-rounded development of children. The educator reports to the Supervisor.

Additionally, the role involves collaborative teamwork in caring for the children and contributing to the overall operation of the program. This includes maintaining regular and open communication with peers and co-workers.

### COOK/CLEANER

The cook/cleaner, under the guidance of the Supervisor, is entrusted with the comprehensive upkeep of a clean and hygienic child care facility, performing regular cleaning tasks, overseeing the maintenance of specialized kitchen facilities, and skillfully preparing nutritious lunches and snacks for the children. This multifaceted role requires strict adherence to health and safety regulations and seamless collaboration with other staff members to ensure the overall well-being of the children in the Centre.

### ADDITIONAL QUALIFICATIONS

The following are qualified employees for any licensed age group:

- a) Generally supervised by the Child Care Supervisor

- b) Must have Early Childhood Education diploma or equivalent.
- c) Each employee who is a member in good standing of the College of Early Childhood Educators.
- d) An employee who is otherwise approved by a director.

#### HEALTH ASSESSMENT & IMMUNIZATION

The child care Centre must ensure that prior to commencing employment, all individuals hired by the Centre, as well as volunteers or students on educational placements with the licensee, undergo a health assessment and receive immunizations as per the guidelines provided by the local medical officer of health.

If an individual opposes immunizations due to sincere religious or conscientious beliefs, or if a legally qualified medical practitioner provides the licensee with medical reasons justifying the exemption from immunization for that person.

#### TRAINING & DEVELOPMENT

Please see professional development.

#### STANDARD FIRST AID

Ensuring the health and safety of children is our highest concern. The new regulations related to first aid training under the CCEYA state that Child Care will ensure that every employee working has a valid certification in standard first aid, including infant and child CPR, issued by a training agency recognized by the Workplace Safety and Insurance Board, or otherwise approved by a director (subsection 58(2)).

The legislated requirements apply to all employees including non-program staff who are regularly on site at the centre.

A first aid kit and manual will be available and accessible to all playrooms. The kit will be inspected every 6 months to ensure it is still updated.

All new employees upon hire must be certified in Standard First Aid and CPR including Infant and Child CPR before employment as set out in the CCEYA regulation, 137/15.58. They are responsible for the costs/fees associated with the First Aid and CPR Training.

- a) All employees must remain certified ongoing.

- b) After one year of employment, Nipissing First Nation will cover costs/fees associated with First Aid and CPR training as needed, as set out in the CCEYA, 2014
- c) Per regulation 137//15.34 First aid kits and manuals will be available in each playroom and the main office of the centre.

#### VULNERABLE PERSON SCREEN & CRIMINAL REFERENCE CHECK

1. Every child care centre shall obtain a vulnerable sector check from:
  - a) Every employee before the person begins their employment; and
  - b) Every volunteer or student who is on an educational placement with the licensee before the person begins interacting with children at the child care centre.
2. A new vulnerable sector checks, on or before every fifth anniversary after the date of the most recent vulnerable sector check will be required by every employee and volunteer.
3. Every employee will provide an offence declaration, in every calendar year except a year in which a vulnerable sector check is obtained.
4. Each offence declaration shall be current to within 15 days of the anniversary date of the previous offense declaration or vulnerable sector check and shall address the period since the most recent offence declaration or vulnerable sector check.

#### VULNERABLE SECTOR CHECK PROCEDURES

Employees shall submit all vulnerable sector checks and offence declarations to the Management. The director will track the dates due and advise the employee one month in advance. Copies of the check will be kept in a locked file in the Supervisor's office and shared ONLY with the Ministry of Education Licencing agent.

It should be noted that providing this check is a condition of employment. Per *CCEYA regulation 137/15.59* ONLY those checks completed by a police force that are less than six months old are acceptable.

#### *CRIMINAL CONVICTIONS WHICH PRECLUDE EMPLOYMENT ARE:*

1. Crimes of violence /child abuse crimes.
2. Sexually related crimes.
3. Offences under the Narcotics Control of the Food and Drug Act, and alcohol related offenses.
4. Property offences such as breaking and entering.

5. Any other charge that in the opinion of the Manager and Director could put children and families and the program at risk.

*CRIMINAL REFERENCE CHECK APPEAL PROCESS:*

An appeal can be made to the Manager and Director. The following will be considered:

1. Nature and number of offences.
2. Length of time since the conviction.
3. Rehabilitation efforts made by the individual.
4. Duties and responsibilities of the position and significance of the risk to the Centre, children, and families.

An employee who has not received a vulnerable sector check may be considered if the length of time to get the screen is significant. In this case the employee will NOT be left alone with children until the screen is received.

Students and volunteers who turn 18 will be required to apply for the vulnerable sector check.

**PROFESSIONAL DEVELOPMENT**

Professional learning plans will be a vital part of our practices that will provide educators and other support staff, parents and/or volunteers knowledge of child development practices and cultural curriculum development. **It is also expected that all staff will meet the legal requirements of the College of Early Childhood Educators by participating in the Continuous Professional Learning Program.**

A professional learning plan is provided and designed for educators, parents, volunteers, elders, and traditional teachers. The plan provides individuals working with the children the necessary skills and knowledge to meet the demands of early childhood education, in child care settings. The College of ECE code of ethics and Standards of Practice states: "Early Childhood Educators value lifelong learning and commit themselves to engaging in continuous professional learning to enhance their practice."

The administrators and educators will foster and support quality educational and cultural learning in the classrooms through a combination of workshops, classroom instruction, and teacher-training.

The administration will be responsible for the in-service training of education staff, volunteers, parents and/or caregivers. In-service training will be sourced and/or provided and designed to enhance and address issues that arise in the program's day-to-day operation. All staff will have to attend regularly scheduled staff meetings.

The administration provides cultural training for early learning staff, volunteers, parent and/or caregivers. The cultural training can be conducted through independent study, workshops, seminars, and classroom instruction. Cultural training will come from local and outside Elders and Traditional teachers primarily in Ontario. The cultural training plan is inclusive with other training plans of the organization and whenever possible will occur in the program.

Annualized professional learning plans will be developed in accordance with our traditional practices and beliefs for all adults who work with the children, in areas of child development, Aboriginal cultural, in-service training, etc. All staff training to be added in the Professional Learning Log kept at each Child Care Site. It is the responsibility of staff to maintain.

#### COLLEGE OF EARLY CHILDHOOD EDUCATORS

All Policies will be based on and/or support the *College of ECE Code of Ethics and Standards of Practice*. We will strive to hire Registered Early Childhood Educators. We will hold all Educators to these standards.

The College is mandated by legislation to "establish and enforce professional standards and ethical norms applicable to its members, reflecting a commitment to diversity and an awareness of the multicultural context of the province" (ECE Act, 2007). The Code of Ethics and Standards of Practice convey to Registered Early Childhood Educators (RECEs) and the public the profession's scope and characteristics. The Code of Ethics outlines the ethical principles guiding RECEs' professional conduct, while the Standards of Practice articulate expectations in six key areas of knowledge, skills, and actions. These four ethics and six professional standards are interconnected, collectively assisting RECEs in exercising professional judgment and making ethical decisions in their daily activities.

All RECEs are obligated by law to adhere to By-law 39: Code of Ethics and Standards of Practice. In instances where a conflict arises between the Code of Ethics and Standards of Practice and an RECE's workplace or employer policies, the RECE must prioritize compliance

with the Code of Ethics and Standards of Practice. Additionally, RECEs are legally required to follow regulations under the ECE Act, including the Professional Misconduct Regulation and the Continuous Professional Learning Regulation.

The Code of Ethics and Standards of Practice, in conjunction with the Professional Misconduct Regulation, establish the framework for holding RECEs accountable for their practice and to the public. These documents may be utilized to assess and address issues related to professional conduct. Failure to uphold the standards of practice is explicitly defined as an act of professional misconduct under the Professional Misconduct Regulation. RECEs are also obligated to follow any other relevant legislation and regulations in their professional practice. The Continuous Professional Learning Regulation mandates RECEs to engage in ongoing learning to continually enhance their comprehension and application of the Code of Ethics and Standards of Practice.

## CODE OF ETHICS

Registered Early Childhood Educators (RECEs) are devoted to the Code of Ethics, reflecting the profession's core values of care, respect, trust, and integrity. This code guides their practice in the following key areas:

- **Responsibilities to Children** – RECEs prioritize the well-being and learning of children, creating inclusive environments, and embracing child-centered pedagogy. They respect children's language, culture, and uniqueness.
- **Responsibilities to Families** – RECEs build collaborative relationships with families based on trust and openness. They support families, recognizing and respecting their diversity.
- **Responsibilities to Colleagues and the Profession** – RECEs foster positive relationships, provide support and mentorship, and actively participate in Continuous Professional Learning, contributing to the advancement of the profession.
- **Responsibilities to the Community and the Public** – RECEs deliver high-quality early years programs, collaborate with community partners, and advocate for the well-being of children and families, emphasizing the importance of early childhood education.

## STANDARDS OF PRACTICE

The Standards of Practice outline the expectations regarding knowledge, skills, and actions in six key areas. The standards are:



NIPISSING FIRST NATION CHILD CARE CENTRES

- I) Caring and Responsive Relationships
- II) Curriculum and Pedagogy
- III) Safety, Health, and Well-Being in the Learning Environment
- IV) Professionalism and Leadership
- V) Professional Boundaries, Dual Relationships and Conflicts of Interest
- VI) Confidentiality, Release of Information and Duty to Report

Each of the six Standards of Practice has three elements:

- **Principle** – serves as an important summary of each standard and offers key highlights of the knowledge and practice sections from each standard.
- **Knowledge** – finds the knowledge related to each standard that RECEs must have to practice in the profession.
- **Practice** – the skills, actions and behaviors related to each standard that RECEs must demonstrate to practice the profession.

STAFF RECORDS

Individual file folder for each staff member contains at a minimum the following documentation:

	Confidentiality Form
	Membership to College of ECE – Current and in good standing
	If not CECE member otherwise approved letter from Ministry of Education
	Date of Hire (of each staff)
	Confirmation of Health Assessment and Immunization and Date <ul style="list-style-type: none"> <li>- Prior to employment and thereafter as needed in the program's policy or by MOH</li> </ul>
	First Aid and CPR for Infants and Children Certificate
	Professional Learning Log
	Original or True Copy of Vulnerable Sector Check and/or Offence Declaration Prior to employment (includes log for offence declaration)
	Performance Appraisals, Monitoring of Prohibited Practices
	Staff Policy Sign Off - Dated and signed record of review of all policies and procedures (before beginning employment) – includes Individual Plans (Includes all policies and procedures at time of employment when changes occur and annually)

## NIPISSING FIRST NATION STAFF POLICIES & PROCEDURES

- NFN Employee Code of Ethics
- NFN Whistle Blower
- NFN Code of Conduct
- Smoke Free Policy
- Cell Phone Policy
- Confidentiality of Information

## CHILD CARE PROGRAM INFORMATION

Nipissing First Nation Child Care programs will provide quality accessible programs that support the health and well-being of children and families of our community. How Does Learning Happen, Ontario's Pedagogy for the Early Years will be the foundation for all programs and the four foundations: Belonging, Well Being, Expression and Engagement will be the basis of goals in respect to the children and families and expectations for the program. The Nipissing First Nation child care programs will have a specific focus on Nbisiiing culture, language, and traditions. This is most important to ensure that the children grow and thrive with self-awareness and pride of who they are.

We embrace the view that children, parents, and educators are competent, capable, curious, and rich in potential. We value positive and responsive relationships with families. By engaging families in a meaningful way, this partnership ensures that we can focus on their child's social, emotional, physical, creative, and cognitive development in a holistic way.

Our educators are warm, caring, qualified professionals who are chosen through a selection process designed to determine their ability to meet the needs of children. Regular staff meetings take place where educators and the child care supervisor discuss the health, safety, nutrition, well-being, and program objectives of the Centre to ensure that they are meeting the overall goals for the program. An annual work plan is completed and shared with staff to ensure that all members of the program are aware of the objectives and timelines.

Educators participate in regular scheduled professional learning opportunities throughout the year. Individually, educators review, their continued professional development and ensure its completion as necessary for their membership within the College of Early Childhood Educators.

Further, staff participate in an annual performance appraisal which is aimed at addressing professional development and assessing personal performance within their work role.

## ENROLLMENT

The Nipissing First Nation Child Care programs; Couchie Memorial and Nipissing Ojibway, are designed to maximize the development of all children, regardless of their ability and to address community needs for child care services. All programs are compliant with Child Care and Early Years Act (CCEYA), Ministry of Education Early Learning directives and all staff operate within the College of Early Childhood Educators Code of Ethics and Standards of Practice.

Program Goals and Objectives are common intentions amongst Educators and parents to achieve optimum development of each child's social, cognitive, and physical growth. Our Native language and cultural activities are introduced and provide opportunities to gain experience and appreciate our heritage and culture by educating children to respect oneself and others.

Each Centre is licensed for a capacity of 26 and /or 24 part-time and full-time children ages 18 months to 5 years old. A child who turns 6 years of age during the school year will be discharged on the date of birth. The Daycare Centre will provide parents/guardians with two weeks' notice upon termination of enrollment of the child.

Our Toddler program offers care for children ranging in age from 18 months to two ½ years. The needs of each child are met through the development of strong, nurturing relationships. The program offers daily activities aimed at teaching the children self-help skills such as dressing, eating and proper hygiene.

Our Preschool Program offers care for children ranging in age from two ½ - 5 years. The preschool program is child focused. Within a warm, nurturing environment, children participate in positive experiences which are based on their current interest, real life experiences, families, and culture. Our programs focus on providing the children opportunities for decision making and growth towards independence and responsibility.

To accommodate each child's needs, classroom environments provide a variety of stimulating and rich learning centres, which include writing, creative arts, sensory play, discovery, dramatic

play, reading, blocks, woodworking, and construction. Ample time is provided in the learning centres to ensure children have enough time to develop their ideas and work on their skills.

## REGISTRATION

Children can only be enrolled at one Nipissing First Nation Daycare Centre at any given time.

The Nipissing Ojibway and Couchie Memorial Daycare Centres will use a priority list to provide a system that is most suitable to the needs of the community. The following criteria is used when selecting names from the list of those waiting for spaces:

Preschool Program – children 2 ½ - 5 years of age.

Toddler Program – children 18 months to 2 ½ years of age.

### Priority

First - NFN working parents (both)

Second - NFN Parents – non-working (Resource space)

Third - Members from other First Nations (subject to availability) / NFN Staff Members

Forth – All other applicants non – First Nations

Licensing accommodates children 18 months to 5 years of age. A child who turns 6 years of age during the school year will be discharged on the date of birth. The Daycare centre will provide parents/guardians with two weeks' notice upon termination of enrollment of the child.

Children of non-working parents who wish to enroll their child(ren) for resource purposes may do so; however, the child may be discharged if space is needed for children of working parents. The program for children enrolled for resource purposes will be from 8:30a.m. – 3:30p.m. And the days enrolled will be up to the discretion of the supervisor.

## ORIENTATION

We ask that families visit the centre prior to enrollment to meet with the child care supervisor and staff, review the registration form and all required information. Families will be given an appointment time for their child to accompany them in order to familiarize them with the child care staff and the surroundings. The full registration package must be completed prior to their

child taking part in the program. Payment arrangements must accompany the registration package to process their child's enrollment.

## REGISTRATION FORMS

Parent/Guardian #1 on the registration form will be the designated parent/guardian who will receive all written correspondence.

A confidential file will be held in the Office for each child enrolled. The file will include:

- 1) Identification and Emergency Information
- 2) Record of Immunizations
- 3) Child's personal, developmental and health history
- 4) Permission Form
- 5) Financial agreement
- 6) Notification Form for changes in child's records
- 7) Parent Interview with supervisor
- 8) Record of status
- 9) Employment / school information on file

## CHANGES IN INFORMATION

Any changes in registration information must be relayed to the Child Care Supervisor at once. In case of an emergency, each child's safety could depend on the accuracy of this information (i.e. address, phone number, work information, emergency contacts). When changes occur, parents will be requested to sign and date the updated registration form as verification of accuracy. Registration forms are also sent out annually to ensure that information is updated regularly.

## COMPLETION OF PROGRAM BY 6 YEARS OF AGE

Licensing accommodates children 18 months to 5 years of age. A child who turns 6 years of age during the school year will be discharged on the date of birth. The Child Care Supervisor will provide the Parents/Guardian with two weeks notice upon termination of the child care space.

## PROGRAM WITHDRAWAL

We require that you notify the Child Care Supervisor in writing, two weeks prior to withdrawing your child from the program. A refund will be issued for any resulting overpayment, provided the required two weeks' notice is given. In lieu of notice, two weeks' fees will be required. A space

cannot be guaranteed if you wish to temporarily withdraw your child. In the event of a temporary withdrawal, your child's name will be placed on the waiting list. For parents enrolled for Pre-Authorized Debit, notice of your child's withdrawal must be received by the 15th of the month to ensure cancellation of your next scheduled automatic withdrawal.

## WAITLIST

The Nipissing First Nation Child Care Centres will strive to accommodate all requests for registration of a child at our centres.

When maximum capacity of a program has been reached and spaces are unavailable for new children to be enrolled, the waitlist procedures set out below will be followed.

No fee will be charged to parents for placing a child on the waiting list.

## PROCEDURES

1. The Supervisor will receive parental requests to place children on a waiting list via email, telephone, in person.
2. The following information for a child to be added to the child care waitlists are as follows:
  - Parents first & last name
  - Best contact information: telephone and/or email addresses
  - Child's name
  - Status / non-status
  - Type of space needed, Toddler or Preschool
  - Date of Birth – unborn children may be added to the waitlist with expected month and year of birth.
  - Date added to the waitlist.
3. The Supervisor will place the child on the waiting list in chronological order, based on date and time the request was received.
4. Once child is placed on the waiting list, the Supervisor or designate will inform parents of their child's position on the list.

## DETERMINING PLACEMENT PRIORITY WHEN SPACE IS AVAILABLE

When a space becomes available, the family at the top of the waitlist, and in accordance with the band policies:

## NIPISSING FIRST NATION CHILD CARE CENTRES

1.	Working Parents who are Nipissing Band Members
2.	Non-working parents who are Nipissing Band Members (Resource Space)
3.	Members from other First Nations (Subject to availability) / NFN Staff Members
4.	All other applicants

Also, a child of the required age will be contacted and invited to accept a child care spot. If the family accepts the child care spot, we move to the next step. If the family, for any reason, declines the spot then we will offer the spot to the next family on the list. Any family that declines a spot will remain on the list in the same sequence unless they request to be removed from the waiting list.

We will call the first family and give 48 hrs. to return the call to accept the space, if no call is returned, we will move on to the next person on the list. When a family accepts the offered space, we will arrange a 1-2 hr. hour visit for the child where parents and child attend, the child can play in their future classroom, have a little snack with their new friends and get familiar with their new teachers. This visit takes place shortly before the child's start date to have parents and child meet the teachers, ask questions, receive necessary forms, fill out forms, learn what supplies they need to bring on the first day and to observe the classroom routines. There is no charge for this visit.

Parents are welcome to call the daycare for an update of their child's status on the waiting list at any time.

### HOURS OF OPERATION

Our child care centres operate every weekday from 8:00am – 5:00pm. The program does not operate on statutory holidays and other days listed below: Full-child care is offered on PA Days, during March Break, and throughout the summer.

The centre is closed on the following days:

- Family Day
- Nipissing Day
- Good Friday
- Easter Monday
- Victoria Day
- Canada Day
- Civic Holiday
- Labour Day

- Thanksgiving Day
- Remembrance Day
- 2X Professional Development Days

There is a two-week closure for Christmas Break which will include Christmas Day, Boxing Day, and New Year's Day.

## VACATION TIME

If your child is enrolled in the child care centre program for a consecutive period of 12 months, parents are required to take three weeks' vacation without charge. You are encouraged to take vacation in blocks of not less than (5) days. It is our intent to encourage families to take advantage of some quality vacation time together each year. Please note that unused time may not be carried over to the next calendar year.

## TEMPORARY CLOSURE OF PROGRAM

In case of an emergency that would require evacuation the program will be closed. The decision to close the program for any purpose will be made by the Social Services Manager in concert with the Ministry of Education.

## ATTENDANCE & ROUTINE SCHEDULE

To ensure children derive maximum benefits from the program, it is imperative that they arrive no later than 9:00am. Maintaining consistency in a child's daily routine is of paramount importance. Parents play a crucial role in this process by proactively informing the staff about their attendance.

It is mandatory for parents to communicate in advance with the Centre regarding their child's attendance, scheduled professional development days, doctor/dentist appointments, or instances when a child will not be transitioning from school to the Centre. If a child is absent for five (5) consecutive days without parental notification, the supervisor will be a courtesy call, and failing contact may lead to the child's discharge, accompanied by a two-week daycare fee charge.

Children enrolled in both school and child care can attend professional development days or bus cancellations if they arrive by 9:00am. The child care does not arrange busing, parents



must coordinate with bus lines and inform the child care of schedules. If a child does not disembark as expected, parents must promptly notify the child care.

Children missing their regular school day are not allowed to attend child care. Except for bus cancellations, suspended children, those feeling unwell, or those who missed the bus.

Admission is restricted for children displaying symptoms of listed infectious communicable illnesses. Parents will be notified promptly, and alternative child care arrangements are required, possibly with a doctor's note for the child's return.

## SAFE ARRIVAL & DEPARTURE

The Nipissing Child Care 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.

## WARNINGS

### LATE ARRIVAL

In order for your child to benefit from the program, it is a requirement that arrival time is no later than 9:00 am. Three documented warnings will be given to parents. The fourth warning and any other lateness will result in a refusal of a child's attendance into the centre that day. Exceptions will be made for children that have doctor's/dentist appointments. Note: April 1<sup>st</sup> of each year all late notices will be cleared.

### LATE DEPARTURE

#### **Working Parents**

All children must leave the daycare centre by 5:00p.m. After 5:00p.m. on the daycare centre's clock, a penalty of \$1.00 per minute applies and is charged to the parent/guardian and must be paid prior the child returning to the centre. Repeats of late departures will be reviewed by the supervisor and a discharge of the child will result.

#### **Non-working Parents**

All children must leave the daycare centre by 3:30 pm. After 3:30 pm on the daycare centre's clock, the late fee charge of \$1.00 per minute for the first 15 minutes and \$2.00 per minutes for 16 minutes or more will be applied and must be paid by the Parent/Guardian prior to the child

returning to the centre. Repeats of late departures will be reviewed by the Supervisor and a discharge of the children will result.

In the event of an emergency, the parent/guardian is required to call the centre to inform staff of the possibility of them being late. Calling the centre does not waive the late fee penalty. Parents or Guardians are strongly encouraged to establish back-up arrangements with a friend, relative or other people whom your child feels comfortable with.

## ALTERNATIVE TO PARENT/GUARDIAN PICKUP

Many families have a support system of people who will also pick up their child at the end of the day. Please ensure that the staff are aware when alternate arrangements for pick-up have been made by providing us with the person's name and contact information.

Children will not be released to any person without authorization or confirmation from the parent. The person will be required to provide identification.

If staff are not aware of alternate arrangements staff are required to confirm with the parents by phone and verify identification before releasing the child.

We ask that parents provide contact information in advance for anyone who the child may be released too other than yourself.

## COST & PAYMENTS

Child care fees are processed through pre-authorized transactions at the start of each month for the services provided during that month. An email containing a payment schedule (if an email is provided) will be sent out for review of upcoming payments. The fee is determined by the number of days a child is registered to attend care. Any changes to the child's scheduled days must be submitted in writing and approved by the supervisor to ensure availability.

Although we strive to keep fees affordable, occasional adjustments are necessary due to factors like the annual cost of living and increase operational expenses. This is essential to maintain the high-quality standards of our programs. Consequently, child care fees are subject to change, and families will receive at least one month's written notice.

See Appendix 1.0 for structure of child care fees.

## PAYMENTS

Payment is to be received a month in advance or received on the 1<sup>st</sup> of each month. If payment is not received in advance, then the child will not be allowed in the centre until payment is received. The daycare centre will hold the child's space for two weeks. If payment is not received in two weeks, then the child's space will be terminated, and a new applicant will be enrolled to fill that space.

1. Pre-authorized payments are accepted by the NFN Finance Department.
2. Cheques will be made payable to Nipissing First Nation.
3. Email Money Transfer (EMT) is also accepted to the NFN Finance Department.

Payment is mandatory for all statutory holidays and for each scheduled care days for every child, irrespective of illness or absence (with exceptions detailed in the "vacation section". Failure to adhere to policies, non-payment of fees, or an unsuitable program for the child may result in termination of services.

## PROGRAM POLICIES

### RATIOS

Ensuring the proper maintenance of child to caregiver ratios in child care centres is critical, as it serves a dual purpose of safeguarding the safety and well-being of each child while fostering individualized attention for optimal development in a positive and nurturing environment. These ratios play a vital role in accident prevention, promoting responsive care, and encouraging meaningful interactions thereby contributing significantly to the overall quality of the learning experience. Additionally, they lay the groundwork for lifelong well-adjusted development.

The implementation of age-based ratios in child care centres is a strategic measure aimed at organizing children into groups that share similar developmental stages, interests, skills, and attention spans. This intentional grouping facilitates comprehensive considerations in program planning, allocation of physical space and provision of suitable equipment. By tailoring caregiving to the unique developmental characteristics and needs of each age group, this holistic approach enhances the overall quality of care. It creates an environment conducive to

learning, exploration, play, and the formation of strong emotional connections between children and their educators.

The Nipissing Child Care Centres have the following ratios in place:

Name of Age Category	Age Range of Category
Toddler	18 Months or Older, but younger than 30 months
Preschool	30 Months or older, but younger than 6 years

## PLAYGROUND INSPECTIONS

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

All child care staff, including volunteers and students, must ensure that children are provided with a safe outdoor environment that promotes creative and constructive play. Each child (infants, toddlers, preschoolers) who receives care for six hours or more in a day spends time outdoors for at least two hours each day, weather permitting, unless a physician or parent of the child advises otherwise in writing. All children benefit from time spent outside playing and exploring where they can connect with the natural world and their community.

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

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

## STAFF SUPERVISION PROCEDURES

- Children will be always supervised during outdoor play.

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

Staff are required to ensure that all children are prepared and dressed appropriately for outdoor play:

- Sunscreen must be available seasonally, to protect any exposed skin areas from the sun.
- Children must have appropriate outdoor clothing for weather conditions (i.e.: SUMMER: sunhats, sunscreen, running shoes / closed toe sandals; WINTER: hats, mitts, winter coats, snow pants and winter boots).
- Children must be free of necklaces, bracelets, or other jewelry that may catch on climbing or other apparatuses.
- Hats, hoods, and clothing items must be worn safely (i.e.: straps and cords on clothing must be tucked in or removed to avoid catching or danger of strangulation).

Opportunities for gross motor and highly active play are often easier to offer in outdoor play spaces. Integrating physical activity into the daily routine helps develop a foundation and enjoyment for movement and physical activity that will support health and well-being throughout the child's life. Not all outdoor play needs to be high energy or focused on gross motor skills. Children benefit from a variety of opportunities to engage with the natural world, including exploration, investigation, and observation of the environment.

## RESPONSIBILITIES

Staff, including volunteers and students are required to read and understand their duties regarding this Playground Safety Policy. It is the responsibility of the Supervisor to ensure staff, volunteers and students submit a signed copy of the policy to be kept on file in the Playground

Safety Log. Staff, volunteers and students and volunteers must review the policy prior to commencing employment/placement and annually thereafter. A written record of the review must be signed by the staff, volunteers, students, and the person who made the review. The signed record is to be kept on file for at least three years from the time of entry.

## DEFINITIONS

The outdoor play area is contained within the child care property. The Toddler area is located on the east side and the Preschool area is located on the west side, both located on the North side of the building.

The Toddler area is accessible directly via the east and west sides of the fenced areas, in addition to the south entrance door, which is kept always closed.

The Preschool area is accessible directly via the north, east and west sides of the fenced areas, in addition to the south entrance door, which is kept always closed.

## PLAYGROUND INSPECTION PROCEDURES

To ensure the on-going safety of the children, staff must undertake regular inspections of the outdoor play area. Staff must also undertake regular maintenance of protective surfaces within the fenced play area to provide acceptable shock-absorbing performance through raking, lifting, and redistributing sand. Documentation of the regular inspections is to be maintained within the Playground Safety Log. The Playground Safety Log will include the following elements:

### **1. Playground Equipment Change Reports**

The Playground Equipment Change Reports will contain a record of repairs, removal, and installation of equipment. This is to include the date of the change, a description of the change, and documentation from the company providing the equipment, and certification of conformance to CSA Z614-14 if applicable.

### **2. Daily Visual Inspections**

On each day children are scheduled to use the outdoor playground, the teacher/designate responsible on that day will conduct a visual inspection of the outdoor playground prior to use by the children per the daily inspection checklist. The completed checklist is dated and filed in the Playground Safety Log. Any actions arising from the inspection are to be dealt with according to procedures in Section 5.

### **3. Monthly Inspections**

Once per month, a staff shall inspect the playground in accordance with the comprehensive Monthly Inspection Checklist. A copy of the monthly inspection report will be filed in the Playground Safety Log with clear indication of actions taken and actions outstanding. It is the responsibility of the Supervisor/designate to ensure these inspections are carried out promptly and the reports filed in the Playground Safety Log. Any actions arising from the inspection are to be dealt with according to the procedures in Section 5.

### **4. Annual Comprehensive Inspection and Written Report**

Each year, a Certified Playground Safety Inspector will complete a comprehensive inspection and a written report of fixed playground structure(s). A copy of the report will be provided to the Child Care and included in the Playground Safety Log. Any actions arising from the inspection are to be dealt with according to the procedures in Section 5.

## **BEFORE USING OUTDOOR PLAY SPACE**

Staff must:

- a) walk around the entire outdoor play space or playground to look for and identify hazards and defects as indicated in the daily playground inspection checklist (the form in Appendix A may be used for this purpose).
- b) remove any garbage, hazards or defects using gloves.
- c) complete the playground inspection checklist, sign, and date it; and file the playground inspection checklist in the Playground Inspection File in the Supervisors Office.

Where hazards or defects cannot immediately be removed or repaired, Staff must:

- a) report the hazards or defects to the Supervisor who will log and maintain the information in the repair log and take appropriate action to initiate any repairs.
- b) Section off the area with the hazard/defect if it poses a hazard to children.
- c) In preparation to exit the child care centre to use the outdoor play space or playground, staff must:
- d) ensure all emergency medication accompanies children, where applicable.
- e) ensure all emergency contact information is readily available for children.

- f) ensure the attendance record is readily available.
- g) ensure that the allergy and dietary restriction lists are readily available.
- h) ensure appropriate steps related to environmental factors have been implemented (e.g.: children are appropriately dressed for the weather, there are no entanglement risks, bug nets are in place, etc.); and
- i) conduct head counts prior to leaving the indoor play activity area, and while transitioning them to the outdoor play space or playground.

## WHILE USING THE OUTDOOR PLAY SPACE

Staff must:

- position themselves in areas that ensure that all children and areas of the playground can be properly always supervised.
- ensure that there is always access to drinking water.
- complete head counts of children every 15-30 minutes ;
- implement the goals and approaches of the program statement, such as engaging with the children in play; and
- refrain from using personal cellular phones (except in emergency situations) or using outdoor time to socialize with other staff, students, or volunteers during outdoor play.

Where a child is injured on the playground, staff must:

- a) administer first aid, where appropriate.
- b) contact emergency services, where appropriate.
- c) notify the parent of the child.
- d) complete an accident report and provide a copy to the child's parent; and
- e) follow the serious occurrence policy and procedures, where appropriate.

## RETURNING FROM THE OUTDOOR PLAY SPACE

Staff must:

- a) conduct head counts prior to returning indoors from the outdoor play space or playground, while transitioning indoors, and upon returning to the indoor play activity space.



- b) Ensure that attendance records, emergency medication and children's emergency contact information is brought indoors with the group.

## PLAYGROUND INSPECTORS

The licensee confirms the Certified Playground Safety Inspector holds a current certification by the Canadian Playground Safety Institute, as a Certified Playground Safety Inspector; and

1. Be a third-party inspector and declare non-conflict of interest including declaration of non-affiliation with playground equipment and protective surface manufacturers, suppliers and/or other contractors involved in the retrofit, upgrade or repair of the playground equipment and protective surfaces; and
2. Have proof of current Professional Errors and Omissions insurance coverage.
3. Where there is not fixed playground structure(s) on site the licensee is required to complete an annual comprehensive inspection. This will include the following:
  - name of the person who completed the inspection; and
  - inspection date and time; and
  - weather conditions at the time of inspection; and
  - analysis of age-appropriateness of the equipment and the overall site; and
  - record of immediate safety concerns and hazards to assist with action plans (identifying equipment that should be immediately removed/replaced and conditions that must be immediately addressed); and
  - additional comments and/or recommendations and upgrades for further consideration, if applicable.

## IMPLEMENTATION OF ACTION TO ENSURE PLAYGROUND SAFETY

It is the responsibility of the staff performing the daily visual inspection to take actions that can be accomplished immediately to correct safety issues within the playground without interfering with their teaching duties. Such actions may include removal of hazardous debris, litter, strings, or ropes of any kind. If the situation in the playground makes play unsafe, the affected area will be set off limits or outdoor play will be cancelled until the safety concern is resolved.

Responsibilities of the Supervisor/designate include:

1. To review the status of all inspection reports and to ensure all defects and problems are documented in the Playground Safety Log.
2. To bring defects to the attention of the Supervisor and NFN Facilities Manager.
3. To ensure that all reasonable steps shall be taken to bar access to the defective equipment until it is repaired.
4. Cordoning off the defective area must be done in a safe manner.
5. Ropes and plastic tape cannot be used.
6. If some areas of the playground remain in use by the children of the centre, the entire playground must be always supervised.
7. To document a plan of action in the Playground Safety Log and ensure execution of that plan in a timely manner.
8. This information shall be reviewed to ensure all issues are being resolved satisfactorily and in a timely manner.

## HEALTH & MEDICAL SUPERVISION

Annual inspections by Health Canada will occur. Each inspection will be recorded in the daily communication book. All recommendations of the inspection will be followed and noted as completed in the communication book.

## IMMUNIZATIONS

Before a child is admitted to a child care centre, from time to thereafter, the child is immunized as directed by the local medical officer of health.

1. Does not apply where a parent of the child objects to the immunization on the ground that the immunization conflicts with the sincerely held convictions of the parents' religion conscience or a legally qualified medical practitioner gives medical reasons to the Supervisor as to why the child should not be immunized.
2. Objections and medical reasons shall be submitted in a form approved by the Minister.

If either of these circumstances apply, the parent needs to give the Supervisor paperwork that documents this. The paperwork must be done on one of two ministry – issued standard forms: Statement of Medical Exemption or Statement of Conscience or Religious Belief.

In a place to protect children and others at the child care centre from getting and spreading vaccine prevented diseases. Some of these diseases spread the easiest in children and children are at high risk of getting very ill if they become infected with a preventable disease.

## ALLERGEN AWARENESS

The widespread presence of potential allergens in our environment stresses the importance of children, especially those with anaphylactic conditions, to acquire skills in avoiding such triggers. While individual and familial responsibilities remains paramount, child care facilities, particularly those catering to young anaphylactic children, must also be vigilant in recognizing and addressing potential allergens.

At the specified child care, notable allergies encompass peanuts, nuts, various foods, and insect/wasp strong. Precautions are specifically implemented in playroom settings for anaphylactic children to minimize the possibility of inadvertent exposure to allergens. External food is strictly prohibited unless sanctioned by management or kitchen support staff, significantly reducing the associated risk, through complete elimination proves unattainable.

Children with food allergies are strongly advised to follow specific guidelines, including consuming only food brought from home that meets specific criteria. This entails bring packaged, clearly labeled, and approved by parents. Moreover, practicing handwashing before meals refraining from sharing food, utensils, or containers, and using a napkin or wax paper to shield food from direct contact with surfaces are crucial measures. These steps are implemented to mitigate the risk of triggering anaphylaxis, recognizing the potential gravity of reactions even to trace amounts of allergens.

## STRATEGIES TO AVOID ALLERGENS

To date, avoidance of allergens is the only way to prevent an anaphylactic reaction. Although it can be difficult to achieve complete avoidance of an allergen, reducing the child's exposure to the allergen is possible. Young children are at greatest risk of accidental exposure.

The greatest risk of exposure to food allergens occurs in new situations or when normal daily routines are interrupted such as field trips, birthday parties and other special events. Precautions should be taken when changes in routines occur. It is highly recommended that a child with a life-threatening allergy wear a Medic Alert  bracelet.

The following strategies are some ways to reduce the risk of exposure to allergens. Strategies that are implemented will be relevant to the child's allergen and the setting.

## RISK REDUCTION FOR FOOD

- Implement an allergen-aware policy. This has been a proven strategy in reducing the risk of exposure to peanut products. Nut-aware rooms are recommended when there is a child with a peanut/nut allergy.
- Discourage children from trading and sharing food or eating utensils.
- Children with food allergies should not eat food that has been brought in by someone other than their parent/guardian.
- Encourage good hand washing with soap and water before and after eating.
- Clean surfaces with soap and water or a grease-cutting solution where food has been eaten. Care will be taken to clean all surfaces that the children might touch such as tabletops and under-hangs of tables and chairs.
- Look for hidden allergens in items such as play dough, pet food or stuffed animals.
- Craft supplies that contain the child's allergen will be avoided.
- Ingredients will be read on all packages of food purchased for the centre, keeping in mind those foods that will be eaten by a child with allergies.
- A review of how foods are cooked and prepared in the kitchen. This is very important since an unplanned exposure to a food prepared with peanut oil could cause a serious reaction if eaten by a child with a nut allergy.

## RISK REDUCTION FOR STINGING INSECTS

- Avoid areas where insects congregate.
- Keep outdoor garbage covered and away from play areas. Yellow jackets tend to congregate around garbage and food.
- Avoid eating outdoors, especially sweet products such as pop drinks and juice. Insects often fly into pop cans and sting the person when drinking from the can.
- Avoid perfume and sprays and bright colors. Insects are attracted to bright colors and odours.
- Remove nests or hives from play areas. Only the honeybee leaves a stinger. When removing the stinger, scrape your nail over the skin. Grabbing the stinger between your fingers will compress the sac of venom and inject more venom into the body.

- Playground – keep grass mowed to reduce the clover/dandelions which attract bees/wasps.

## ANAPHYLAXIS

Anaphylaxis is a severe systemic allergic reaction (hypersensitivity) that can be fatal and result in collapse or shock that can be triggered by a touch or smell of an allergen.

Staff and volunteers will implement the following policy for management of life-threatening allergies and anaphylaxis to protect the children and staff with severe allergies in their care and work environment from incidences of any allergic reactions and anaphylaxis.

At our child care centre, the significant allergens are to peanuts, nuts, and fish products. There are allergens to other foods, fragrances, insect/wasp stings as well as seasonal allergens.

As with other medical conditions that may require an emergency response, parents/guardians are encouraged to follow these guidelines to reduce risk inside the child care centre.

## PROCEDURES

All children with severe allergies are to supply an EpiPen or Twin Injector when enrolled in program. It is best practice that the EpiPens or Twinject Injector remains on site to avoid a parent/guardian forgetting the units.

Day Care staff will reduce the risk of exposure to anaphylactic causative agents by eliminating food and sensory/craft products in the playrooms that have not been approved by management team or through the kitchen.

Postings stating that the day care centre is a Nut Safe environment, encouraging parents/guardians to eliminate bringing food stuffs into the day care will be posted. Along with these signs will be “NO PEANUT or NUTS PLEASE” Help Keep Our Children Safe signs purchased through Anaphylaxis Canada will also be posted.

If the centre was to enroll a child who has other severe allergens, like latex for example, the same procedure will be followed, and additional signs will be purchased and posted.

Child Care environments that require a Brown Bag Lunch Policy will also follow the Management of Life-Threatening Allergies and Anaphylaxis and staff will support the policy by reviewing the contents of the lunches provided from home.

The communication plan for the provisions of information of life-threatening allergies, including anaphylactic allergies will be as follows:

- At intake, with the new family identifying a child with life –threatening allergies, the day care employee will notify all administration staff of the allergy and severity. It is important that the administrative staff add this child's name to the existing allergy lists and assist in preparing the Anaphylaxis Emergency Plan.
- All allergy lists are to be posted throughout the entire child care environment as well as copies of the Anaphylaxis Emergency Plan.

An Individual Treatment Plan will be developed, with Supervisor, the Resource Teacher, the family, and the Health Care Practitioner. This ITP will be reviewed by the team of educators, parents/guardians and RT and administrative staff prior to the child starting day care.

- Parents will be required to provide an EpiPen or one Twinject to always remain on site.
- The emergency procedure will include the immediate use of the EpiPen, following the directions of the parent/guardian and physician. 911 will be called immediately and the ITP procedures will be put in place. The use of the EpiPen or Twinject will be the FIRST response to any allergic reaction, followed by other rescue medication.
- When possible, a day care staff will follow the ambulance or go in the ambulance with the child if necessary, depending on the age of the child and under direction of the attending paramedics.
- Serious Occurrence Policy and Procedures will be followed the incident is past the emergency state.
- A follow-up of why there was a life-threatening situation will be reviewed as well as the review of the procedures followed.
- Lists of causative agents will be revised and shared with all involved if necessary.

As each new family enrolls, we will review the existing Policy for Management of Life-Threatening Allergies and Anaphylaxis and stress the urgency of working towards a safe and healthy environment for all.

As staff are hired and volunteers join our programs, we will advise them of the children in attendance with EpiPens and or Twinject Injector, and all who are at risk for potentially life-threatening allergies and the foods and causative agents to be avoided.

Food handlers and caterers should ensure that their personnel are trained to reduce the risk of cross-contamination through purchasing, handling, preparation and serving of food. The only way to prevent allergic reactions from food is to avoid exposure to causative allergens.

All staff are to be aware of all children in child care environment who are at risk of a life-threatening experience. Signs and symptoms of an anaphylactic allergy will be identified of the IPT. The administrative staff will review the files of children with identified allergies at least yearly, and parents/guardians will be asked to advise the child care office of any new allergies, of any change to the child's ITP or treatment or if their child has outgrown an allergy and no longer requires medication as authorized by the family physician or health practitioner.

#### AVAILABILITY & LOCATION OF EPIPENS / AUTO INJECTORS

- Anaphylactic or potential anaphylactic children should have always at least one EpiPen/Auto-Injector with them and have backups available.
- Each child should have a medical alert bracelet that states their allergies and the location of their medication.
- It cannot be presumed that children/adults will self-administer their medication as the individual might not be able to while having a reaction.
- Posters describing the signs and symptoms of anaphylaxis and the use of the Epi-Pens or Twinjects should be posted in relevant classrooms and throughout the day care environments.
- Children who are no longer allergic or no longer require an Epi-Pen or Twinject must present a letter of explanation from their allergist.
- A second Epi-Pen should be brought on field trips. If the location is remote, it is recommended that the organizer of the field trip carry a cell phone as well.

## TREATMENT

An individual health care plan needs to be established by the child's allergist and or physician. The day care cannot assume responsibility for treatment in the absence of such a protocol. A copy of this health care plan should be present in the day care playroom environment log, and the child's file along with a photograph of the child.

To manage an emergency, a routine must be established and practiced. In yearly training sessions, we have worked on the following:

1. One person always stays with the injured individual.
2. One person goes for help.
3. Administer epinephrine at the first sign of reaction, however slight (e.g., Itching or swelling of the lips/mouth in food allergic children). There are no contradictions to the use of epinephrine for a potentially life-threatening allergic reaction. Note time of administration.
4. Call 9-1-1 and, regardless of the degree of reaction or response to epinephrine, transfer the children to an emergency room. Symptoms may recur up to eight hours after exposure to allergen. One calm and familiar person must stay with the children until a parent or guardian arrives.
5. Contact the child's parents/guardians.

Adults must be encouraged to listen to the concerns of the anaphylactic child. The child usually knows when s/he is having a reaction, even before signs are manifest.

## TRAINING

Each year there should be awareness sessions for children and training for all staff, which includes a demonstration and practice session on the use of the EpiPen and Twinject Injectors.

As a quick refresher on a periodic basis, educators and staff could practice use of the EpiPen and Twinject during scheduled staff meetings.



Supply staff and volunteers will be advised to review the Anaphylaxis Alert posters for children in their environments and to review emergency protocol with the designated staff member for their group.

## ANAPHYLAXIS EMERGENCY RESPONSE PLAN/ACTION

1. If there is ANY suspicion that an anaphylaxis reaction is occurring, follow the plan of action as stated on the child's individual plan. If epi pen is required:
2. Staff who becomes aware will administer EpiPen (epinephrine) NEVER leave the child who is experiencing an anaphylactic reaction alone.
3. A staff member will call 911/EMS and will contact Emergency contacts.
4. Another staff member will remove all other children from the area.

## PROCEDURES

Follow instructions on the EpiPen.

1. Jab black tip into outer thigh until unit activates and a click will be heard. This may be done through clothes if necessary.
2. Hold Epi pen in place for 10 seconds. (The used Epi pen must be sent to the Hospital along with the patient)
3. If in doubt, ALWAYS administer EpiPen epinephrine. There is no risk if given accidentally.

If the ambulance has not arrived in 15 minutes and there are recurring symptoms, or no relief, administer a second Epi pen.

It is recommended that the patient go to the Hospital, even if symptoms seem to go away after the first injection. There may be a delayed reaction and the patient will need hospital observation.

The person who gave the adrenaline auto-injector should stay with the child until the EMS personnel arrive. Information that should be provided to EMS personnel includes signs of anaphylaxis seen in child, time frames, where adrenaline auto-injector was given (right or left thigh) and effect of epinephrine on the child.

A staff member will accompany the patient to hospital (Must be able to sustain staff to child ratio).

Follow the steps for Serious Occurrence Procedures

## INFORMATION ON ANAPHYLACTIC SHOCK

Severe reactions, such as anaphylactic shock are rare; however, it can happen. Anaphylactic reaction can involve any of the following symptoms, which may appear alone or in any combination, regardless of the triggering allergen:

### SIGNS AND SYMPTOMS ARE:

- Swelling of eyelids, lips, tongue
- Hives all over the body
- Vomiting and diarrhea
- Difficulty breathing
- Rapid heartbeat
- Loss of consciousness

Signs and symptoms of a severe allergic reaction can occur within minutes of exposure to an offending substance.

Reactions usually occur within two hours of exposure but, in rarer cases, can develop hours later.

Specific warning signs as well as the severity and intensity of symptoms can vary from person to person and sometimes from attack to attack in the same person.

Because of the unpredictability of reaction, early symptoms should never be ignored, especially if the person has suffered an anaphylactic reaction in the past.

It is important to note that anaphylaxis can occur without hives.

If an allergic person expresses any concern that a reaction might be starting, the person should always be taken seriously. When a reaction begins, it is important to respond immediately.

- following instructions in the Child's Individual Plan and Emergency Procedures. The cause of the reaction can be investigated later.

The most dangerous symptoms of an allergic reaction involve breathing difficulties caused by swelling of the airways or a drop in blood pressure indicated by dizziness/light headedness or feeling faint/weak.

## HOW A CHILD MIGHT DESCRIBE A REACTION

Children have unique ways of describing their experiences and perceptions, including allergic reactions. Precious time is lost when adults do not immediately recognize that a reaction is occurring or do not understand what the children might be telling them.

The following text contains examples of the words a child might use to describe a reaction.

- This food's too spicy
- My tongue is hot (or burning).
- It feels like something is poking my tongue.
- My tongue (or mouth) is tingling (or burning).
- My tongue (or mouth) itches.
- It (my tongue) feels like there is hair on it.
- My mouth feels funny.
- There is a frog in my throat.
- There is something stuck in my throat.
- My tongue feels full (or heavy).
- My lips feel tight.
- It feels like there are bugs in there (to describe itchy ears)
- It [my throat] feels thick.
- It feels like a bump is on the back of my tongue [throat].

In addition, know that sometimes children, especially very young ones, will put their hands in their mouths, or pull or scratch at their tongues, in response to a reaction. Also, children's voices may change (i.e., become hoarse or squeaky), and they may slur their words.

If you suspect your child is having an allergic reaction, follow your doctor's instructions.

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## CHILDREN WITH MEDICAL NEEDS

A child with medical needs is defined as a child who has one or more chronic or acute medical conditions and they require additional support or accommodations.

The child care centre shall develop an individualized plan for each child with medical needs who receives care at the child care centre and that supervisors take all necessary steps to support the child's medical needs and ensure their inclusion in the program and provides staff with all necessary information to deal with any medical supervision pertaining to the child.

The individualized plan shall be developed in consultation with a parent of the child and with any regulated health professional who is involved in the child's health care and who, in the parents' opinion, should be included in the consultation.

The plan will include:

Steps to be followed to reduce the risk of the child being exposed to any causative agents or situations that may be exacerbate a medical condition or cause an allergic reaction or other medical emergencies.

1. A description of any medical devices used by the child care and any instructions related to its use
2. A description of the procedures to be followed in the event of an allergic reaction or other medical emergency
3. A description of the supports that will be made available to the child in the child care centre or premises where the supervisor oversees the services and any additional procedures to be followed when a child with a medical condition is a part of an evacuation or participating in an off-site field trip

The medical history of a child is required to remain confidential, including diagnosis. Sensitive medical information and detailed reports from medical information should not be included in the plan unless consent in writing, has been given by the parent.

## MEDICATION ADMINISTRATION

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

Where the term drugs and/or medications is used in this policy, the term refers to any product with a drug identification number (DIN). For this policy, drugs and medications fall into the following two categories:

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

Note: The following items are not considered drugs or medication for the purposes of this policy, except where the item is a drug, as defined in the Drug and Pharmacies Regulation Act, prescribed for a child by a health professional:

- Sunscreen
- Moisturizing skin lotion
- Lip balm.
- Insect repellent
- Hand sanitizer
- Diaper cream.

These over-the-counter products may only be administered in accordance with the following rules:

- Must have written authorization by a parent.
- This can be in the form of a “blanket authorization” on the enrolment form. It does not require an Authorization for Medication Form, described in this policy.
- If a parent does not provide written authorization for the use of these items at the child care centre, licensees must communicate this to their staff (e.g. information will be included on the centre’s allergy list where applicable or a separate list of names of the children where written authorization was not given by the parent will be provided).
- Must be stored in accordance with the instructions for storage on the label and the container or package must be clearly labelled with the child’s name and the name of the item.

- A container or package does not need to be labelled with a child's name where items are shared (if appropriate), such as hand sanitizer located at entrances and exits.
- Must be administered to a child only from the original container or package and in accordance with any instructions on the label and any instructions provided by the parent of the child.

## PARENTAL AUTHORIZATION TO ADMINISTER MEDICATION

Whenever possible, parents will be encouraged to administer drugs or medications to their children at home if this can be done without affecting the child's treatment schedule.

Prescription and over-the-counter medications for acute, symptomatic treatment will only be administered to a child where a parent of the child has given written authorization to do so by completing the child care centre's Authorization for Medication Administration (the form in Appendix A may be used). The Authorization for Medication Administration form must be accompanied by a doctor's note for over-the-counter medications.

The authorization must include a schedule that sets out the times the drug or medication is to be given and the amounts to be administered.

Where a drug or medication is to be administered to a child on an "as needed" basis (i.e. there is no specific schedule or time of the day for administration), the drug or medication must be accompanied with a doctor's note outlining signs and symptoms for administering the drug or medication and the appropriate dosage. In addition, the Authorization for Medication Administration Form must clearly indicate the situations under which the medication is to be given as outlined in the doctor's note, including observable symptoms. Examples may include:

- 'When the child has a fever of 39.5 degrees Celsius'.
- 'When the child has a persistent cough and/or difficulty breathing'; and
- 'When red hives appear on the skin', etc.

Prescription/over-the-counter skin products (with a DIN) that need to be administered for acute or symptomatic treatment will only be administered to a child where a parent of the child has given written authorization to do so by completing the child care centre's Authorization for Medication Administration.

Authorization for Medical Administration Forms will be reviewed with parents as necessary to ensure the dosage continues to be accurate (e.g. based on the child's age or weight).

## MEDICATION REQUIREMENTS

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

All drugs and medications must be stored in their original containers as supplied by a pharmacist, or their original packages. Medications that have been removed from their original package or transferred into a different container will not be accepted or administered to children.

All drug or medication containers must be clearly labelled with:

- The child's full name.
- The name of the drug or medication.
- The dosage of the drug or medication.
- Instructions for storage.
- Instructions for administration.
- The date of purchase of the medication for prescription medications; and
- The expiry date of the medication, if applicable.

The information provided on the written parental authorization must match with all the requirements listed above.

Where information is missing on a drug or medication label and/or the written parental authorization does not match the label on the labelled container, the child care centre will not accept or administer the medication until the label and/or written parental authorization accurately contains all the required information.

Over-the-counter epinephrine purchased for a specific child can be administered to a child with an individualized plan and emergency procedures for an anaphylactic allergy if it is accompanied by a doctor's note and is clearly labeled with the child's name, the name of the drug or medication, the dosage, the date of expiration and the instructions for storage and administration.

Drugs or medications purchased by staff, students or volunteers for their own use will be kept inaccessible (e.g. stored in locker versus left in a purse in the classroom) to children and will not be administered to children at any time.

## MEDICATION HANDLING AND STORAGE

All drugs or medications will be always kept inaccessible to children in a locked container or area (e.g. in a refrigerator, cabinet, cupboard, or drawer). There are exceptions for emergency medications as outlined below:

- Emergency medications will never be locked up and will be made easily accessible to all staff while being kept out of the reach of children, including during outdoor play periods and off-premises activities.
- Where a child has written permission to carry their emergency allergy or asthma medication, precautions will be taken to ensure that these medications are not accessible to other children (e.g., in cubbies or backpacks that are unattended).

In case of an emergency, all staff, students, and volunteers will be always made aware of the location of children's emergency medications.

- Emergency medications will be brought on all field trips, evacuations, and off-site activities.
- Any topical products or drugs/medication in the first aid kit will not be used on children to clean or treat wounds. Children's cuts and wounds will be disinfected in accordance with local public health recommendations.
- All drugs and medications for children will be stored in accordance with the instructions for storage on the label. Medication requiring refrigeration will be stored in the refrigerator in a locked container.
- Where drugs or medications are past their expiry date, they will be returned to the parent of the child, where possible, and this will be documented on the Authorization for Medication Administration Form.
- Any drugs or medications remaining after the treatment period will be returned to a parent of the child, where possible, and this will be documented on the Authorization for Medication Administration Form.
- Where attempts have been made to return a drug or medication to a parent and the parent has not taken the medication home, the person in charge of drugs and medications will



ensure that the efforts made to return the drug or medication have been documented in the appropriate staff communication book (e.g. daily written record), and the drug or medication may be returned to a pharmacist for proper disposal.

## MEDICATION ADMINISTRATION

- Drugs or medications will be administered according to the instructions on the label and only with written parental authorization.
- Designated person(s) in charge of medications will deal with all drugs and medications to reduce the potential for errors, whether on or off the premises. Where the person(s) is absent, they will delegate this responsibility to another individual. The name of the individual who has been delegated and the duration of the delegation will be documented in the appropriate staff communication book (e.g. daily written record).
- A drug or medication will only be administered from its original container as supplied by a pharmacist or its original package, and where the container is clearly labelled as outlined under the Drug and Medication Requirements section of this policy.
- A drug or medication will only be administered using the appropriate dispenser (e.g. syringe, measuring spoon/cup, etc.).
- To support the prompt administration of emergency medication:
- Emergency medications may be administered to a child by any person trained on the child's individualized plan at the childcare centre; and
- Children will be allowed to carry their own asthma or emergency medication in accordance with this policy, the drug and medication administration procedures, and the child's individualized plan, where applicable.
- Drugs or medications that are expired (including epinephrine) will not be administered at any time.

## RECORD KEEPING

- Records of medication administration will be completed using the Records of Medication Administration (the form in Appendix B may be used) every time drugs or medications are administered. Completed records will be kept in the child's file.
- Where a child's medication administration form includes a schedule setting out specific times to administer the medication and the child is absent on a day medication would have been administered, the child's absence will be documented on the medication

administration record to account for all days during the treatment period (excluding weekends, holidays, and planned closures).

- If a dose is missed or given late, reasons will be documented on the record of medication administration and a parent will be notified as soon as possible as it may impact the treatment schedule or the child's health.
- Where a drug or medication is administered 'as needed' to treat specific symptoms outlined in a child's medication administration form or individualized plan and emergency procedures for an anaphylactic allergy (e.g. asthma, fever, allergic reaction), the administration and the reason for administering will be documented in the appropriate staff communication book (e.g. daily written record) and in the child's symptoms of illness record. A parent of the child will be notified.

## CONFIDENTIALITY

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

## SCENARIOS

A parent requests that a drug or medication (prescription or over the counter) be administered to their child and provides the drug or medication.

Staff must:

- provide the parent with the appropriate form to complete to obtain written authorization to administer the medication from Appendix A as applicable.
- verify that drug or medication:
  - is accompanied by a doctor's note (for over-the-counter medications).
  - is in its original container as prescribed by the pharmacist or in the case of over-the counter medications are in its original package; and
- is not expired.
- obtain the appropriate dispenser, where applicable.

- review the medication administration form and (and doctor's note, where applicable), and the label to verify that all sections are complete and accurate, and that the information in the authorization matches the medication label.
  - Where errors are found on the form or the label is incomplete, the form/medication must be returned to the parent to make and initial corrections.
- sign the form once it is complete and accurate.
- take the drug or medication and dispenser and store it in the designated locked storage space in accordance with the instructions for storage on the label; and
- log the receipt of the authorization form and the drug or medication for the child in the appropriate staff communication book (e.g. daily written record).

A child is authorized to carry their own emergency allergy medication.

Staff must:

- ensure that written parental authorization is obtained to allow the child to carry their own emergency medication.
- ensure that the medication remains on the child (e.g., fanny pack, holster) and is not kept or left unattended anywhere at the child care centre (e.g. in the child's cubby or backpack).
- ensure that appropriate supervision is maintained of the child while they are carrying their medication and children in their proximity so that other children do not have access to the medication; and

Where there are safety concerns relating to the child carrying his/her own medication (e.g. exposure to other children), notify the centre supervisor/designate and the child's parent of these concerns and discuss and implement mitigating strategies. Document the concerns and resulting actions in the appropriate staff communication book (e.g. daily written record).

A prescription or over-the-counter drug or medication must be administered to a child.

Where a non-emergency medication must be administered, the person in charge must:

- prepare the medication dosage in a well-lit area in the appropriate measuring device, where applicable (e.g. do not use a household spoon for liquid medications).
- where possible, remove the child from the activity area to a quiet area with the least possible interruption.

- administer the medication to the child in accordance with the instructions on the label and the written parental authorization.
- document the administration of the drug or medication and any comments/observations on the medication administration record after it has been administered (see Appendix B).
- store the medication in the designated storage space in accordance with the instructions on the label and the parental authorization received on the medication administration form; and
  - where applicable, document any symptoms of ill health in the child's records.
  - Where a medication is administered on an "as needed" basis, notify a parent of the child.
  - Where a child is absent, document the absence on the Record of Drug/Medication Administration (Appendix B).

Where an emergency allergy medication must be administered due to a severe allergic reaction, the staff who becomes aware of the emergency must immediately:

- administer the emergency medication to the child in accordance with the emergency procedures on the child's individualized plan.
- administer first aid to the child, where appropriate.
- contact, or have another person contact emergency services, where appropriate; and
- contact or have the supervisor/designate contact a parent of the child.

After the emergency has ended:

- document the administration of the drug or medication on the medication administration record (see Appendix B).
- document the incident in the appropriate staff communication book (e.g. daily written record).; and
- document any symptoms of ill health in the child's records, where applicable.

Where a child is authorized to self-administer their own drug or medication, the person in charge must:

- supervise and observe the child self-administer the drug or medication to ensure that the proper dosage and procedure for administration is being followed.

- where the child asks for help, assist the child in accordance with the parent's written authorization.
- document the administration of the drug or medication and any comments/observations on the medication administration record after it has been administered (see Appendix B).
- store the medication in the designated storage space in accordance with the instructions on the label and the parental authorization received on the medication administration form, unless the child is authorized to carry his/her own emergency allergy medication (in such cases, follow the steps outlined in Scenario C [a child is authorized to carry their own emergency allergy medication]).
- where applicable, document any symptoms of ill health in the child's records; and
- where there are safety concerns relating to the child's self-administration of drugs or medications, notify the centre supervisor/designate and the child's parent of these concerns, and discuss and implement mitigating strategies. Document the concerns and resulting actions in the appropriate staff communication book (e.g. daily written record).

A child has a reaction to an administered drug or medication.

Where adverse symptoms appear upon medication administration, the person in charge must immediately:

- administer first aid to the child, where appropriate.
- contact emergency services, where appropriate and send the drug/medication and administration information with the child if they are leaving the premises to seek medical attention.
- notify a parent of the child.
- notify the supervisor/designate.
- document the incident in the appropriate staff communication book (e.g. daily written record); and
- document any symptoms of ill health in the child's records, where applicable.

Where the reaction results in a life-threatening situation for the child, call emergency services and follow the serious occurrence policy and procedures.

A drug or medication is administered incorrectly (e.g. at the wrong time, wrong dosage given).

The person in charge must immediately:

- where applicable, follow the steps outlined in Scenario D (a child has a reaction to administered medication); and
- contact the parent of the child to report the error.
- report the error to the supervisor/designate.
- document the actual administration of the drug or medication on the medication administration record (see Appendix B); and
- document the incident in the appropriate staff communication book (e.g. daily written record).

Where any reaction to a drug or medication results in a life-threatening situation for the child, call emergency services and follow the serious occurrence policy and procedures.

A drug or medication is administered to the wrong child.

The person in charge must immediately:

- where applicable, follow the steps outlined in Scenario D (a child has a reaction to administered medication); and
- Contact the parents of the children affected to report the error.
- report the error to the supervisor/designate.
- document the incident in the appropriate staff communication book (e.g. daily written record); and
- administer the medication to the correct child per Scenario B (a drug or medication must be administered to a child).

Where any reaction to a drug or medication results in a life-threatening situation for the child, call emergency services and follow the serious occurrence policy and procedures.

Surplus or expired medication is on site.

- Where possible, the surplus or expired medication must be returned to a parent of the child.
- Where attempts have been made to return a drug or medication to a parent and the parent has not taken the medication home, the person in charge of drugs and medications will attempt to return unused drugs or medications to a local pharmacist for proper disposal.
- Do not flush any drugs or medications down the toilet or sink or throw them in the garbage.

## SPECIAL INSTRUCTIONS

1. Children's Asthma Medication or Emergency Allergy Medications do not need to be locked up but will be kept out of reach and readily available for children who require it. This is the only type of medication that may be kept in the classroom. Staff are required to know where it is always. Staff members should also carry a child's Asthma/Allergy Medication on all field trips and excursions away from the child care centre. Asthma medications (e.g., puffers) need to have specific symptoms to describe the "need" for the medication and when to administer it.
2. If medication is to be administered on an "as needed" basis, the written instructions must clearly indicate the situations under which the medication should be given. This could include the physical symptoms that must be present; the behaviour child must be exhibiting or the child's temperature. Simply indicating "as needed" or "as required" is not sufficient.
3. In the case of school-age children, to ensure prompt administration of asthma and other emergency allergy medication, an operator may allow children to carry their own asthma medication or emergency allergy medication in accordance with a written procedure established by a legally qualified medical practitioner or a nurse registered under the Health Disciplines Act. If a child self-administers a medication, licensees are required to keep a record of self-administration and the time on the medication form and noted in the daily written record.
4. Vitamins are considered as drugs, and therefore require a schedule of administration and the recording of such.
5. Bug spray and sunscreen will be provided by the centre or parents may provide their own. Permission slips will be required.
6. If there is a short-term medicated product (whether prescribed by a physician or not) that is administered to respond to or treat certain symptoms over a specific period (such as severe diaper rash), a written medication authorization with schedule, a record of administration and storage in a locked medication box are required.
7. Staff will store all labelled sunscreens together and out of the reach of children.
8. If the child experiences seizures a Health Care Plan will be developed. The Plan will be signed off by parents.

## NARCOTIC CONTROLLED MEDICATIONS

Any narcotic medication received must be stored in the original container or package and is clearly labeled with child's name, the name of the narcotic, the dosage, date of purchase and instructions for storage and administration.

All narcotic medication must be received in the dosage that it is going to be administered. All medication is to be always accounted for.

\*Best Practice is to note the amount of the medication given by the parent and keep a running record of the amount after each time it is administered.

Records must include the kind, date, and quantity of the narcotic on hand as well as the name and address of the person from whom the narcotic was received. Records must also include the reason for this narcotic. All records must be placed into the child's file when forms are completed and must be kept for 3 years.

## BEST PRACTICES

- a) It is preferable to remove a child from the activity area to administer medication in a quiet environment with the least possible interruption. Medication should be dispensed in a well-lit area.
- b) Whenever possible, all children receiving medication will receive it at the same hour.
- c) For each child receiving medication, an entry will be made on a form or in a drug book. Staff giving the medication should list each dose administered and the time. If a dose is omitted or late, reasons must be listed.
- d) Any accidental administration of medication (i.e., medication to the wrong child or dose error) should be recorded and reported to the supervisor, who should then notify a parent of the child and report the medication error as a Serious Occurrence in the CCLS (who required hospital/medical attention).
- e) Whenever possible, parents should be encouraged to give any drugs or medications to their children at home, if this can be done without affecting the treatment schedule.

## INDIVIDUALIZED SUPPORT PLANS

Every child care centre shall ensure that an up-to-date individualized support plan is in place for each child with special needs who receives care at the child care centre it operates.



The support plan should include the following:

- A description of how the child care provider 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.
- A description of any supports, aids, adaptations, or modifications to the physical, social, and learning environment that is necessary.
- Instructions that relate to the child's use of supports or aids or if necessary, the child's use of interaction with the adapted or modified environment.
- The plan referred, must be developed in consultation with a parent of the child, the child (if appropriate) and any regulated health professional or other person who works with the child in a capacity that would allow the person to help inform the plan.
- Every childcare centre shall ensure that the program is so structured that:
  - a) It will accommodate the individualized support plan of each child.
  - b) The program is appropriate for the ages and development levels of the children receiving child care.
  - c) The program is inclusive of all children.

## ILL HEALTH

The centre ensures that when a child receiving child care appears to be ill, the child is separated from other children and symptoms of the illness noted in the child's records. The daily written record includes arrangements made for a child with symptoms of ill health.

When a child is separated from other children because of a suspected illness, we ensure that:

- a. a parent of the child takes the child home; or
- b. when it is not possible for a parent of the child to take the child home or where the child requires immediate medical attention, the child is examined by a legally qualified medical practitioner, or a nurse registered with the College of Nurses of Ontario.

These provisions are intended to protect the interests of the sick child, and to prevent the spread of infection.

Staff will pay particular attention to:

- Elevated temperatures, flushing, pallor or listlessness.

## NIPISSING FIRST NATION CHILD CARE CENTRES

- An acute cold, nasal discharge, or coughing.
- Vomiting or diarrhea.
- Red or discharging eyes or ears.
- Undiagnosed skin rashes or infections; and
- Unusual irritability, fussiness, and restlessness.

Exclusion is required according to the latest advice on communicable diseases from the Health Nurse:

- Each Supervisor has the authority to request that a parent pick up their child as soon as possible when there is any doubt regarding any contagious ailments.
- A child that has been diagnosed with a contagious ailment may not return to the centre without written notification from a doctor stating it is fine to do so.
- A child found to have head lice will be sent home for 24 hours. This will allow time for parent to practice all measures necessary to disinfect their home as well as provide treatment for their child.

When a child has been exposed to a communicable disease such as measles (i.e., another child attending the centre is ill), we will notify parents as soon as possible and strongly encourage parents to contact their physician. Both staff and parents should observe all children who were exposed to the communicable disease for any signs and symptoms during the incubation period.

Children suspected of having a communicable disease such as mumps or measles, should not be in the centre. Parents of children who develop symptoms during the day will be asked to pick up their child from the centre immediately. Children can return to the centre only with confirmation that they are no longer contagious.

The centre ensures that before a child who is not in attendance at a school, within the meaning of the Education Act, is admitted to a child care centre and from time to time thereafter, the child is immunized as recommended by the local medical officer of health.

This does not apply where a parent of the child objects in writing to the immunization on the ground that the immunization conflicts with the held convictions of the parent's religion or

conscience or a legally qualified medical practitioner gives medical reasons in writing to the licensee as to why the child should not be immunized.

## DAILY OBSERVATION CHECKS

The teacher will conduct a \*daily observation check of each child. As requested by the designated person in charge, the teacher has the right to refuse admittance if the child appears sick. If the child has been admitted and is showing signs of illness that may affect the health of others, he/she will be withdrawn from the program and will be placed in an isolation room under the supervision of staff. Parents will be contacted at once and will have to pick up their child as soon as possible.

\*Daily Observation Check: In accordance with the requirements of the Child Care & Early Years Act, a daily observation check of each child is made on the child's arrival at the Centre. This check is carried out in the presence of the parent(s) by the Agreeing of the teacher so they can exchange information about the child's health status and make decisions about the best ways to meet the needs of the child and parents and fulfill the expectation of the Centre.

The centre encourages parents to share information about their child's restless night, lack of appetite or other atypical behaviour. This information should be recorded in the daily written record and children who have demonstrated atypical behaviour should be monitored more closely for potential signs of ill health.

In completing daily observation checks, staff is asked to observe or learn through discussion with parents whether any of the following are present:

- elevated temperature, flushed coloring, unusual pallor.
- nasal discharge or repeated, severe coughing.
- stomach ache, vomiting or diarrhea.
- red or discharging eyes or ears.
- undiagnosed skin rashes, sores, or swellings.
- unusual activity levels, irritability, restlessness, or fussy listless behavior.

By observing children at the beginning of each day, staff can identify specific signs or symptoms of illness in time to prevent the spread of infection. Staff is not expected to be able to diagnose

illness but to become sensitized to a child's condition. On occasion, this examination may lead to a decision that the child is not well enough to attend the program. When there is disagreement, the Director or Supervisor will make the final decision.

Please inform staff if the child has been given over the counter or prescription medication overnight. Fever control medication should not be given to a child before coming to the Centre.

Tiredness is also a health concern. A tired child is more prone to infection and communicable disease. Please ensure that each child has adequate rest and a reasonable length of day at the Centre. Although, we are open from 8:00a.m. to 5:00 p.m. we suggest that a child's day be not much longer than a parent's working day.

The Child Care & Early Years Act also needs all children play every day outdoors. All children are taken outside every day, weather permitting. Children who are well enough to be at the Centre will be expected to play outdoors.

## SANITATION PROCEDURES

### CLASSROOMS

1. The classroom and washroom will be supplied with paper towels and Kleenex. Used appropriately this will help curtail the spread of bacterial infections.
2. A liquid soap dispenser is to be kept in the playroom as well as in the washroom for hand washing. Children are to wash their hands immediately following toileting and prior to preparing and eating food – this includes fun food activities. Staff members are to follow the same hand washing procedures as the children.
3. If towels and face cloths are to be used for children, they will be used only once and then laundered. Non-woven cloths or soft disposable toweling are best suited for this purpose.
4. Universal precautions are implemented to prevent the transmission of diseases spread through body fluids. Disposable gloves are worn to administer first aid or to clean up body fluids. Surfaces that are contaminated with body fluids are immediately cleaned and disinfected with bleach solution or approved disinfectant product. Proper hand

washing routines are followed when in contact with body fluids and after removing gloves.

5. Toilets and bathroom sinks are disinfected a minimum of 3 times daily or as required during the course of the day.

## HANDWASHING

1. Wet hands thoroughly. This helps increase the effectiveness of the soap.
2. Apply soap using friction. Lather well for at least twenty (20) seconds. Pay special attention to fingertips and thumbs.
3. Rinse well, holding hands downward.
4. Dry hands thoroughly with paper towel; use paper towel to turn off taps. Properly dispose of paper towel.

## EQUIPMENT AND FURNISHING

1. At the Centre rest cots will be utilized. Each child in attendance will have his/her own rest cot not to be shared with other children. These rest cots will be washed and disinfected weekly and whenever necessary. Parents may provide a pillow and/or blanket if they so choose. These items will also be laundered weekly or as necessary.
2. Frequently used equipment such as eating surfaces are to be cleaned and sanitized after each use.
3. Toys and play equipment should be washed and disinfected weekly or as needed. Toys which have been mouthed will be put aside and disinfected as soon as possible.
4. Water play tables are to be drained daily. Toys, as well as the water table will be cleaned and sanitized before refilling. Children should wash hands before and after play. Household bleach will be used to disinfect the water on a daily basis using eight (8) drops per gallon. Sensory bins will be emptied and disinfected every 3 days if food items are being used in them.

5. Floors should be kept clean, damp mopped when needed or every other day and carpets vacuumed daily.
6. Disposable cups will be made available.

## PRECAUTIONS

The best way to control the spread of any infection is to practise proper hygiene.

When blood is involved, it is also important to use universal precautions, the measures developed to deal with blood-borne diseases like HIV and hepatitis B and never delay emergency action because you cannot apply universal precautions. The risk of transmission of blood-borne diseases is too small to justify endangering a child.

### **Cover Cuts:**

If you have cuts or open sores on your skin, cover them with a plastic bandage.

### **Wear Gloves:**

If there is any risk of coming into contact with blood or other body fluids, wear latex gloves. Gloves should only be worn once and disposed of in a plastic garbage bag.

### **Wash Hands:**

Wash your hands with soap and hot water for at least 20 seconds after you have had contact with blood or other body fluids, after going to the bathroom, before preparing or eating food, and after removing latex gloves. Use hand lotion to help keep your hands from becoming chapped or irritated. Intact skin is your first defense against infection.

### **Clean Up:**

Spills of blood or other body fluids should be cleaned up with undiluted household bleach. Paper towels should be used and disposed of in a plastic garbage bag. Wear latex gloves during clean-up.

### **Discard Garbage:**

Use caution when disposing of garbage and other waste that may contain infected materials or used needles. Discard soiled material in a sealed plastic bag.

**Wash Clothes:**

Soiled items should be stored in sealed plastic bags. Wash soiled clothing separately in hot soapy water and dry in a hot dryer, or have clothes dry-cleaned.

**SANITARY CHANGES**

The diapering routine found in appendix will be posted in all diapering areas and will be followed by all staff.

1. Gather supplies which would include towel, disposable cloth, liquid soap, disinfectant, disposable rubber gloves. Collect clean change of clothing for the child. Ensure that all staff members wear disposable rubber gloves for each incident.
2. Remove the child from play area.
3. Remove child's soiled clothing. Cleanse skin with disposable cloth moving from front to back.
4. Dress child quickly to prevent chill, wash child's hands and return to play room.
5. Dispose of cloth in plastic garbage bag.
6. Dispose of any solid matter in child's underwear in toilet.
7. Place soiled clothing in plastic bag and secure with twist tie. Label with child's name. Ensure clothing goes home with parent at the end of the day.
8. Cleanse changing area with sanitizing solution. Remove plastic garbage bag from washroom and place it in the area for garbage pickup.
9. Wash your hands thoroughly.
10. Report abnormal skin or stool conditions to parents.

Sanitary change procedure posted in changing area.

## REST / SLEEP

Rest is an important part of the day for all children. The need for sleep and/or rest time varies among children. Preschool and toddler-aged children may sleep for up to two hours daily. If children are unable to sleep after an hour, they can get up from their cots to participate in quiet activities for the remainder of the rest period. Children enrolled in a kindergarten program are permitted to sleep, rest, or engage in quiet activities, based on their individual needs.

## PROCEDURES

1. Naps occur after lunch and toileting routines and between 12:00pm-2:00pm and children may engage in quiet activities such as puzzles, books, and crafts in another room after the first hour of rest on their beds.
2. Children are assigned their own labeled cots for rest periods.
3. Parents must provide travel sized pillows and a blanket of their child's preference to sleep with.
4. Upon enrollment each family is consulted about their child's sleep arrangements.
5. A rocking chair may be used in the program so that a child may be rocked and lulled to sleep before being placed on their cots.
6. Toddlers and Preschoolers are encouraged to self-soothe and are supported to learn how to do this.
7. Music played during rest time should not interfere with staff being able to hear children's movement and sounds.
8. There is sufficient light at all times to ensure educators can conduct direct visual checks. (Small light, night lights).

## SLEEP SUPERVISION

Children's sleep and rest play an integral part in a child's well-being and development. The purpose of this policy and procedures described within is to provide staff, students, and volunteers with rules and procedures to follow to safeguard children from harm, injury, or death while sleeping. Procedures for monitoring sleeping children reduce the risk of harm or injury so that educators can look for and identify signs of distress and implement immediate responses to protect the health and safety of children.



## PROCEDURES

- All children will be provided with the opportunity to sleep or engage in quiet activities based on their interests.
- Only light, breathable blankets will be used.
- Children 18 months or older but younger than 30 months, who receive child care for six (6) hours or more, will be provided time to sleep for a period no longer more than two (2) hours each day, and will be assigned to a cot.
- Children 30 months or older but younger than 6 years old, who receive child care for six hours or more, will be provided with a cot, unless otherwise approved by a director.
- Where children are sleeping in a separate sleep room, their names will be listed on the sleep sheet so that staff can immediately identify which children are present.

## CONSULTATION WITH PARENTS

- All parents of children who regularly sleep at the child care centre will be advised of the centres policies and procedures regarding sleep at the time of their child's enrollment and/or any time the policies or procedures are revised, as applicable. This information will be available to parents in the Parent Handbook.
- The Supervisor will consult with parents about their child's sleeping arrangements at the time of enrollment and at any other appropriate time (e.g. when a child transitions to a new program room or at the parents request)
- Written documentation will be kept in each child's file to reflect the sleep patterns identified by their parent, and updates to the documentation will be made whenever changes are communicated to the child care centre.
- All sleep arrangements will be communicated to staff by the Supervisor after meeting with the parents/guardians.
- Parents will be advised by the supervising staff of any significant changes in their child's behaviour during sleep and/or sleeping patterns.
- Staff will document their observations of changes in a child's sleep behaviours in the daily written record and sleep sheet.

- Any changes in sleep behaviours will result in adjustments being made to the child's supervision during sleep time, where appropriate, based on consultation with the child's parent.

## DIRECT VISUAL CHECKS

Procedures to monitor sleeping children reduce the risk of harm or injury so that Educators can observe significant changes in a child's sleeping habits or behaviours. During nap times, Educators remain in the nap room and document any unordinary changes to the children on a sleep sheet with date and time. Toddlers are also provided direct visual checks every 30 minutes with documentation if any unusual changes. If an educator notices a child show any signs of disruption in sleep such as illnesses, crying, labored breathing, the frequency of direct visual checks will be increased by Staff. Parents and/or caregivers will be informed of the changes via verbally or the child care management system (HiMama).

Age Group	Frequency of Direct Visual Checks*
Toddler	Every 30 minutes from rest time begins till the child wakes.
Preschool and/or Kindergarten (where applicable)	Every 30 minutes from rest time begins until the child wakes.

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

- Direct visual checks of each sleeping child who is in a licensed toddler age group or is in a licensed family age group and is younger than 24 months will be conducted to look for indicators of distress or unusual behaviours. Direct visual checks will be documented by staff by the sleep sheet.
- Direct visual checks are not required for children engaging in quiet activities, but these children will be always supervised.
- For infants (children under 18 months of age), direct visual checks will be completed at a frequency based on consultation with each parent and may be increased based on the observed sleeping patterns and/or medical needs of each infant.

- The frequency of direct visual checks and the steps to complete them will depend on the typical sleep patterns of each child and their age, as identified in the sleep supervision procedures provided in this policy.
- Staff will ensure that all sleep areas have adequate lighting available to conduct the direct visual checks of sleeping children.

## PROCEDURES FOR COMPLETING DIRECT VISUAL CHECKS

Staff must:

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

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

### **a) Where the child wakes up, staff must:**

- a) attend to the child's needs.
- b) separate the child from other children if the child appears to be ill.
- c) document the incident in the logbook and sleep sheet and in the child's symptoms of ill health record, where applicable.

### **b) Where the child does not wake up, staff must immediately:**

- a) perform appropriate first aid and CPR, if required.
- b) inform other staff, students, and volunteers in the room of the situation.
- c) contact emergency services or, where possible, direct another individual to contact emergency services.
- d) separate the child from other children or vice versa if the child appears to be ill.

- e) inform the supervisor/designate of the situation; and
- f) contact the child's parent.

**c) Where the child must be taken home or to the hospital, the supervisor or designate must immediately:**

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

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

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

**Staff must:**

- a) adjust blankets as needed.
- b) ensure the child's head is not covered.
- c) ensure there are no other risks of suffocation present.
- d) document the date, time, and initial each direct visual check on the room's sleep sheet; and verbally inform other staff in the room that the check has been completed, where applicable and possible.

## NUTRITION

### PURPOSE

We believe the foods served in our program must meet children's nutritional needs to support normal growth and development. We also have a responsibility to provide an environment that promotes positive attitudes toward food and healthy eating habits.

### OBJECTIVES

1. Requirements of the Child Care & Early Years 2014 will be met.
2. Recommendations made the Nutritionist at the Nipissing First Nation Health Centre will be met.

NIPISSING FIRST NATION CHILD CARE CENTRES

3. Menus will be planned, prepared, and served according to Eating Well with Canada's Food Guide, Eating Well with Canada's Food Guide - Metis, Inuit and First Nations and Nutrition for Healthy Term Infants.
  - a) Menus show that meals are provided for each meal time that occurs during program hours.
  - b) Menus show that at least two snacks are provided when children are in care for six hours or more.
  - c) Menus indicate that meals include at least four food groups and snacks include at least two food groups.
  - d) Menus will be posted for the current and following week in a conspicuous place with any substitutions noted on the posted menus.
  - e) Menu shall be kept for thirty days after the last day for which it is applicable
4. Regular meal and snack times will provide the opportunity for children to learn good eating habits and develop a positive attitude toward a wide variety of foods. There will be NO juice, extra sugar, and ketchup will be limited.
5. Nutrition education opportunities will be offered in the daily program.
  - a) opportunities for children to prepare and serve food; and
  - b) opportunities to develop and enhance socialization skills, self-regulation, and language skills.
6. Safe food handling practices will be followed for food storage, preparation, and service.
7. Drinking water available at all times.
8. All nutrition requirements are subject to Section 44 of O. Reg. 137/15 which provides that parents may identify special dietary and feeding arrangements for their children. These special arrangements must be provided in writing to the supervisor must ensure that they are carried out.
9. A list is posted in each cooking and serving area that sets out the names of the children who have food allergies or other food restrictions and their respective allergies or restrictions. The list must be kept up-to-date and reflect the most current information

available. The information posted should match the information contained in the individual plan for children with an anaphylactic allergy.

## PROMOTING HEALTHY EATING HABITS

- Enjoying food and meal times depends to a great extent on the way food is offered and the models provided by adults. There is a variety of ways in which child care providers can impact children's health and well-being with regarding to eating and nutrition, such as by:
- providing nutritious food and beverages that incorporate family and cultural preferences.
- creating positive eating environments with foods and portion sizes that are responsive to children's cues of hunger and fullness.
- using a bright, attractive, well-ventilated, and comfortable room for serving meals.
- providing suitable child-sized tables and chairs.
- supplying dishes and eating utensils that are attractive, durable and of suitable size and shape for small hands.
- ensuring that dishes and utensils match the children's capabilities so that they can graduate from bowls and spoons to forks and plates.
- providing a quiet time just before meals so that the atmosphere can be friendly and relaxed at meal time.
- avoiding delays in food services so that the children will not have to sit and wait.
- serving foods family style, where possible, with small groups of children and at least one adult sits around a table and serve themselves. The adult should sit about half way down the long side of a rectangular table rather than at the end so that he/she can respond to individual children (and supervise) while eating.
- program staff eating with the children whenever possible and always eating the same meal as the children.
- providing an opportunity for children to leave the table if they become restless before the meal is over (e.g., let them take their plates to the counter and bring their dessert back to the table).

- encouraging children to practice self-care skills (e.g., feeding themselves) and help with food preparation, distribution etc. (e.g., filling their own glasses or cups, arranging crackers and fruit on plates etc.).
- setting a good example by having a positive approach to new foods and pleasant table manners.
- being prepared for spills and calmly cleaning up and offering reassurance when they happen.
- encouraging interesting conversation and modeling language related to food, drink and eating to support communication development; and

#### ADDITIONAL INFORMATION

- Program staff should always be aware of possible choking hazards (hard foods such as raw fruits and vegetables, hot dogs, grapes, cherry tomatoes, etc.) and take precautions, such as cutting food into smaller pieces, if these items are offered as part of a meal or snack.
- Child care providers should be vigilant in watching for signs/symptoms of choking or inhaling food/drink or other distress when eating and drinking such as gagging, coughing, and/or food or drink pooling in a child's mouth. The identification of such signs/symptoms should be reported to the child's parent(s).
- It is also important to remember that children's appetites vary from meal to meal and may change over time. No child should ever be forced to eat; however, parents should be advised to consult with their physician in circumstances where a child continually refuses to eat.
- Additionally, food should never be used to reward children and the removal of food/drink to punish children is prohibited (per subsection 48(c) of O. Reg. 137/15).

#### MEAL PREPERATIONS

1. Staff will always wash their hands before preparing, handling, and serving food.
2. Food is stored at safe temperatures that prevent the growth of bacteria.
3. Cross contamination of cooked and raw foods and foods that children are allergic to is avoided with the use of separate utensils and cutting boards and thorough cleaning procedures.
4. Food preparation areas and serving trolleys are cleaned and disinfected with bleach or approved disinfectant product before and after each use.

5. Blenders and food processors are cleaned after each use.
6. Stovetops and can openers are cleaned daily. Microwaves are cleaned weekly. Ovens and refrigerators are cleaned monthly. Freezers are cleaned every six (6) months.
7. Dishes and utensils are sanitized in the dishwasher after each use.
8. Children with allergies will be accommodated. Posted lists of children's food allergies and restrictions must be kept up-to-date and reflect the most current information available. Licensees should remind parents to provide them with updates on their child's allergies.
9. Food labelling – where food or drink are supplied by the parent of a child receiving care, the container for the food or drink should be labelled with the child's name.
  - a) Children eat or drink what is intended for them when it is brought into the child care centre by the parents.
  - b) Children with medical conditions may be on a special diet (for example, a child may only be able to eat foods that have a certain consistency)
  - c) Children have allergies to food or drinks, or other intolerances or restrictions related to food or drinks.
  - d) Children can be part of a family that eats in a way that observes their religion, personal beliefs, or personal preferences (for example, vegetarian or vegan)

## SNACKS

- Snacks should be served at least 2 hours before a main meal is scheduled, otherwise children may not be hungry for the main meal. Afternoon snacks should take into consideration that many children may not eat dinner until 6:00pm or later.
- Certain foods that are higher in sugar or salt content (such as candy, dried fruit, cookies, chips, pretzels) are not consistent with Canada's Food Guide, they do not have a lot of nutrition and can cause cavities.

## SPECIAL DIETARY NEEDS

Parents of a child who has a special dietary and feeding arrangement must provide written instructions about how the child needs to be fed and/or what they can/cannot eat and drink.

Where a child requires special foods and/or feeding arrangements at mealtimes and/or snack times, it is important that the expectations and responsibilities of both the supervisor and the parent are clearly explained in writing.

## ADDITIONAL INFORMATION



When asking parents for the written instructions for the child's special dietary and feeding arrangements, licensees should ask the parents to include the following information:

- what food and drinks the parent will provide: for some children, it may only be the main meal being sent from home so the child will eat the snacks that other children are eating. Anytime a parent does not plan to bring all meals, snacks and drinks, the instructions need to note this.
- if the arrangement results in the child eating different food and/or at different times than other children, how to make sure the child can still participate in meal times and snack time (if safe to do so) with other children so the child with the arrangement feels included
- January 2024 (version 1.0) Page 185 of 339 • what the child can or cannot eat or drink at special activities/events that serve food (for example, cake served as part of a birthday celebration)
- what happens when children are on a field trip and there is no refrigeration available or nowhere to safely prepare food.
- what should happen if the child is still hungry after eating a meal from home; and,
- what would be the back-up plan if food/drink from home was forgotten or lost.

Licensees may also want to ask parents for an ingredient list of food/drink being brought in from home to check to see if an ingredient could trigger an allergic reaction in another child in the centre.

If the parents need to change the written instructions, they need to let the child care centre know right away.

Licensees should consider having policies that require the parent-provided lunch to meet the nutritional requirements set out in the Canada's Food Guides as well as the licensee's anaphylactic policy.

Licensees must ensure that meals and snacks that are brought from home for children who are 44 months and older are labelled and comply with the centre's anaphylactic policy.

## EMERGENCY PREPAREDNESS

In case of emergency the following will be available at all times:

1. Emergency telephone numbers will be posted in each playroom and the office area.

## NIPISSING FIRST NATION CHILD CARE CENTRES

2. In the event of an emergency /evacuation the following information will be kept available.
  - a. Daily Attendance Sheets
  - b. Parent and emergency contact information
  - c. Any special medical or other information provided by parents
  - d. Emergency phone list including Band Administration / Health Centre.
3. An emergency Back Pack containing a first aid kit, the centre tablet, a cell phone, emergency keys and a bag of blankets will be kept near the exit with easy access.

### EMERGENCY INFORMATION

Centre Information	Emergency Personnel
Couchie Memorial Child Care	Muriel Metatawabin (Site Supervisor) (705) 471-1119
Nipissing Ojibway Daycare	
Other Emergency Staff	Kelsey McNeill (Manager) (705) 303-3032 Daniel Stevens (Director) (705) 753-2050 Lily Boucher (705) 491-6531

### PURPOSE

The purpose of this policy is to provide clear direction for staff and licensees to follow in case of emergency situations. The procedures set out steps for staff to follow to support the safety and well-being everyone involved.

Clear policies and procedures will support all individuals to manage responses and responsibilities during an emergency, resulting in the safest outcomes possible.

### WARNING SYSTEM

The centre will be notified of the impending situation as follows:

1. Sounding of the internal fire alarms, both routine and emergency
2. Sounding of any community sirens
3. Local media – Community radio station
4. City or Municipal Office and/or Administration (Band Office)

### RESPONSIBILITIES

Staff who becomes aware of the evacuation orders must inform all staff of the incident and that the centre will be evacuated as quickly and safely as possible.

## NIPISSING FIRST NATION CHILD CARE CENTRES

1. Staff must immediately:
  - a) Remain calm
  - b) In case of evacuation, gather all children, the attendance record, children's emergency contact information and any emergency medication.
  - c) Exit the building with the children using the nearest safest exit, bringing all the children's outdoor clothing (if possible) according to weather conditions.
  - d) Escort children to the designated meeting place.
  - e) Take children's attendance to confirm all children are accounted for.
  - f) Keep children calm
  - g) Wait for further instructions from emergency personnel
  
2. If possible, staff should also
  - a) Take a first aid kit
  - b) Gather all non-emergency medication.
  
3. Designated staff should:
  - a) Help any individuals with medical and/or special needs who need assistance to go to the meeting place (in accordance with the procedures in a child's individual plan, if the individual is a child)
  - b) In doing so, follow the instructions posted on special needs equipment or assistive devices during the evacuation.

If possible, the supervisor or designate must conduct a walk-through of the child care centre to verify that everyone has exited the building and secure any windows or doors, unless otherwise directed by emergency services personnel.

## NEIGHBOURHOOD AND REGION WIDE EVACUATION

The centre's procedures for contained emergencies are followed in a neighbourhood or region-wide evacuation unless the supervisor receives direction either directly or indirectly through local authorities, such as the police or fire department. The supervisor must then alert the staff and prepare them to follow the evacuation instructions. The staff are responsible for supervising any other children who may be delegated to their temporary care during such an event.

## DESIGNATED PLACE OF SHELTER

NIPISSING OJIBWAY DAYCARE	COUCHIE MEMORIAL CHILD CARE
Temporary: Lawerence Commanda Health Centre	Temporary: Nbisising Secondary School
Long Term: Band Administration Building	Long Term: Band Administration Building

## FIRE / EVACUATION

Staff/children will participate in a surprise fire drill on a monthly basis (weekly if staff / children are new to the program until they are familiar with the procedures).

- An alternate exit route will be introduced as soon as the children are able to respond promptly and correctly to the fire drill signal.
- Drills will include evacuation from all areas including the sleep rooms although not a sleep time.
- Practices will be held on different days of the week and at different hours of the day.
- Designates will initiate monthly fire drills and record results in the Fire Drill Record form.

### In the event of a FIRE

- All staff have been instructed as to their responsibilities in the event of a fire prior to staff commencing employment.
- All staff and parents are aware of the location of the emergency shelter.
- Staff and children are required to follow procedures for fire drills/fire as outlined.

### The person who discovers a fire will:

- Assist anyone in immediate danger.
- Try to isolate any burning area by closing the door.
- Sound the alarm; and then
- Telephone the fire department (*the number is clearly posted beside the telephone*).

### Staff Duties

- Directing children to safety outside once they are in line, with one adult leading, other adults placed throughout the line and one adult at the end.
- Providing additional support to children with special needs, as required.
- Turning off stoves or other such appliances.
- Retrieving medication.
- Retrieving the emergency information and current attendance record. Check the number of children against the attendance record. If parents arrive before the attendance is taken, they must wait for attendance to be completed before the child is released to their care. Maintaining an up-to-date record is essential.

- Searching the premises, if safe to do so, including washroom areas, closets, and other hiding places for children, to ensure that all persons have left the building.
- Closing all doors and ensuring that the building is locked after everyone has vacated it.
- If necessary, ordering, and supervising evacuation to the designated place of shelter until parents are notified and arrive.

**Supervisor (or designate):**

Ensure all rooms are empty and doors / windows are closed. Bring emergency blankets, footwear, etc. in case of evacuation. Ensure all children/staff are safe and accounted for outside. Ensure building is safe prior to re-entry.

## EMERGENCY LOCKDOWN

When a threat is on, very near, or inside the child care. E.g. – A suspicious individual in the building who is posing a threat.

- 1) The staff member who becomes aware of the threat must inform all other staff of the threat as quickly and safely as possible.
- 2) Staff members who are outdoors must ensure everyone who is outdoors proceeds to a safe location.
- 3) Staff inside the child care centre must:
  - remain calm.
  - gather all children and move them away from doors and windows.
  - take children's attendance to confirm all children are accounted for.
  - take shelter in closets and/or under furniture with the children, if appropriate.
  - keep children calm.
  - ensure children remain in the sheltered space.
  - turn off/mute all cellular phones; and
  - wait for further instructions.
- 4) If possible, staff inside the program room(s) should also:
  - close all window coverings and doors.
  - barricade the room door.
  - gather emergency medication; and
  - join the rest of the group for shelter.

5) The Supervisor will immediately:

- close and lock all child care centre entrance/exit doors, if possible; and
- take shelter.

**Note: only emergency service personnel are allowed to enter or exit the child care centre during a lockdown.**

## HOLD & SECURE

When a threat is in the general vicinity of the child care centre, but not on or inside the child care premises. E.g., a shooting at nearby building.

- 1) The staff member who becomes aware of the external threat must inform all other staff of the threat as quickly and safely as possible.
- 2) Staff members who are outdoors must ensure everyone returns to their program room(s) immediately.
- 3) Staff in the program room must immediately:
  - remain calm.
  - take children's attendance to confirm all children are accounted for.
  - close all window coverings and windows in the program room.
  - continue normal operations of the program; and
  - wait for further instructions.
- 4) The Supervisor must immediately:
  - close and lock all entrances/exits of the child care centre.
  - close all blinds and windows outside of the program rooms; and
  - place a note on the external doors with instructions that no one may enter or exit the child care centre.

**Note: only emergency services personnel are allowed to enter or exit the centre during a hold and secure.**

## BOMB THREAT

A threat to detonate an explosive device to cause property damage, death, or injuries (i.e., phone call bomb threat, receipt of a suspicious package)

1. The staff member who becomes aware of the threat or the Supervisor must:

2. Remain calm
3. Call 911 if emergency services are not yet aware of the situation
4. Follow the directions of emergency services personnel and.
5. Take children's attendance to confirm all children are accounted for
  - A. If the threat is received by telephone, the person on the phone should try to keep the suspect on the line as long as possible while another individual calls 911 and communicates with emergency service personnel.
  - B. Where the threat is received in the form of a suspicious package, staff must ensure that no one approaches or touches the package at any time

## EXTERNAL ENVIRONMENTAL THREAT

An incident outside of the building that may have adverse effects on persons in child care. E.g. – gas leak, oil spill, chemical release, forest fire, nuclear emergency.

The staff member who becomes aware of the external environmental threat must inform all other staff of the threat as quickly and safely as possible and, according to directions from emergency services personnel, advise whether to remain on site or evacuate the premises.

### **If remaining on site:**

- 1) Staff members who are outdoors with children must ensure everyone who is outdoors returns to their program room immediately.

### **2) Staff must immediately:**

- remain calm.
- take children's attendance to confirm all children are accounted for.
- close all program room windows and all doors that lead outside (where applicable).
- seal off external air entryways located in the program rooms (where applicable).
- continue with normal operations of the program; and
- wait for further instructions.

### **3) The Supervisor must:**

- seal off external air entryways not located in program rooms (where applicable).

- place a note on all external doors with instructions that no one may enter or exit the child care centre until further notice; and
- turn off all air handling equipment (i.e., heating, ventilation and/or air conditioning, where applicable).

**If emergency services personnel otherwise direct the child care centre to evacuate**, follow the procedures outlined in the “Disaster Requiring Evacuation” section of this policy.

## DISASTER REQUIRING EVACUATION

A serious incident that affects the physical building and requires everyone to leave the premises.

E.g., fire, flood, power failure.

- 1) The staff member who becomes aware of the disaster must inform all other staff of the incident and that the centre must be evacuated, as quickly and safely as possible. If the disaster is a fire, the fire alarm pull station must be used and staff must follow the centre’s fire evacuation procedures.

### **2) Staff must immediately:**

- remain calm.
- gather all children, the attendance record, children’s emergency contact information any emergency medication.
- exit the building with the children using the nearest safe exit, bringing children’s outdoor clothing (if possible) according to weather conditions.
- escort children to the meeting place; and
- take children’s attendance to confirm all children are accounted for.
- keep children calm; and
- wait for further instructions.

- 3) If possible, staff should also:

- take a first aid kit; and
- gather all non-emergency medications.

- 4) Designated staff will:

- help any individuals with medical and/or special needs who need assistance to go to the meeting place (in accordance with the procedure in a child’s individualized plan, if the individual is a child); and



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- in doing so, follow the instructions posted on special needs equipment or assistive devices during the evacuation.
  - If individuals cannot be safely assisted to exit the building, the designated staff will assist them to [Click here to enter text.](#) and ensure their required medication is accessible, if applicable; and
  - wait for further instructions.
- 4) If possible, the site designate must conduct a walk-through of the child care centre to verify that everyone has exited the building and secure any windows or doors, unless otherwise directed by emergency services personnel.

## NATURAL DISASTERS

### Tornado / Tornado Warning

- 1) *The staff member who becomes aware of the tornado or tornado warning must inform all other staff as quickly and safely as possible.*
- 2) Staff members who are outdoors with children must ensure everyone who is outdoors returns to their program room(s) immediately.
- 3) *Staff must immediately:*
  - remain calm.
  - *gather all children.*
  - *go to the basement or take shelter in small interior ground floor rooms such as washrooms, closets, or hallways.*
  - take children's attendance to confirm all children are accounted for.
  - *remain and keep children away from windows, doors, and exterior walls.*
  - keep children calm.
  - conduct ongoing visual checks of the children; and wait for further instructions.

### Major Earthquake

- 1) Staff in the program room must immediately:
  - remain calm.

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- instruct children to find shelter under a sturdy desk or table and away from unstable structures.
  - ensure that everyone is away from windows and outer walls.
  - help children who require assistance to find shelter.
  - for individuals in wheelchairs, lock the wheels and instruct the individual to duck as low as possible, and use a strong article (e.g., shelf, hard book, etc.) to protect their head and neck.
  - find safe shelter for themselves.
  - visually assess the safety of all children.; and
  - wait for the shaking to stop.
- 2) Staff members who are outdoors with children must immediately ensure that everyone outdoors stays away from buildings, power lines, trees, and other tall structures that may collapse, and wait for the shaking to stop.
- 3) Once the shaking stops, staff must:
- gather the children, their emergency cards and emergency medication; and
  - exit the building through the nearest safe exit, where possible, in case of aftershock or damage to the building.
- 4) If possible, prior to exiting the building, staff should also:
- take a first aid kit; and
  - gather all non-emergency medications.
- 5) Individuals who have exited the building must gather at the meeting place and wait for further instructions.
- 6) Designated staff will:
- help any individuals with medical and/or special needs who need assistance to go to the meeting place (in accordance with the procedure in a child's individualized plan, if the individual is a child); and
  - in doing so, follow the instructions posted on special needs equipment or assistive devices during the evacuation.

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- If individuals cannot be safely assisted to exit the building, the designated staff will assist them to [Click here to enter text.](#) and ensure their required medication is accessible, if applicable; and
- wait for further instructions.

The site designate must conduct a walkthrough of the child care centre to ensure all individuals have evacuated, where possible.

### “ALL CLEAR”

#### PROCEDURES

- 2) The individual who receives the ‘all-clear’ from an authority must inform all staff that the ‘all-clear’ has been given and that it is safe to return to the child care centre.
- 3) Designated staff who have assisted individuals with medical and/or special needs with exiting the building will assist and accompany these individuals with returning to the child care centre.
- 4) Staff must:
  - take attendance to ensure all children are accounted for.
  - escort children back to their program room(s), where applicable.
  - take attendance upon returning to the program room(s) to ensure that all children are accounted for; where applicable; and
  - re-open closed/sealed blinds, windows, and doors.

The supervisor will determine if operations will resume and communicate this decision to staff.

#### COMMUNICATION:

- 1) As soon as possible, Supervisor must notify parents/guardians of the emergency situation.
- 2) Where disasters have occurred that did not require evacuation of the child care centre, supervisor must provide a notice of the incident to parents/guardians by telephone.
- 3) If normal operations do not resume the same day that an emergency situation has taken place, the supervisor must provide parents/guardians with information as to when and how normal operations will resume as soon as this is determined.

- 4) In event that it is unsafe to return from an authority, the Supervisor must notify staff of this direction and instruct them to proceed to meeting at evacuation site or site determined by emergency personnel.
- 5) Staff must take attendance to confirm that all children are accounted for.
- 6) The Supervisor will update parents/guardians that the child care centre has been evacuated and inform parents of details of location of evacuation site to pick up the children.

## PROGRAMMING DOCUMENTATION

In the realm of child care, the practice of documenting and observing plays a crucial role. Like how we capture moments in diaries or on social media in our daily lives, in early years education, this process is referred to as pedagogical documentation. The primary aim is to “make thinking and learning visible” through various means such as textual records, transcriptions of children’s expressions, photographic documentation of the learning process, and preserving traces of their creative work. The significance lies in unveiling the cognitive and developmental journey of children, providing a comprehensive understanding of their ideas, thoughts, and overall progress.

Why do we document in early years programs?

Practice reflection and learning is a common thread in professions striving for improvement. This holds true for early childhood education, where commitment to enhance overall outcomes for children necessitates consistent documentation and reflection.

Collaborative discussion and planning within a team is facilitated by documentation. This practice is vital in cultivating engagement with families, a factor known to enhance learning outcomes for children by establishing a connection between home and school. A collaborative partnership with families becomes indispensable, as they possess unique insights into their child’s characteristics, allowing education to leverage their knowledge and experience educating families about their children’s development.

Why observe children at play?

Play nurtures imagination and creativity: Engaging in make believe activities offers children the chance to express themselves both verbally and non verbally, fostering creativity and imaginative thinking.

Play cultivates social skills: through play, children embark on the journey of learning to communicate, negotiate, and collaborate with their peers.

Play supports physical development: Whether it's running and jumping or handling small paintbrush, play inherently involves physical activity, challenging children to explore new movements.

Play aids in understanding and expressing emotion: children utilize play to freely express themselves, employing language, body movements, and facial expressions to communicate and comprehend their emotions.

Play fosters relationships: interacting and communicating with adults, caregivers, and fellow children during play, contributes to the development of strong and secure relationships.

## DAILY WRITTEN RECORD

A daily written record will be kept in each group. The record will include a summary of any incident affecting the health, safety or well-being of any child OR staff at the centre.

It will include any inspections, or visits or other pertinent program /child information.

Parents will be notified as above of incidents, accidents, health matters following above policy.

## PROCEDURES

(1) Every licensee of a child care centre or home child care agency shall ensure that a daily written record is maintained that includes a summary of any incident affecting the health, safety, or well-being of.

- a) any child receiving child care at a child care centre operated by the licensee.
- b) any staff at a child care centre operated by the licensee.
- c) any child receiving child care at a premises where the licensee oversees the provision of home child care; or
- d) any person providing child care at a premises where the licensee oversees the provision of home child care.

(2) If an incident described in clause (1) (a) or (c) occurs, the licensee shall ensure that a parent of the child is notified.

The intent of this provision is to ensure that each child care centre keeps a record of significant events that affect the health, safety or well-being of staff and children. Where a program

operates over a time span requiring shift work, for example, a before- and/or after-school program with different morning and evening staff, this record can be especially important as it serves as a communication tool between staff who are working different shifts.

The daily written record should contain a dated entry for each day the program operates. If there is nothing to report for that day, the entry can reflect that the day was uneventful.

Licensees may choose to have a single daily written record for the entire child care centre, or an individual daily written record for each group.

Contents will include but not limited to:

- A summary of any incident(s) affecting the health, safety and well being of staff or an enrolled child.
- Any changes for children at arrival or departure time.
- Document any children that have medicines.
- Any recommendations made by the Health Inspector, Fire Official or Program Advisor are to be recorded in the daily written record.
- Any variation in the daily program is to be recorded. (i.e., outdoor play cancelled due to weather)
- It is best practice to record information regarding any visitor who is not commonly on the premise.
- This may include but not be limited to an Infant Development or CAS Worker, City Official, School Principal, Public Works staff, or a guest doing a presentation for the children.
- Name the individual and the organization represented in the daily log.
- Supervisor's daily log to include any contraventions of guidance policies.
- Record messages either verbal or phone in the log book with your initials.

## DAILY ROUTINE

A daily routine in child care provides predictability and stability, fostering a sense of security and trust in the environment. It promotes independence and time management skills while encouraging healthy habits like regular meals and hygiene practices. Routines support emotional regulation and facilitate learning through structured activities. Additionally, they

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enhance social skills through interactions with peers and caregivers. Consistent bedtime routines improve sleep patterns, and daily routines offer opportunities for meaningful parent-child communication and bonding. Overall, establishing a daily routine in child care settings contributes to children's holistic development and well-being.

8:00am – 8:55am	Arrival & Free Play
8:55am – 9:00am	Clean / Wash Up
9:00am – 9:20am	Morning Snack
9:20am – 9:45am	Free Play
9:45am – 9:50am	Clean Up / Bathroom
9:50am – 10:20am	Activity / Circle / Ojibway
10:20am – 10:30am	Clean Up / Bathroom
10:30am – 11:10am	Get Dressed / Outdoor Play
11:10am – 11:15am	Undressed / Wash Up
11:15am – 11:40am	Lunch
11:40am – 11:50am	Clean Up / Bathroom
11:50am – 2:00pm	Nap / Rest
1:00pm – 2:00pm	Quiet Play
2:00pm – 2: 20pm	Afternoon Snack
2:20pm – 2:45pm	Free Play
2:45pm – 2:50pm	Clean Up / Bathroom
2:50pm – 3:20pm	Activity / Circle
3:30pm – 3:30pm	Bathroom / Get Dressed
3:30pm	Outdoor Play
3:40pm – 4:00pm	Bus Drop Off
3:30pm – 4:30pm	Outdoor Play
4:30pm – 5:00pm	Free Play / Clean Up / Departure

**OUTDOOR LEARNING**

Engaging in outdoor activities not only fosters exploration and learning but also plays a crucial role in promoting the overall health and well-being of children. By encouraging active play and exploration in outdoor settings, programs enable children to enhance their physical abilities through creative problem-solving and develop a deeper connection with the natural

environment. For each child in child care for a minimum of six hours daily, it is recommended that they spend at least two hours outdoors each day, weather permitting.

- Weather permitting means the absence of severe weather conditions such as the following:
- Extreme heat/humidity
- Extreme cold – temperatures of -15C or colder or a windchill of -20C or colder
- Poor air quality – advisory has been issued.
- Thunderstorm
- Tornado
- Winter and ice storms (heavy snow fall, hail, ice pellets, etc.)

Supervisors or staff members should routinely consult weather forecasts to assess whether outdoor play is suitable on a particular day. Children can partake in outdoor activities in various weather conditions provided they are dressed adequately, and necessary adjustments are implemented. Local public health units might provide guidelines encompassing all aspects of children's healthy development, including specific criteria regarding safe outdoor play in varying weather conditions.

## EXCURSIONS

Throughout the year, we organize excursions to unique and noteworthy locations. Advanced notice will be provided to all families, detailing the destination, time, and date of the outing. Parents will be required to give consent, indicated through a signed permission form, is necessary for children to take part. Staff members should strongly encourage parents / guardians to join on these field trips.

As integral members of the NFN Community, our Centers are dedicated to incorporating diverse learning experiences that involve exploring and engaging with the community. This includes walks and attendance at local events.

## SUPERVISION

Employees, volunteers, and students will take every due and proper measure to ensure that children's' needs are met at all times. At no time will a child be left alone, and it is the responsibility of the educator's/support staff to supervise the children at all times. Volunteers



and students will not be left alone to supervise children *nor are they to be counted in the staff/child ratio.*

*The Ministry of Education, Child Care Early Years Act* details the legislated requirements of the adult to child ratio, and it is the responsibility of the educator/support staff to maintain said ratios at all times in accordance with the age of children in care.

This Supervision Policy operates with the understanding and guidelines set out in job descriptions, Hub policies and procedures, *Code of Ethic and Standards of Practice of the College of Early Childhood Educators*, and the legislation of the Ministry of Education.

More specifically, the supervision of toddler and preschool age children during sleep room periods, must be supervised. Educators and support staff must frequently be ensuring that all children are safe and counted for. Frequent physical checks around the sleeping environments will support this policy. Older children who have rested are permitted off their cots after 1 hour as per legislation.

All Educators will be diligent to supervision in the playground. They will follow the *Playground Health and Safety Policies and Procedures* ensuring there is proper ratios maintained, frequent checks to ensure all children are safe and accounted for and be aware of what is going on to ensure adequate supervision in all areas.

Contravention of the Supervision Policy may result in reporting of Serious Occurrence to Ministry of Education and could result in further disciplinary action. Each contravention to the Supervision Policy will be dealt with on an individual basis.

## **SUPERVISION OF STUDENTS & VOLUNTEERS**

This policy will be reviewed with employees before they begin their employment and annually afterwards; and with volunteers and students who will be providing care and guidance before they begin placement and annually there afterwards. This review will be signed and dated.

Additional policies including prohibited practices/guidance and anaphylactic will be reviewed with volunteers and students providing care and guidance before they begin placement and annually there afterwards. Reviews will be signed and dated.

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The Nipissing Ojibway Daycare and Couchie Memorial Daycare vulnerable reference check policy applies to all employees, students, and volunteers with the exception of students who are under the age of 18 and placed by an educational institution, example high school co-op students.

Each Daycare Center's Supervisor is responsible for the implementation, review, and evaluation of this policy.

### PROCEDURES

Direct unsupervised access (i.e., when the adult is alone with a child) is not permitted for persons who are not employees of this centre. No child is directly supervised by a person less than 18 years of age. Volunteers and students are not counted in the staffing ratios. Volunteers and students are assigned a supervising mentor/staff member throughout their placement.

Exception will be made in co-op nursery schools where by policy two participating parents may take the place of an unqualified staff when Ministry Director approval is given.

Private-home daycare agencies must indicate whether there may be unsupervised access by persons other than the agency provider who are present on the premises of a private home day care location.

### ROLES & RESPONSIBILITIES

#### **The supervisor/designate will be responsible for:**

- conducting the orientation process using the orientation checklist.
- developing the expectations, roles and responsibilities of the students and volunteers.
- assigning a mentor's/staff members to supervise students and volunteers.
- update the parent handbook statement to include information on students and volunteers.
- inform parents/guardians of volunteers and students in placement at the centre.
- training for mentor's/staff members on their roles and responsibilities when supervising students and volunteers and.
- monitoring the prohibited practices of student and volunteers.

**The supervising mentor's/staff members will be responsible for:**

- reviewing the expectations, roles and responsibilities with the students and volunteers.
- supervising the students and volunteers.
- fulfilling the administration requirements of such placements and.
- communication with other staff members and operator.

**The students and volunteers will be responsible for:**

- reviewing and signing off on all policies and procedures relevant to this placement.
- adhere to the policies and procedures of the centre.
- fulfilling the objectives and responsibilities of their role and.
- fulfilling administrative requirements of such placements.
- aware of who is responsible for the implementation of the policy and whom will be their assigned mentor.

## PROHIBITED PRACTICE PROCEDURES

- To be reviewed annually with each staff member, board member, and volunteer in April.
- To be reviewed with each staff member, board member and volunteer upon hiring or in volunteer positions throughout the year as necessary.
- To be reviewed if there is coaching with regards to behaviour management and re-signed at date of coaching.
- To be reviewed in difficult times of contravention of Policy
- To be reviewed in conjunction with the Monitoring of Policy

Those Educators registered with the College of Early Childhood Educators have further obligations to their practice with specific regards to the Standards of Practice and Code of Ethics of the College of ECE, with regards to Behaviour Management responsibilities and professional practice.

It is our intent that all employees, board members and volunteers uphold the same standards as set out in this policy as well as the expectations of the CECE.

## PROHIBITED PRACTICE

- a) Corporal punishment of the child; including hitting, spanking, punching, shaking, pinching, biting, grabbing, and/or slapping.
- b) Physical restraint of the child, such as confining the child to a high chair, car seat, stroller, or other device for the purpose of discipline or in lieu of supervision, unless the physical restraint is for the purpose of preventing the child from hurting themselves, or others, and is used only as a last resort and only until the risk of injury is no longer imminent.
- c) Locking the exits of the child care centre for the purpose of confining the child or confining the child in an area or room without adult supervision unless such confinement occurs during an emergency and is required as part of the emergency management policies and procedures.
- d) Use of harsh or degrading measures or threats or use of derogatory language directed at or used in the presence of a child that will humiliate, shame, or frighten the child or undermine their self-respect, dignity, or self-worth.
- e) Depriving the child of basic needs including food, drink, shelter, sleep, toilet use, clothing, bedding. Food must not be used as a punishment or threat at during meal times. Access to liquids must always be available.
- f) Inflicting bodily harm on children including making children eat or drink against their will.
- g) A child must not be humiliated either physically or verbally through sarcasm, taunting, teasing, or degrading.
- h) A child must not be confined or locked in any room. A child must not be placed in a room alone
- i) A child must not be punished or reprimanded in any way for failing to use the toilet.
- j) A child must not be punished in any way for not falling asleep at rest time.
- k) A child must not be transported in such a way that removes their ability to control their destination.
- l) Any adult who observes mistreatment of any child must contact the Supervisor of Centre immediately or the Manager. This is a legal responsibility.

## BEHAVIOUR MANAGEMENT

### MANAGEMENT OF CHILD BEHAVIOURS

Every child care agency must have the following behavior management policies and procedures which include at least the following:

1. Preferred behavior management practices

2. Prohibited behavior management practices
3. Contravention policies and procedures outlining how the agency will handle staff student's volunteers and parents who choose to use the prohibitive behavior management practices
4. Monitoring behavior management practices and keeping records of such events (ie.log)

Policies and procedures must be reviewed with staff student's volunteers and parents the review must be signed and dated upon completion this manual must also be reviewed annually by the operator to ensure that it remains appropriate and up to date.

Behavior management practices should be:

- a. Used in a positive and consistent manner.
- b. Implemented as soon as possible after the inappropriate behavior.
- c. Appropriate to the developmental level of the child.
- d. Related to the inappropriate behavior.
- e. Designed to assist the child to learn appropriate behavior.
- f. Discussed with apparent if a difficult situation arises with a child.

## PREFERRED PRACTICE

Staff, students, and volunteers are expected to use the following management practices when necessary:

- a) Channeling the child energy to another area diversion.
- b) Ignoring the inappropriate behavior.
- c) Positive verbal reminders regarding inappropriate behavior.
- d) Redirection to a closely supervised. Activity.
- e) Positive enforcement of desired Behavior both verbal and nonverbal.
- f) Time out used only after all methods have been tried. The maximum time is 1 minute for each year of age of a maximum of five minutes.

## CONTRAVENTION OF BEHAVIOUR MANAGEMENT PRACTICES

Staff members found to be in contravention of this policy will be dealt with under the Nipissing First Nation human resources policy section 14. Reprimand system and progressive disciplinary process.

All Children's serious behavior that causes serious injury to another child himself herself or to personal property will be closely monitored documented and addressed to the parents or Guardian.

## SERIOUS SIGNS OF BEHAVIOUR

1. Deliberate physical marks and/or bleeding
2. Throwing chairs
3. Hitting staff or students, volunteers
4. Damaging property
5. Injuring self

## ADDRESSING BEHAVIOURS

Staff will adhere to the behaviour management policy that includes redirection, resolution, reasoning, and logical/natural consequences.

- Addressing and managing challenging behaviours is the responsibility of both the staff and the parents. This will require work and communication by both parties.
- Communication is important and every effort will be made to ensure that parents will be kept informed of changes in behaviours.
- Parents will be expected to work with staff and their children towards manageable solutions to the issues.
- When a child demonstrates multiple instances of challenging behaviours (documented by incident reports), the Child Care Supervisor will request a meeting with the parents to discuss strategies and techniques to try at home supported at the child care centre, by staff.
- The staff will work with the child at the centre and the parents are expected to work with the child in their home life. Unfortunately, there may be instances where the behaviours do not improve or get more severe. In those instances, the following course of action will occur:

## COURSE OF ACTION

1. Verbal conversation/meeting with parents (documented and placed in child's file)
2. A call to parents and child must be picked up immediately for the remainder of the day. A written memo will be issued as this second step has occurred.
3. A written notice and suspension from the child care program for a period of 30 days
4. Termination of enrollment/child care space.

For ongoing challenging behaviours, a logbook in the child's file will be kept. This log will contain information including dates, summary of occurrences, complaints, and discussions of unusual behaviours. These files are confidential and will be retained for two years after the last entry.

## REPORTING ACCIDENTS, ILLNESSES, INCIDENTS AND SERIOUS OCCURANCES

### ACCIDENTS AND INCIDENTS

In the event of an accident or injury staff will administer first aid and complete the accident/illness report. The report will include:

- nature and time of incident/accident
- report is made describing the circumstances of the injury and any first aid administered.
- A copy of the report is provided to the parent of the child.
- This confidential report will be filled in the child's file

The intent is to require child care centres to keep a record of accidents and injuries and notify parents when their child receives an injury.

In the time of an accident being reported, it should be noted in the daily communication book and on the child's notes on Lillo (e.g. accident report on file)

### SERIOUS OCCURANCES

It is the policy of the **Nipissing First Nation** to conduct a preliminary inquiry immediately following any serious occurrence and to report it, in accordance with Subsection 3.9, Serious Occurrences, *Child Care & Early Years Act 2014, Ontario Regulation 137/15*.

### PROCEDURES

According to the Ministry of Education, if there is a Serious Occurrence while a child is in the company of a staff member or on the premises of the child care centre the following procedures must be followed.

**Licensees are required to notify their program advisor through the Child Care Licensing System (CCLS). If licensees cannot access the CCLS, they must still notify their program advisor via telephone or email within 24 hours of the incident and complete a Serious Occurrence report in the CCLS as soon as the system becomes available.**

The serious occurrence categories in CCLS are:

1. The **death of a child** while receiving child care at a home child care premises or child care centre, whether it occurs on or off the premises,

**CCLS Category:** Death

2. A **life – threatening injury to or a life – threatening illness of a child** who receives child care at a home child care premises or child care centre.

**CCLS Category:** Life – threatening injury or illness

3. **Abuse, neglect or an allegation of abuse or neglect of a child** while the child receives child care at a home premises or child care centre.<sup>1</sup>

**CCLS Category:** Alleged Abuse/Neglect

4. An incident where a child who is receiving child care at a home premise or a child care centre **goes missing or is temporarily unsupervised.**<sup>2</sup>

**CCLS Category:** Missing

**Sub – Categories** Child Found

Child Still Missing

Note:

“Missing Child” Policy outlines protocols staff are to follow if a child is missing. A child is not considered missing if they have not been in attendance.

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<sup>1</sup> An allegation of abuse and/or neglect of a child that occurred while the child was not attending the child care service is not a serious occurrence because it is unrelated to the child care service, but this situation must still be reported to CAS.

<sup>2</sup> Only use “Child Still Missing” if child is still missing when serious occurrence is being reported. If the child’s whereabouts were unknown for a period of time but they have since been found, use “Child Found



5. An **unplanned disruption of the normal operations** of a home child care premises or child care centre that poses a risk of health, safety or well-being of children receiving care at a home child care centre premises.

**CCLS Category:**

Unplanned Disruptions

## IN THE EVENT OF A SERIOUS OCCURANCE

1. Address the health and safety of the child.
2. In the event of a death, contact the police, coroner, family /others as appropriate.
3. Notify:
  - Supervisor
  - Manager
  - Program Advisor
4. A report is provided to a program adviser of any serious occurrence in any child care centre operated by the licensee or any premises where it oversees the provision of home child care within 24 hours of it happening through the Child Care Licensing System (CCLS)
5. If no follow up is required and the initial notification is the only report, Part 2 of the Serious Occurrence Report can be filed at the same time as the Part 1.
6. Recommendations as a result of the Serious Occurrence Report will be strictly adhered to with an action plan.
7. Following the submission of the Serious Occurrence Report to the ministry and within 24 hours of becoming aware of an occurrence or when the operator deems the occurrence to be serious as set out under the Serious Occurrence Reporting Procedures, the operator will complete a Serious Occurrence Notification Form to communicate information to parents. (This includes allegations of abuse)
8. In the centre, the Serious Occurrence Notification Form will be posted at the entrance used by parents. The form will be posted near the child care licence and Licensing Summary chart.
9. The Serious Occurrence Notification Form is updated as the operator takes additional actions or investigations are completed.
10. The Serious Occurrence Notification Form is posted for a minimum of 10 business days. If the form is updated with additional information such as additional actions taken by the operator, the form remains posted for 10 days from the date of the update.
11. The Serious Occurrence Notification Form is retained for at least three years from the date of the occurrence and forms are available for current and prospective parents, licensing,

and municipal children's services staff upon request (consistent with current requirements for the availability of licensing documentation).

12. Licensees ensure the information posted in the Serious Occurrence Notification Form protects personal information and privacy:
  - No child or staff names, initials, and age or birth date of child will be used on the Serious Occurrence Notification Form.
  - In addition, no age group identifiers will be used, e.g., preschool room, toddler room.
13. Licensees ensure child care staff review this policy upon implementation and annually thereafter.
14. Licensees ensure parents/guardians are aware of policy through communication via parent handbook / parent letter.
15. The current policy also sets out a requirement for licensees to complete and submit an "Annual Summary and Analysis Report" and retain the report on file at the child care centre. In addition to ongoing reviews and follow-up to serious occurrences, licensing staff will review the annual reports during licensing inspections. History is available on CCLS.

## ADDITIONAL INFORMATION

If a licensee or staff member suspects that a child is, or may be, in need of protection, they must report this to the local children's aid society in accordance with *section 72 of the Child and Family Services Act*.

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 a children's aid society. The person must not rely on anyone else to report on his or her behalf. Registered Early Childhood Educators have a Duty to Report.

A report to a children's aid society must be made for all situations where a child is, or may be, in need of protection. Licensees should only report a serious occurrence if the allegation of abuse or neglect has been made against an employee of the child care centre.

It is also important to note that registered early childhood educators (RECEs) are expected to be accountable for their actions as early childhood educators and to abide by the *College of*

*Early Childhood Educators' Code of Ethics and Standards of Practice* as well as all applicable legislation, regulations, by-laws, and policies that are relevant to their professional practice.

The *Early Childhood Educators Act, 2007* and the *Professional Misconduct Regulation* state that it is an act of professional misconduct to “[contravene] a law, if the contravention has caused or may cause a child who is under the member’s professional supervision to be put at or remain at risk.”

RECEs should familiarize themselves with reporting requirements under the *Child and Family Services Act* and abide by them as the failure to do so is contrary to the law and may constitute professional misconduct.

For more information on the *Child and Family Services Act* and the duty to report, see *Reporting Child Abuse and Neglect: It is Your Duty*

For more information about your responsibilities as a RECE, please visit the *College of Early Childhood Educators* website.

## SERIOUS OCCURANCE COMPLAINTS

- Licensees are responsible for managing complaints that they receive directly. If a licensee receives a complaint about an incident that relates to a defined serious occurrence category, the incident should be reported to the Ministry of Education under the appropriate category. The complaint itself does not need to be reported to the ministry.
- The Ministry of Education will follow up on all complaints received from the public and other regulatory authorities about licensed child care programs. These complaints will be tracked separately in the Child Care Licensing System.
- When the licensee has filed a serious occurrence report about a complaint, verified the complaint and has taken actions to address the issue, the Serious Occurrence Notification Form is posted within 24 hours of the occurrence.

- When a licensee has filed a serious occurrence report to the ministry about a complaint but has not acted because the complaint has not yet been verified, the serious occurrence will not be posted within 24 hours.
- Once the complaint has been verified or not verified, the Serious Occurrence Notification Form is posted.

The licensee will have a conflict resolution policy in place to support open discussions between licensed child care providers and parents through a fair and transparent process. The policy is to outline clear and consistent standards for licensed child care providers to ensure issues and concerns are addressed in a timely and transparent manner which will support communication and positive relationships between licensees and parents.

Licensees will ensure that all legislated policies and procedures are implemented, reviewed, and monitored on a regular basis by all employees, volunteers, and students to be more aware of their roles and responsibilities and are better equipped to provide for the health, safety and well-being of children receiving child care. See complaint procedure in 5.12 – Conflict Resolution

## MISSING OR UNSUPERVISED CHILD

In the event that a staff member or volunteer discovers that a child has gone missing or has been unsupervised either on site or off-site they must immediately inform the supervisor or supervisor delegate. Whereabouts of the child is “still missing” until it is confirmed that the child has been found.

If the child is discovered missing or has been unsupervised on-site the supervisor or designate will:

1. Take charge of the situation.
2. Ensure the safety of the other children.
3. Staff will complete a head count in all program spaces.
4. Direct staff/other adults available will search the center, playground, and surrounding areas.
5. Call the child’s parent(s) if child is not found within a reasonable amount of time. (5 minutes)

NIPISSING FIRST NATION CHILD CARE CENTRES

6. Call 911 or Anishnabek Police if a child is not found within a reasonable amount of time. (15 minutes)
7. Notify parent(s) of incident once child has been found.
8. Record all actions taken and the times they occurred.  
Notify management. (i.e., board of directors, band manager, CEO, etc.)

Before leaving the premises, an accurate head count of children must be taken and recorded. If a child is discovered missing off-site the supervisor or designate will:

1. Take charge of the situation.
2. Gather all remaining children in a group to ensure their safety.
3. Direct staff/other adults available to search the surrounding area.
4. Inform any officials in the area (i.e., park supervisor)
5. Ensure the safe return of children by calling upon additional staff (if necessary).
6. Ensure communication plan exists between adult at center and offsite staff. (e.g., status calls every 15 minutes)
7. Call the child's parent(s) if child is not found within a reasonable amount of time. (5 minutes)
8. Call the police if the child is not found within a reasonable amount of time. (15 minutes)
9. Record all actions taken and the times they occurred.
10. Notify parent(s) of incident once child has been found.
11. Notify management. (i.e., board of directors, band manager, CE), etc.)

In the event that a kindergarten /school –age child is discovered missing the supervisor or designate will:

1. Take charge of the situation.
2. Contact the teacher or school secretary to confirm the child was in attendance.
3. Contact the parent(s) to ensure that child was not picked up.
4. Contact the supervisor/manager at main site to report that child did not arrive to the program and school staff have been notified.
5. If child was in attendance and goes missing, the licensee is to follow the missing child procedure.

**SERIOUS OCCURRENCE REPORTING PROCEDURES MUST BE FOLLOWED.  
PLEASE ENSURE THAT IF THE CHILD HAS BEEN FOUND AT THE TIME OF  
REPORTING THAT STATUS IS NOTED AS “CHILD WAS FOUND.”**

## CHILD ABUSE ALLEGATIONS

### STAFF

- All prospective employees, students and volunteers must by law complete a Criminal Reference Check/Vulnerable Sector Check for the purpose of determining if a criminal record related to violence or child assault exists.
- Maintain qualified staff and adequate staff ratios throughout the day.
- Provide annual orientations for staff on the centre's policies and procedures, particularly those involving behaviour management and those involving child abuse. It is important for staff to frequently review these policies.
- Never leave volunteers, visitors, or students alone with children.
- Staff must be familiar with and follow the centre behaviour management policy in all cases. If an interaction between a child and a caregiver becomes out of control, call on another staff person for assistance.
- Check references thoroughly and regard them as important information when hiring individuals who will come into contact with the children.
- Provide regular, consistent supervision for all staff.
- Provide staff on **probation** with supervision throughout their shift and do not give them full responsibility for opening and closing duties.
- Minimize as much as possible staff working in isolation of other adults in private areas such as in the nap room, diapering or toileting areas.
- Provide staff with proper guidelines for field trips.
- Work towards exceeding the defined minimum licensing standards. This demonstrates the centre's commitment to provide the best environment for children and may reduce the question of management negligence in the event of an investigation of suspected abuse by a child care provider.
- Staff should keep other co-workers informed at all times of where they are and what they are doing with the children.
- Provide guidelines for staff on how to intervene appropriately in child sexual play.

- Provide and make available personal care and safety kits and training opportunities on the subject of child abuse for staff.

## CHILDREN

- Observe children as they arrive at the centre and immediately record any information which indicates concern. Any concerns should be reported as soon as possible so that the child caring agency can act on the report early in the day.
- Minimize hard to supervise areas wherever possible, e.g. place equipment in a way that ensures easy supervision and install windows or doors in secluded spaces.
- Teach the children correct terminology for parts of the body.
- Provide personal safety teaching for all children in your centre.
- Use good judgment in the choice of language with the children e.g., Adjectives such as "sexy", "babe", "little bugger" and "brat" are unsuitable for child care professionals to use in reference to children in their care.
- Teach children all staff members' names.

## PARENTS

- Keep parents informed of any change in centre practices and procedures and be reminded regularly of those in effect and the reasons for them.
- Provide the opportunity for parents to network with one another.
- Invite and welcome parents to observe in the centre any and at all times.
- Provide and make available personal care and safety kits and training opportunities on the subject of child abuse for parents.
- Screen volunteers carefully and complete reference checks.
- Inform parents of how to report concerns they have with respect to the centre e.g., to the Manager of Social Services.

## MANDATORY REPORTING TO COLLEGE OF ECE MANDATORY EMPLOYER REPORT

Employers must report to the College when the employment of a registered early childhood educator (RECE) is terminated, suspended or restrictions have been placed on their duties for reasons of professional misconduct or if the RECE resigns under these circumstances.

Employers must report to the College when they become aware that a RECE who is a current or former employee is charged or convicted of an offense involving sexual conduct and minors or an offence that, in the employer's opinion, indicates that a child may be at risk of harm or injury. Employers must also report any conduct by an RECE that they believe should be reviewed by a committee of the College. College committees address issues related to professional misconduct, incompetence, or incapacity.

## EMPLOYER OBLIGATIONS

Upon filing a Mandatory Employer Report, the employer must provide a copy of the report to the RECE who is the subject of the report. The employer must also provide any information it has regarding the professional misconduct to the College within 30 days of filing the report.

## DUTY TO REPORT

Each of us has a responsibility to protect children and youth from harm. As a professional educator working directly with students and supporting others who are, you have a legal and ethical duty to report to a children's aid society when you have reasonable grounds to suspect that a child is or may need protection.

Ontario's *Child and Family Services Act* (CFSA) requires those who perform professional or official duties with respect to children to report suspected child abuse where there are reasonable grounds. A child is anyone under 16 (or appears to be) or who is 16 or 17 and subject to a child protection order.

You don't have to be certain that a child may need protection. Suspicion on reasonable grounds – information that an average person, using normal and honest judgment would need to decide – is reason enough to report. You must report to a children's aid society so that they can assess and determine what the child needs.

Do you notice when children and youth have unexplained injuries, they are not eating, they have poor hygiene or are falling asleep in class? These may be signs of family problems, abuse, or neglect.

It always applies to all Ontario Certified Teachers (OCT) those working in non-school-board positions. All share the responsibility for the protection of children and youth.



The CFSA requires that you report suspicions of physical, sexual, and emotional abuse, neglect, and risk of harm to a children's aid society.

## LEGAL & DISCIPLINARY IMPLICATIONS

- Under the CFSA, every person who performs professional or official duties with respect to children, including teachers, early childhood educators and principals, is liable on conviction to a fine of up to \$1,000 if they fail to report a suspicion based on information obtained during their professional or official duties. (s. 72(4), *CFSA*)
- Under the Professional Misconduct Regulation, College members can be found guilty of professional misconduct if they fail to comply with duties under the *Child and Family Services Act*. (s. 1, para. 27)

Your duty to report is immediate. If you have reasonable grounds to suspect that a child needs protection, report your suspicion, and the information on which it is based, forthwith to your local children's aid society.

Your duty to report is direct. You cannot rely on anyone else to report on your behalf, nor can you delegate your legal duty. A supervisor cannot instruct you to do otherwise.

Your duty to report is ongoing. Even if you have reported previously, you must make a further report to a children's aid society if you suspect the child still requires protection.

Your duty to report overrides concerns about confidentiality. You are still legally obliged to report if a student tells you something "in confidence."

Once you have reasonable grounds to suspect abuse or neglect, your duty is to report not investigate. A children's aid society will investigate.

Be aware of your employer's policies and protocols and the advice of your professional associations.

Document your actions.

When in doubt about whether to make a report, call your local children's aid society.

## PARENT ISSUES & CONCERNS

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

All issues and concerns raised by parents/guardians are taken seriously by the Manager of Early Childhood Education and will be addressed. Every effort will be made to address, resolve issues and concerns to the satisfaction of all parties and as quickly as possible.

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

An initial response to an issue or concern will be provided to parents/guardians within seven (7) business days. The person who raised the issue/concern will be kept informed throughout the resolution process.

Investigations or issues and concerns will be fair, impartial, and respectful to parties involved.

## CONFIDENTIALITY

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

## CONDUCT

Our child care centres maintain high standards for positive interaction, communication, and role modeling for children. Harassment and discrimination will therefore not be tolerated from any party.

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

## SUSPECTED ABUSE OR NEGLECT OF A CHILD

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

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

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

## NATURE OF ISSUES OR CONCERNS

### PROGRAM RELATED

Example: schedule, sleep arrangements, toilet training, indoor/outdoor program activities, feeding arrangements, etc.

Raise the issue or concern to

1. the classroom Staff directly or
2. the Supervisor

### GENERAL, CENTRE, OR OPERATIONS RELATED

Example: child care fees, hours of operation, staffing, waiting lists, menus, etc.

Raise the issue or concern to:

1. The Supervisor

### STAFF, DUTY-PARENT, SUPERVISOR AND/OR LICENSEE RELATED

Raise the issue or concern to

1. the individual directly or
2. the Supervisor

All issues or concerns about the conduct of staff, duty parents, etc. that puts a child's health, safety and well-being at risk should be reported to the supervisor as soon as parents/guardians become aware of the situation.

## STUDENT / VOLUNTEER RELATED

Raise the issue or concern to

1. the staff responsible for supervising the volunteer or student or
2. the Supervisor

All issues or concerns about the conduct of students and/or volunteers that puts a child's health, safety and well-being at risk should be reported to the supervisor as soon as parents/guardians become aware of the situation.

## STEPS FOR STAFF AND/OR LICENSEE IN RESPONSE TO ISSUE/CONCERN

1. Address the issue/concern at the time it is raised **or**
2. Arrange for a meeting with the parent/guardian within 7 business days.
3. Document the issues/concerns in detail. Documentation should include:
  - the date and time the issue/concern was received.
  - the name of the person who received the issue/concern.
  - the name of the person reporting the issue/concern.
  - the details of the issue/concern; and
4. any steps taken to resolve the issue/concern and/or information given to the parent/guardian regarding next steps or referral.

Provide contact information for the appropriate person if the person being notified is unable to address the matter.

Ensure the investigation of the issue/concern is initiated by the appropriate party within 7 business days or as soon as reasonably possible thereafter. Document reasons for delays in writing.

Provide a resolution or outcome to the parent(s)/guardian(s) who raised the issue/concern.

## ESCALATION OF ISSUES OR CONCERNS

Where parents are not satisfied with the response of an outcome, they may escalate the issue or concern verbally or in writing to the Supervisor.

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

## PARENT CODE OF CONDUCT

Parent code of conduct we strive to create a supportive family atmosphere in which the program is an extraction of both Home and Community. We believe we must all work together in order to meet the needs of our children.

Any deliberate harsh or degrading measures directed towards staff will not be tolerated. We ask that you direct any concerns you may have directly to the supervisor in person or in writing.

If we are unable to meet your needs or our standards do not meet your requirements, we respect your right to choose alternative facilities.

Parents who choose to ignore or not respect our values will have their child care services terminated.

## CONFLICT RESOLUTION

Parents/caregivers have the opportunity to express their concerns and complaints to staff without fear of retribution. The parent's concerns are important and are a natural step in providing an inclusive environment which meets the needs of children and families. Building and maintaining positive relationships with parents is valued at our centre.

This policy is to support open communication between staff and parents. Communication is essential in preventing and resolving conflict. Parents and staff who openly communicate with one another regarding the care of their child (children) can potentially avoid dissatisfaction with services.

Families are composed of individuals who are competent and capable, curious, and rich in experience. Families love their children and want the best for them. Families are experts on their

children. They are the first and most powerful influence on children's learning, development, health, and well-being. Families bring diverse social, cultural, and linguistic perspectives. Families should feel that they belong, are valuable contributors to their children's learning, and deserve to be engaged in a meaningful way. (HDLH)

Fostering good relationships with children and their families is the single most important priority for educators in early year's programs. The ability to establish constructive relationships with children and families is a requirement for Registered Early Childhood Educators in Ontario, as set out in the College of Early Childhood Educators Code of Ethics and Standards of Practice. (CECE 2011)

## MISC. POLICIES

### MONITORING COMPLIANCES

This policy sets out the process that will be followed to monitor the implementation of our policies, procedures, and individualized plans on an ongoing basis.

This policy sets out how compliance and contraventions (non-compliance) with the policies, procedures and individualized plans listed below will be monitored, recorded, and addressed.

Policies and Procedures required to be implemented under the Child Care and Early Years Act, 2019:

1. Playground Safety
2. Anaphylactic Policy
3. Sanitary Practices
4. Sleep Supervision
5. Serious Occurrences
6. Drug and Medication Administration
7. Supervision of Volunteers and Students
8. Program Statement Implementation
9. Staff Training and Development
10. Police Record Checks
11. Fire and Safety Evacuation
12. Wait List
13. Parent Issues and Concerns

#### 14. Emergency Management

Individualized plans required under the Child Care and Early Years Act, 2014:

- 15. Anaphylaxis
- 16. Special Needs
- 17. Medical Needs

Other policies and procedures developed by the child care centre

- Nipissing First Nation Child Care Centre Parent Handbook

#### MONITORING AND OBSERVATIONS

The Supervisor will monitor each staff, student, and volunteer to assess whether policies, procedures and individualized plans are being implemented as follows:

1. The Manager of Children's Services will observe and monitor the Supervisor of the Child Care Centre
2. The Supervisor will observe and monitor the qualified staff in each program room (i.e., RECE or otherwise approved staff)
3. The Teachers will observe and monitor placement students and.
4. The Teachers will observe and monitor volunteers.

Monitoring and observations will be conducted on an ongoing basis through various means including, but not limited to:

- participating regularly and informally in the program.
- collecting feedback provided from parents and families; and
- reviewing written documentation (e.g., medication administration forms, daily written record, attendance records, etc.).

Monitoring will be conducted at separate times of the day (e.g., morning, afternoon, periods of arrival/departure, rest periods, meal times, outdoor play periods, transitions, etc.) to observe that policies, procedures, and individualized plans are being implemented as required for different parts of the program and daily routines.

#### DOCUMENTATION AND RECORDS

- Monitoring and observations will be recorded. Records of monitoring and observations may be documented using the Monitoring and Observing Compliance and Contraventions template.
- Documentation of observations will be completed at the time the observations are made or at least three times a year and will include concrete examples of observed compliance and non-compliance.
- All records will be stored in file cabinet for at least three years from the date they are created.

#### FOLLOW UP

- Any areas of concern with an individual's ability to comply with policies, procedures and individualized plans will be brought forward to the supervisor or designate.
- The Supervisor will address their observations through a review and discussion with the individuals observed every month and will seek to or provide them with appropriate supports to achieve and maintain compliance (e.g., additional training).

#### DEALING WITH CONTRAVENTIONS OF POLICIES, PROCEDURES, OR INDIVIDUALIZED PLANS

- The Supervisor will make every effort to clarify expectations and encourages staff, students, and volunteers to raise their questions and concerns about implementing policies, procedures, and individual plans on an ongoing basis to support clarity, learning, development, and ongoing compliance.
- Progressive discipline may be used to address observed non-compliances with policies, procedures, and individualized plans, taking into consideration the nature and severity of the incident, and the individual's history of previous non-compliances.
- Where a staff, student or volunteer is observed to be non-compliant, the licensee, supervisor or designate will take one or more of the following actions:
  - Inform the individual that a non-compliance was observed, including the review of any pertinent records or documentation that provide evidence of the non-compliance.
  - Re-review the relevant policies, procedures, and/or individualized plans with the individual.



## NIPISSING FIRST NATION CHILD CARE CENTRES

- Issue a verbal warning.
- Issue a written warning.
- Temporarily suspend the individual from their position at the child care centre based on severity
- Terminate the individual from their position.
- Inform any relevant parties (e.g., College of Early Childhood Educators, College of Teachers, College of Social Work and Social Services, the contact person for the program from which a student has been placed, CAS, police, etc.); and/or
- Report violations with the College of Early Childhood Educators' Code of Ethics to the College.
- 
- Where an observed non-compliance meets the criteria for a reportable serious occurrence (e.g., an allegation of abuse or neglect), the serious occurrence policy and procedures will be followed.

Where appropriate, the supervisor or designate will follow up with the family of a child in accordance with our policies and procedures on parent issues and concerns.

### WATER FLUSHING

This requirement is for buildings constructed BEFORE 1990, therefore this does not apply to our centres

### SMOKE FREE

Ontario's Smoke-Free Ontario Act came into effect May 31, 2006, prohibiting smoking in enclosed workplaces and enclosed public places in Ontario.

Under the Smoke-Free Ontario Act, smoking is prohibited at all times in a child care centre and private-home day care location including the playground area whether or not children are present.

This does not prohibit smoking or holding lighted tobacco for traditional Aboriginal cultural or spiritual purposes.

## NIPISSING FIRST NATION CHILD CARE CENTRES

This policy is included in the child care parent handbook and reviewed with staff and supervisor at commencement of employment, with parents prior to enrollment of their children, and students and volunteers prior to providing care or guidance to the children.

No person is smoking or handling a cigarette in the child care centre or on the playground, whether or not children are present.

Every employer shall, with respect to an enclosed workplace or place or areas mentioned above which the employer exercises control:

- Ensure compliance with this section.
- Give notice to each employee in an enclosed workplace or place or area that smoking is prohibited in the enclosed workplace, place or area in a manner that complies with the regulation, if any.
- Post any prescribed signs prohibiting smoking throughout the enclosed workplace, place, or area over which the employer has control, including washrooms in the prescribed manner.
- Ensure that no ashtrays or similar equipment remain in the enclosed workplace or place or area, other than a vehicle in which the manufacturer has installed an ashtray.
- Ensure that a person who refuses to comply with subsection (1) or (2) does not remain in the enclosed workplace or place or area, and
- Ensure compliance with any other prescribed obligations.

APPENDIX A

PROGRAM FEE SCHEDULE

Child care fees cover important aspects of child care, including meals each day. They also help improve programs, ensure safety, and create a good environment for children by investing in equipment and services. These fees are crucial for maintaining quality care and meeting the needs of child care centers.

Below you will see the outline of daily scheduled costs for child care:

<b>TODDLER CARE</b>	1:5 Ratio	Nipissing Status Children	\$1.00 / Day
		NFN Parent with Status	\$1.00 / Day
		Other First Nation Status Children	\$1.00 / Day
		Other First Nation Parent Status	\$1.00 / Day
		Non- First Nation Members/Status	\$3.60 / Day
<b>PRESCHOOL CARE</b>	1:8 Ratio	Nipissing Status Children	\$1.00 / Day
		NFN Parent with Status	\$1.00 / Day
		Other First Nation Status Children	\$1.00 / Day
		Other First Nation Parent Status	\$1.00 / Day
		Non- First Nation Members/Status	\$3.60 / Day

Child care fees are subject to change, but families will be notified a month in advance. The reasons for these changes include escalating operational costs due to factors like meeting regulatory requirements. While low costs have been beneficial for families, child care facilities may need to adjust fees to maintain quality programs. This adjustment could support investments in updated resources and attract qualified professionals, ensuring high standards of care and education. By carefully adjusting fees, child care centers aim to navigate economic challenges while providing a high-quality environment for children.

**MONTHLY FEE SCHEDULE**

Parents will be sent a monthly invoice detailing the payments due for each month, with a brief summary provided below as an example of the detailed information.

Payments are subjected to change each year depending on the amount of days within each month.

(YEAR) Monthly Payments			
April	20	Oct	22
May	23	Nov	22
June	22	Dec	21
July	21	Jan	23
August	23	Feb	21
Sept	21	Mar	21
TOTAL COST: \$260			

## PAYMENT METHODS

Payment for your child's enrollment is due in advance of care. Failure to pay in advance will result in the child being unable to attend the child care program until payment is received. In the event of non-payment, the Child Care Centre will reserve the child's space for two weeks. If payment is still outstanding after this period, the child's spot will be terminated, and a new applicant will be enrolled to fill the vacancy.

All payments must be made directly to the Nipissing First Nation Finance Department. The following methods of payment will be accepted:

1. A completed Pre-Authorized Debit form – Automatic withdrawals for your child's monthly child care fees will be processed the last business day of each month for the following month. Should payment not be in your account and not received, your child will not be permitted to attend the Child Care Centre program until payment is made.
2. Cash payment will be accepted at the Nipissing First Nation Administration – Finance Department.

Payment is required for all statutory holidays, as well as for all days your child is scheduled to be in care, regardless of illness or absence (please refer to the "Vacation" section for exceptions). Services may be terminated by the Centre if policies are not followed, fees are not paid, or if the program is unsuitable for your child.

Please see program fee schedule for a break down of child care fees.

## APPENDIX B

- Job Descriptions
- College of ECE Code of Ethics & Standards of Practice
- Registration Form
- Weekly Attendance Sheet
- Daily Attendance
- Late Arrival / Departure
- Playground Inspections
- Emergency Plan
- Fire Drill Record
- Sanitizing Sheets
- Diapering
- Menu Plan
- Food / Allergy Restriction Sheets
- Anaphylaxis Record
- Medical Need / IEP
- Administration of Medication Sheets
- Sleep Sheets
- Accident Sheets
- Serious Occurrence Report
- Monitoring Compliance Sheet