

Talented Tinkers Childcare Centre Parent Handbook

Updated: January 16, 2025

SERVICE OVERVIEW:

Age group	Toddlers & Preschoolers
Subsidized Care	We currently do not have a Purchase of Service of Agreement with the City of Hamilton
CWELCC	We are not currently part of the \$10/day program
Service Available	Full-time Care & Part-time Care
Operating Hours	Full-time Care: 7:00am – 6:00pm (Monday – Friday) ** No service is provided during the evening, night, weekends, or on Statutory Holidays. Statutory Holidays observed include: New Year's Day, Family Day, Good Friday, Easter Monday, Victoria Day, Canada Day, Civic Holiday, Labour Day, Thanksgiving, Christmas, and Boxing Day.
Overtime Fees	An overtime fee of \$25/hr will be charged if Parents arrive at least an hour late to pick up their child past their contracted hours. The overtime fees will be charged per hour that the parent is late. The Centre will inform Parents of any overtime charges.
To Apply	Please contact the Centre to obtain the registration form to place child on waitlist.

FEES SCHEDULE

AGE	Toddler (18 to 30 months)	Preschool (30 months to 6 years)
Daily Fees (Base Fees)	\$70.00	\$65.00
Registration Fees (Base Fees)	\$50.00	\$50.00
Monthly Transaction Fees (Non-Base Fees)	\$0.60 (\$0.03/Day)	\$0.60 (\$0.03/Day)
NSF Fee (Non-Base Fees)	\$45.00	\$45.00
Overtime Fees (Non-Base Fees)	\$25.00/hour	\$25.00/hour

CWELCC Program: Talented Tinkers Childcare Centre is not currently part of the \$10/day program.

PROGRAM STATEMENT

At Talented Tinkers Childcare Centre, we have designed our program on the How Does Learning Happen Ontario's Pedagogy, which is aligned with the Child Care and Early Year's Act, 2014. Our program follows a play-based learning approach that allows children to follow their interests, make sense of the world around them, and engage in hands-on learning and collaborative play. Our program is designed to allow children to learn and develop valuable skills that support their social, physical, emotional, and cognitive development. We strive to nurture each child's natural desire for knowledge and equip them with the skills they need for the next stages of their life.

Additionally, we strongly believe every child is a unique, competent, and independent individual with their own thinking process. Therefore, our program focuses on allowing the children in our care to follow their own interests and progress at their own pace. To promote individual child abilities, developmental needs, and strength to reach potential in the early stages of the child's life, we encourage and emphasize the continuity of quality care at our childcare center setting by understanding that each child is unique and that they grow up in families with diverse social, cultural, and linguistic perspectives. We believe that each child should get an opportunity to freely explore their surroundings in a carefully planned and inclusive learning environment. A wide variety of open-ended play materials and indoor/outdoor activities will be planned so the children at the center can freely use their skills, imagination, and abilities to support their exploration and inquiry and reach their full potential.

Furthermore, at Talented Tinkers Childcare Centre, we strongly value the diversity of the families in our care and strive to make our program inclusive to all. We strive to create a welcoming, safe, inclusive, educational, and inviting space for all children to learn, play and grow. We strongly believe that every child is important, equal, and deserving of respect, love, and quality childcare. Therefore, we work hard to ensure that our program is age-appropriate and inclusive to all children's needs. At Talented Tinkers Childcare Centre, we strive to develop positive relationships between children, Staff, and Parents. We believe it is important to build inclusive and positive relationships to promote quality of care. To enhance communication, our program strives in making sure there is constant positive daily communication and the exchange of information between families and the staff regarding their child at the center.

Lastly, at Talented Tinkers Childcare Centre, we strongly believe that all our staff including Program Staff and Supervisor are competent and capable, caring, and rich in experience. They are knowledgeable, caring, reflective, and resourceful professionals. We believe that each staff member brings diverse social, cultural, and linguistic perspectives to create engaging environments and experiences to foster children's learning and development.

Program Statement		
s.46(3)(a)-(k)	Goals (What)	Approaches (How)
a) Promote the health, safety, nutrition and well-being of the children	Staff will promote children's overall health and well-being.	Our Staff will approach this goal by offering children with a welcoming, safe, clean, loving, and nurturing environment at the Center daily, so all children are able to learn, grow, and play in a positive space. Our Staff will create areas where children can be exuberant in play or quiet and reflective. Children's individual needs for rest and play will be considered and respected throughout the course of the day. Our Staff will offer children meals of lunch and snacks that meet and exceed Canada's Food Guide. Food allergies and preferences will be carefully adhered to. Our Staff will monitor and document children's health and well-being and communicate concerns immediately with families.
b) Support positive and responsive interactions among the children, parents, and Staff	Staff will form trusting relationships with children and their families; providing everyone with a sense of belonging	Our Staff will exercise patience, active listening, and use positive affirmations and encouragement when communicating with children. Our Staff will keep constant and open communication with parents regarding their child's developments, learning, and any observations made while the child is at the Center. Our Staff will consult with the parents and utilize advice and family centered practices for their child as we believe families are experts on their child's strengths, abilities, and needs.
c) Encourage the children to interact and communicate in a positive way and support their ability to self-regulate	Staff will support all children's ability to self regulate, with the goal of this support being that children feel comfortable and confident within the learning environment	Our Staff will achieve this goal by providing on-going activities to challenge children at their developmental levels and support children in learning concrete strategies to deal with emotions both good and bad. Some of the teaching tools for self regulation will include yoga,

		breathing exercises, meditation, dramatic play, arts & crafts, reading, music, exploring categories of math, science, and language through group scheduled play activities while emphasising how to positively communicate thoughts and feelings.
d) Foster the children's exploration, play and inquiry	Children's health and well being is fostered both indoors and outdoors.	Our Staff provide emergent play-based curriculum where children's natural curiosity, inquiry, and sense of wonder is capitalized upon. Children's interests shape and form the direction of the curriculum. Staff will take children outside for outdoor play for two hours daily (if weather allows). Outdoor activities include outdoor play time within the fenced play area at the Center, nature walks, visiting nearby public library, etc.
e) Provide child-initiated and adult supported experiences	All Staff see fostering the children's exploration, play and inquiry as a key goal at the Center	Our Staff through reflection and interpretation of observations, documentation, and conversations with children and their families tailor the curriculum planning to best suit the children's interests and needs.
f) Plan for and create positive learning environments and experiences in which each child's learning and development will be supported and which is inclusive of all children, including children with individualized plans	To provide an inclusive enriched childcare environment which honors and respects all children including their beliefs, culture, language, and experiences acquired from their family and community. Additionally, to provide an inclusive enriched childcare environment which honors and respects children's individualized plans and medical needs.	Our Staff will be welcoming, inclusive, and unbiased to all children regardless of their beliefs, religion, race, culture, medical needs, etc. Our Staff will teach and expose children to different cultural holidays as part of the monthly activities. The Staff will create a curriculum that is inclusive, age appropriate, and suits the interests of all children. Our Staff will create a curriculum and activities that is inclusive to all children in care including those with individualized plans.
g) Incorporate indoor and outdoor play, as well as active play, rest and quiet time, into the day,	Children get to experience and participate in indoor play, outdoor play, active play, rest, and quite time daily at the	Our Staff will approach this goal by implementing a routine/ curriculum that includes activities that are centered

and give consideration to the individual needs of the children receiving child care	Center.	around indoor play, outdoor play, active play, rest, and quiet time daily at the Center. The Staff will create areas where children can play or have quiet time depending on their needs because the health, needs, and well being of the children is a priority.
h) Foster the engagement of and ongoing communication with parents about the program and their children	To form professional and trusting relationships with the families and to keep the families up to date on the progress and development of the children.	The Staff will be in constant communication with parents to provide the highest quality of care for each child. The Staff will give parents a weekly/daily update on their child whenever asked by the parent. The Staff may document the child's behaviour, development, activities to share with parents that entices reflection and discussion. Staff will implement parent advice to provide the best quality of care for the child.
i) Involve local community partners and allow those partners to support the children, their families and Staff	To enhance the Staff skills and knowledge in order to provide high quality of care for the children and their families.	The Staff will meet this goal by using local partners to learn standard CPR. Staff will utilize local community partners to enhance the childcare experience for the children by using public libraries and community early learning centers.
j) Support Staff who interact with the children at a child care premises in relation to continuous professional learning	To support Staff and ensure continuous learning opportunities for Supervisor, Staff, or volunteers interacting with the children to enhance their knowledge and skills in order to provide high quality of care for the children and their families.	The Licensee will go into the Center bi-weekly to make sure the Center is in compliance and to offer support and resources to the Staff.
k) Document and review the impact of the strategies set out in clauses (a) to (j) on the children and their families	Documentation serves as a form of reinforcement of the learning process, for educators, families, and children.	Documentation is used as a tool for authentic assessment that entices review, reflection, and discussion by children, parents, and staff. Documentation that will be used by the Staff are: log book, weekly progress report for the children, monthly progress report.

PROGRAM STATEMENT IMPLEMENTATION POLICY

As part of providing a quality program we are following the regulations of the Child Care and Early Years Act 2014. The How Does Learning Happen? Ontario's Pedagogy for the Early Years 2014 (HDLH) is used as a guideline for licensed childcare programs.

Belonging: Cultivating Authentic Relationships and Connections:

- Staff will ensure the childcare center environment is set up to meet the needs of the assigned age groups.
- Staff are trained to establish constructive relationships with children and the families through open communication. Our Staff build positive, kind and loving relationships with the children at the Center so that each child feels safe, secure, independent, and belonging.
- With structured routine and scheduled activities, the staff will allow children to participate fully in ways that are comfortable for the children. This will allow the children to engage in various forms of social play and will help them recognize their own capabilities and characteristics. Through structured routine and scheduled activities, the children will also learn to get along with others; to negotiate, collaborate, and communicate; and to care for others.
- Our Staff will ensure that each child is presented with opportunities to build interactions with the Staff during the daily routine. For instance, for Toddlers and Preschoolers: diaper changing, dressing to go outdoors, and feeding/mealtimes are ideal opportunities for making connections and building relationships.
- The Supervisor and Program Staff will communicate with the families enrolled in the program using multiple means: emails, newsletter, and phone calls/ texts.

Well-being: Nurturing Healthy Development & Well-being

Mental and Physical Well - being:

- All our Staff will be responsible to follow and practice policies and procedures set out by the Center and the Hamilton Public Health. This includes posting the following posters:

Handwashing poster

COVID screening Poster

No smoking and vapour poster

Toilet Routine Poster – to assist potty trained children

Diapering Routine Poster

Anaphylactic Poster- For active children diagnosed with anaphylactic allergy

- All our Staff are trained to screen the children before they enter the premises and to document the findings in the logbook.
- Staff are responsible to clean and sanitize the equipment, toys and the space daily, or as often as needed to meet the health and safety regulations set out by the Hamilton Public Health. The cleaning record sheet will be kept in the at the Center's Office for inspection.
- Any communicable disease outbreak will be reported to Hamilton Public Health by the Supervisor. The Staff will be responsible to practice and implement the guidance received from the Hamilton Public Health regarding the outbreak. The Supervisor will be responsible to communicate the outbreak findings with all the other families via email.
- The Licensee entering the Center for the unscheduled visit will make sure that they screen themselves before entering the childcare center premises.
- The Supervisor will be responsible to make sure that the Program Staff are implementing the policy and the procedures implemented by the Center and the Hamilton Public Health.
- All Individual Medical Plan Notice and the Anaphylactic Plan Notice will be visibly posted within the premises. Also, the Individual Medical plan and the Anaphylactic plan to be initially completed when the child is enrolled in care and will need to be reviewed annually by the physician, Supervisor, Staff, and any students or volunteers that are interacting with the children at the premises.
- All the medication including Epi- Pen will need to be locked away from the children at the Center. The medication should be in the original packaging with clear instruction and name of the child's labeled on it.
- Parents are to complete the consent form before the Staff can administer the prescribed or nonprescribed medication and ointment.

Nurturing Healthy Development:

- All Staff are responsible to make sure children are actively washing their hands before morning snack, lunch and the afternoon snack.
- The menu plan is posted on the bulletin board in the Center and is based on the Canada Food Guide.
- Staff will make sure that children bringing their own snacks or lunch have all the containers labelled visibly with the child's name on it.

- If there are any children enrolled in the Center with an anaphylactic allergy, Staff are required to follow the anaphylactic policy set out by the Center.
- Families will be informed about the anaphylactic allergy to create a safe environment and avoid any incidents at the Center.

Self- Care and Self- Regulations:

- The Staff are responsible for creating a safe, welcoming, and positive environment during care hours to promote children to tackle challenges, learn to persevere, and explore ways to cope with manageable levels of positive stress.
- The Staff are responsible to observe the children as they participate in the daily activities and are trained to support challenges.
- The Staff are responsible to allow children to express their feelings and emotions and to guide them with positive affirmation and reinforcement.
- The Staff are responsible to model positive behaviour, be friendly, kind, professional and honest when communicating with the children and families

Prohibited Practices:

No licensee shall permit, with respect to a child receiving child care at a child care centre it operates or at a premises where it oversees the provision of child care,

- (a) corporal punishment of the child;
- (b) physical restraint of the child, such as confining the child to a high chair, car seat, stroller or other device for the purposes of discipline or in lieu of supervision, unless the physical restraint is for the purpose of preventing a child from hurting himself, herself or someone else, and is used only as a last resort and only until the risk of injury is no longer imminent;
- (c) locking the exits of the child care centre or home child care premises 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 licensee's 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 would humiliate, shame or frighten the child or undermine his or her self-respect, dignity or self-worth;
- (e) depriving the child of basic needs including food, drink, shelter, sleep, toilet use, clothing or bedding; or
- (f) inflicting any bodily harm on children including making children eat or drink against their will.

Dealing with Prohibited Practices and/or Contraventions of Policies, Procedures or Individualized Plans:

Talented Tinkers Childcare Centre will make every effort to clarify expectations and encourage Staff to raise their questions and concerns about implementing policies, procedures and individual plans on an ongoing basis. However, all Staff will understand that all non-compliances will be recorded and addressed.

Progressive discipline, up to and including dismissal or contract termination, may be used to address observed prohibited practices or non-compliance 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 is observed to be non-compliant and/or participate in a prohibited practice, the Licensee will take one or more of the following actions:

- Inform the individual that a non-compliance was observed, including the review of records or documentation that provide evidence of the non-compliance;
- Re-review the relevant policies, procedures, and/or individualized plans with the individual;
- Issue a verbal warning;
- Issue a written warning;
- Terminate the contract with the Staff
- 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.);

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 Licensee/ Supervisor will follow up with the family of a child in accordance with our policies and procedures on parent issues and concerns.

Engagement: Creating Context for Learning through Exploration, Play and Inquiry

- The Staff will organize indoor and outdoor activities based on the children age group and interest.
- The Staff will be responsible to take children out for outdoor activities for a minimum of 2 hours daily if weather permits.

- The Staff will schedule free play as part of the scheduled activities. Through free play the Staff will observe the children's problem solving skills, engagement, capabilities, interest and curiosity. Through the help of free play the Staff will be able to organize future activities based on the children's interest.
- The Staff will be responsible to provide children with opportunities to expand thinking and knowledge by introducing them to new environment, toys and resources.
- Staff will set activities organized based on the following criteria: language, drama, music, free play, science/math, cognitive, fine motor and gross motor to promote development of social skills, empathetic understanding, and ability to pay attention.

Expression: Fostering Communication and Expression in All Forms

- The Staff will promote safe environment for the children to communicate and express their feelings.
- The Staff will acknowledge and respect the child interest when trying to communicate and are also willing to share their own perspective in a positive and meaningful way to continue positive conversation.
- The Staff will practice active listening, in order to respond and build on child-initiated communication and conversation to promote children's language acquisition.
- The Staff will communicate daily information to parents either at the time of drop off or via text/ email in order to support positive communication and growth.

FINANCIAL AND ADMINISTRATIVE POLICY

Full Time Care

As a full-time parent, you are responsible for paying the monthly fee 5 days before the first of each upcoming month (please see the [Billing Policy](#) & [Billing schedule](#) for more information). You will be required to pay the full fee in the event you are taking days off (i.e., vacation, etc.). You can calculate the monthly fee by multiplying the number of days your child will be in care during the month by the daily rate.

Part Time Care

As a part-time parent, you are responsible for paying for all your scheduled days 5 days before the first of each upcoming month (please see the [Billing Policy](#) & [Billing schedule](#) for more information). You will be required to pay the full fee in the event you are taking days off (i.e., vacation, etc.). You can add days to care depending on the space availability but are not allowed to switch the scheduled days. You can calculate the monthly fee by multiplying the number of days your child will be in care during the month by the daily rate.

Vacation & Sick Day Policy

You are required to pay the full fee for all vacation days as well as days the child is sick and doesn't attend care.

Statutory Policy

No service is provided on Statutory Holidays. However, you are responsible to pay for all the statutory holidays. If the statutory holiday falls on the weekend a lieu day will be established.

NSF Payment

If the fee returns and is not processed the NSF fee (Non - Base Fees) will be applied. Parents are responsible to pay the NSF fee and the overdue monthly fee via e-transfer as soon as they are notified.

Service Withdrawal

If you decide to withdraw from our service we ask that you kindly give us a one-month notice via email of your decision to withdraw from our care. Failure to receive a one month advance notice will result in the monthly fee withdrawal with no refund of the fee.

Initial Deposit / Registration Fee

A one-time non-refundable registration fee of \$50.00 (Base Fees) is required to be paid at the time of the enrollment when the family accepts the spot available in care.

ADMISSION AND DISCHARGE POLICY

Admission

Parents of children on the waiting list will be notified via email that a space has become available. Parents will be provided a timeframe of two weeks in which a response is required. When parents confirm they accept the space, the Centre will send the Parent Handbook and enrollment details and forms via email to the Parents.

Discharge

If Parents decide to withdraw from our service, we ask to be given a minimum of one month's notice via email of your decision to withdraw from our care. Failure to receive a one month advance notice will result in the monthly fee withdrawal with no refund of the fee.

BILLING

We will be processing payments using Lillio's (parent app) Billing System. Payments will be due on a monthly basis. Payments are prepaid for the upcoming month (for example, the payment for the month of February will be due at the end of January). We will be enforcing autopay for payments. Parents will be required to sign a PAD agreement via Lillio.

You will receive a notification via email to add your payment details on Lillio (please see the attached parent guide for step-by-step instructions). Please do this as soon as possible so you're all set up in time for the upcoming payment. If you would like to split invoices between parents, please let us know so we can set this up for you.

Here are some important information to note about billing through Lillio:

- We will only be accepting payment in the form of bank transfers, not credit cards.
- There is a \$0.60 transaction fee that you will be charged per transaction through Lillio. This charge will be broken down and included as an additional \$0.03 to your daily fee amount (transaction fee). Please see the breakdown below:
 - The Toddler's base daily rate which is \$70/day will show up as \$70.03/day including the transaction fee.
 - The Preschooler's base daily rate which is \$65/day will show up as \$65.03/day including the transaction fee.

The additional charge of \$0.03/day will result in covering the \$0.60 transaction fee at the end of the month.

- Invoices will be created and available to view on Lillio 7 days before the 1st of the upcoming month
- The invoices will be due 5 days before the 1st of the upcoming month in order for payments to have settled into our account by the 1st of the upcoming month.
- You will be debited the day after the payment is initiated. The center will receive funds 3-5 business days after the payment is initiated.
- There is a \$45.00 charge for each invoice failure due to NSF. We will reach out to you to collect the NSF fee if your payment fails.

Please review the attached Parent Payment Guide from Lillio.

[Lillio Payments Guide For Families](#)

If you are having any issues with payments through Lillio, please let us know via email as soon as possible so we can help solve this.

2025 BILLING SCHEDULE

INVOICE AVAILABLE ON LILLIO	PAYMENT DUE DATE	MONTH PAYMENT COVERS
December 25, 2024	December 27, 2024	January 2025
January 25, 2025	January 27, 2025	February 2025
February 22, 2025	February 25, 2025	March 2025
March 25, 2025	March 27, 2025	April 2025
April 24, 2025	April 26, 2025	May 2025
May 25, 2025	May 27, 2025	June 2025
June 24, 2025	June 26, 2025	July 2025
July 25, 2025	July 27, 2025	August 2025
August 25, 2025	August 27, 2025	September 2025
September 24, 2025	September 26, 2025	October 2025
October 25, 2025	October 27, 2025	November 2025
November 24, 2025	November 26, 2025	December 2025
December 25, 2025	December 27, 2025	January 2026

PARENT COMMUNICATION

We will be using the parent app, Lillio, for parent communication and billing. Lillio will allow parents to access updates about their child, view photos and videos, communicate with teachers and directors, and process payments.

Parents will receive a notification via email to join Lillio.

Please see the [Lillio Family Guides](#) for more information.

WAITLIST POLICY

Purpose

This policy and the procedures within provide for waiting lists to be administered in a transparent manner. It supports the availability of information about the waiting list for prospective parents in a way that maintains the privacy and confidentiality of children.

The procedures provide steps that will be followed to place children on the waiting list, offer admission, and provide parents with information about their child's position on the waiting list.

This policy is intended to fulfill the obligations set out under Ontario Regulation 137/15 for a child care centre that maintains a waiting list to have related policies and procedures.

Policy

General

- Talented Tinkers Child Care Center will strive to accommodate all requests for the registration of a child at the child care centre.
- Where the maximum capacity of a program has been reached and spaces are unavailable for new children to be enrolled, the waiting list procedures set out below will be followed.
- No fee will be charged to parents for placing a child on the waiting list.

Procedures

Receiving a Request to Place a Child on the Waiting List

1. The licensee or designate will receive parental requests to place children on a waiting list via online application through Lillio.

Placing a child on the Waiting List

1. The licensee or designate will place a child on the waiting list in chronological order, based on the date and time that the request was received.
2. Once a child has been placed on the waiting list, the licensee or designate will inform parents of their child's position on the list.

Determining Placement Priority when a Space Becomes Available

1. When space becomes available in the program, priority will be given to children on a first come first serve basis.
2. Once these children have been placed, other children on the waiting list will be prioritized based on program room availability and the chronology in which the child was placed on the waiting list.

Offering an Available Space

1. Parents of children on the waiting list will be notified via email that a space has become available in their requested program.
2. Parents will be provided a timeframe of two weeks in which a response is required before the next child on the waiting list will be offered the space.
3. Where a parent has not responded within the given timeframe, the licensee or designate will contact the parent of the next child on the waiting list to offer them the space.

Responding to Parents who inquire about their Child's Placement on the Waiting List

1. The Supervisor will be the contact person for parents who wish to inquire about the status of their child's place on the waiting list.
2. The Supervisor will respond to parent inquiries and provide the child's current position on the list and an estimated likelihood of the child being offered a space in the program.

Maintaining Privacy and Confidentiality

1. The waiting list will be maintained in a manner that protects the privacy and confidentiality of the children and families on the list and therefore only the child's position on the waiting list will be provided to parents.
2. Names of other children or families and/or their placement on the waiting list will not be shared with other individuals.

SLEEP SUPERVISION POLICY AND PROCEDURES

Purpose

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

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

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

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

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

Policy

General

- All children will be provided with the opportunity to sleep or engage in quiet activities based on their needs.
- Children under 12 months of age will be provided time to sleep based on their individual schedules, and will be assigned to a crib/cradle. Children between 12-18 months of age, who receive child care for six hours or more, will be assigned to a crib/cradle or cot in accordance with written instructions from a child's parent.
- Only light, breathable blankets will be used for infants.
- Children 18 months or older but younger than 30 months, who receive child care for six hours or more, will be provided time to sleep for a period of no more than two hours each day, and will be assigned to a cot.
- Children 30 months or older but younger than six years old, who receive child care for six hours or more, will be provided with a cot unless otherwise approved by a director.

- Children 24 months or older but younger than five years old and in a licensed family age group, 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 or area, their names will be listed on the Sleep Attendance so that staff can immediately identify which children are present in the room/area.

Placement of Children for Sleep

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

Consultation with Parents

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

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

Direct Visual Checks

- Direct visual checks of each sleeping child who is in a licensed infant or 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 Nap Log
- Direct visual checks are not required for children engaging in quiet activities, but these children will be supervised at all times.
- For infants (children under 18 months of age), direct visual checks will be completed at a frequency based on consultation with each parent and may be increased based on the observed sleeping patterns and/or medical needs of each infant.
- The frequency of direct visual checks and the steps to complete them will depend on the typical sleep patterns of each child and their age, as identified in the sleep supervision procedures provided in this policy.
- Staff will ensure that all sleep areas have adequate lighting available to conduct the direct visual checks of sleeping children.

Use of Electronic Devices

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

Procedures

Age Group	Frequency of Direct Visual Checks*
Infant	According to each infant's needs as identified by their parent, or at least within 30 minutes of being put down for nap and then once again during the nap time.

Toddler	At least within 30 minutes of being put down for nap and then once again during the nap time
Preschool	at least within 30 minutes of being put down for nap and then once again during the nap time
Family Age Group (younger than 24 months)	at least within 30 minutes of being put down for nap and then once again during the nap time

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

Procedures for Completing Direct Visual Checks

1. Staff must:
 - i) be physically present beside the child;
 - ii) 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.
2. 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:**
 - i. attend to the child's needs;
 - ii. separate the child from other children if the child appears to be ill;
 - iii. document the incident in the Daily Log/Nap Log and in the child's symptoms of ill health record, where applicable.
 - b. Where the child does not wake up, staff must immediately:**
 - i. perform appropriate first aid and CPR, if required;
 - ii. inform other staff, students and volunteers in the room of the situation;

- iii. contact emergency services or, where possible, direct another individual to contact emergency services;
- iv. separate the child from other children or vice versa if the child appears to be ill;
- v. inform the supervisor/designate of the situation; and
- vi. contact the child's parent;

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

- i. 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:

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

3. Staff must:

- i. adjust blankets as needed;
- ii. ensure the child's head is not covered;
- iii. ensure there are no other risks of suffocation present;
- iv. document the date, time and initial each direct visual check on the room's Notes Log; and
- v. verbally inform other staff in the room that the check has been completed, where applicable and possible.

EMERGENCY MANAGEMENT POLICY AND PROCEDURES

Purpose

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

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

Definitions

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

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

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

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

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

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

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

Staff: Individual employed by the licensee (e.g. program staff, supervisor).

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

Policy

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

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

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

For situations that require evacuation of the child care centre, the meeting place to gather immediately will be located at: Across the street (Sanatorium Road)

If it is deemed 'unsafe to return' to the child care centre, the evacuation site to proceed to is located at: Westmount Recreation Centre

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

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

If any emergency situations happen that are not described in this document, the Licensee / Supervisor will provide direction to staff for the immediate response and next steps. Staff will follow the direction given.

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

All emergency situations will be documented in detail by the Supervisor in the daily written record.

Procedures

Phase 1: Immediate Emergency Response

Emergency Situation	Roles and Responsibilities
Lockdown	1. The staff member who becomes

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

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 a nearby building.	<ol style="list-style-type: none"> 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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. <p>Note: only emergency services personnel are allowed to enter or exit the centre during a hold and secure.</p>
Bomb Threat A threat to detonate an explosive device to cause property damage, death, or injuries E.g. phone call bomb threat, receipt of a suspicious package.	<ol style="list-style-type: none"> 1. The staff member who becomes aware of the threat must: <ul style="list-style-type: none"> • remain calm; • call 911 if emergency services is not yet aware of the situation; • follow the directions of

	<p>emergency services personnel; and</p> <ul style="list-style-type: none"> • take children's attendance to confirm all children are accounted for. <p>A) Where the threat is received by telephone, the person on the phone should try to keep the suspect on the line as long as possible while another individual calls 911 and communicates with emergency services personnel.</p> <p>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.</p>
<p>Disaster Requiring Evacuation A serious incident that affects the physical building and requires everyone to leave the premises. E.g. fire, flood, power failure.</p>	<ol style="list-style-type: none"> 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: <ul style="list-style-type: none"> • 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

	<p>confirm all children are accounted for;</p> <ul style="list-style-type: none"> • keep children calm; and • wait for further instructions. <p>3. If possible, staff should also:</p> <ul style="list-style-type: none"> • take a first aid kit; and • gather all non-emergency medications. <p>4. Designated staff will:</p> <ul style="list-style-type: none"> • help any individuals with medical and/or special needs who need assistance to go to the meeting place (in accordance with the procedure in a child's individualized plan, if the individual is a child); and • in doing so, follow the instructions posted on special needs equipment or assistive devices during the evacuation. • If individuals cannot be safely assisted to exit the building, the designated staff will assist them to the Office and ensure their required medication is accessible, if applicable; and • wait for further instructions. <p>5. 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.</p>
<p>Disaster – External Environmental Threat An incident outside of the building that may have adverse effects on persons in the child care centre. E.g. gas leak, oil spill, chemical release, forest fire,</p>	<p>1. 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</p>

nuclear emergency.

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.
Natural Disaster: Tornado / Tornado Warning	<ol style="list-style-type: none"> 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: <ul style="list-style-type: none"> ● 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.
Natural Disaster: Major Earthquake	<ol style="list-style-type: none"> 1. Staff in the program room must immediately: <ul style="list-style-type: none"> ● remain calm; ● 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

	<p>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;</p> <ul style="list-style-type: none"> • find safe shelter for themselves; • visually assess the safety of all children.; and • wait for the shaking to stop. <p>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.</p> <p>3. Once the shaking stops, staff must:</p> <ul style="list-style-type: none"> • gather the children, their emergency cards and emergency medication; and • exit the building through the nearest safe exit, where possible, in case of aftershock or damage to the building. <p>4. If possible, prior to exiting the building, staff should also:</p> <ul style="list-style-type: none"> • take a first aid kit; and • gather all non-emergency medications. <p>5. Individuals who have exited the building must gather at the meeting place and wait for further instructions.</p> <p>6. Designated staff will:</p> <ul style="list-style-type: none"> • help any individuals with medical and/or special needs who need assistance to go to the meeting place (in accordance with the
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	<p>procedure in a child's individualized plan, if the individual is a child); and</p> <ul style="list-style-type: none"> • 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 the Office and ensure their required medication is accessible, if applicable; and • wait for further instructions. <p>7. The site designate must conduct a walkthrough of the child care centre to ensure all individuals have evacuated, where possible.</p>
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Phase 2: Next Steps During the Emergency

1. Where emergency services personnel are not already aware of the situation, the Supervisor must notify emergency services personnel (911) of the emergency as soon as possible.
2. Where the child care centre has been evacuated, emergency services must be notified of individuals remaining inside the building, where applicable.
3. If the licensee is not already on site, the site designate must contact the licensee to inform them of the emergency situation and the current status, once it is possible and safe to do so.

List of Emergency Contact Persons

Local Police Department: 911

Ambulance: 911

Local Fire Services: 911

Licensee Contact(s): 437-655-3617

Site Supervisor: 905-802-5828

Child Care Centre Site Designate: 905-746-3016

4. Where any staff, students and/or volunteers are not on site, the Supervisor must notify these individuals of the situation, and instruct them to proceed directly to the evacuation site if it is not safe or practical for them return to the child care centre.
5. The Supervisor wait for further instructions from emergency services personnel. Once instructions are received, they must communicate the instructions to staff and ensure they are followed.
6. Throughout the emergency, staff will:
 - help keep children calm;
 - take attendance to ensure that all children are accounted for;
 - conduct ongoing visual checks and head counts of children;
 - maintain constant supervision of the children; and
 - engage children in activities, where possible.
7. In situations where injuries have been sustained, staff with first aid training will assist with administering first aid. Staff must inform emergency personnel of severe injuries requiring immediate attention and assistance.

8a) Procedures to Follow When “All-Clear” Notification is Given	
Procedures	<ol style="list-style-type: none">1. 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.2. Designated staff who have assisted individuals with medical and/or special needs with exiting the building will

	<p>assist and accompany these individuals with returning to the child care centre.</p> <p>3. Staff must:</p> <ul style="list-style-type: none"> • take attendance to ensure all children are accounted for; • escort children back to their program room(s), where applicable; • take attendance upon returning to the program room(s) to ensure that all children are accounted for; where applicable; and • re-open closed/sealed blinds, windows and doors. <p>4. The Licensee / Supervisor will determine if operations will resume and communicate this decision to staff.</p>
<p>Communication with parents/guardians</p>	<p>1. As soon as possible, the Supervisor must notify parents/guardians of the emergency situation and that the all-clear has been given.</p> <p>2. Where disasters have occurred that did not require evacuation of the child care centre, the Licensee must provide a notice of the incident to parents/guardians by email as soon as possible.</p>

	<p>3. If normal operations do not resume the same day that an emergency situation has taken place, the Licensee must provide parents/guardians with information as to when and how normal operations will resume as soon as this is determined.</p>
8b) Procedures to Follow When “Unsafe to Return” Notification is Given	
Procedures	<ol style="list-style-type: none"> 1. The individual who receives the ‘unsafe to return’ notification from an authority must inform all staff of this direction and instruct them to proceed from the meeting place to the evacuation site, or the site determined by emergency services personnel. 2. Staff must take attendance to confirm that all children are accounted for, and escort children to the evacuation site. 3. Designated staff who have assisted individuals with medical and/or special needs with exiting the building will assist and accompany these individuals to the evacuation site. 4. The Supervisor will post a note for parents/guardians on the child care centre entrance with information on the evacuation site, where it is possible and safe to do so.

	<p>5. Upon arrival at the evacuation site, staff must:</p> <ul style="list-style-type: none"> • remain calm; • take attendance to ensure all children are accounted for; • help keep children calm; • engage children in activities, where possible; • conduct ongoing visual checks and head counts of children; • maintain constant supervision of the children; • keep attendance as children are picked up by their parents, guardians or authorized pick-up persons; and • remain at the evacuation site until all children have been picked up.
<p>Communication with parents/guardians</p>	<ol style="list-style-type: none"> 1. Upon arrival at the emergency evacuation site, the Supervisor will notify parents/guardians of the emergency situation, evacuation and the location to pick up their children. 2. Where possible, the Licensee/Supervisor will update the child care centre's voicemail box as soon as possible to inform parents/guardians that the child care centre has been

	evacuated, and include the details of the evacuation site location and contact information in the message.
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Phase 3: Recovery (After an Emergency Situation has Ended)

Procedures for Resuming Normal Operations	<p>Where applicable, the following procedures will be followed to resume normal operations:</p> <ul style="list-style-type: none"> • Reopening the childcare centre • contacting the Ministry of Education Program Advisor • Responding to parent inquiries • Informing the caterer
Procedures for Providing Support to Children and Staff who Experience Distress	The Licensee will ensure that support is provided to all children and staff who experience distress after the emergency. The Licensee/ Supervisor will follow up and check in with children and staff to support individuals who may be experiencing distress.
Procedures for Debriefing Staff, Children and Parents/ Guardians	<p>The Licensee / Supervisor must debrief staff, children and parents/guardians after the emergency.</p> <p>The Licensee / Supervisor will contact staff and parents/guardians to debrief via email within 24 hours of the emergency. The Licensee / Supervisor will debrief with children in person within 24 hours of the emergency.</p>

DRUG AND MEDICATION ADMINISTRATION POLICY AND PROCEDURES

Purpose

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

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

- Prescription, intended for acute, symptomatic treatment; and
- 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.

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

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

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

Policy

Parental Authorization to Administer Medication:

- Whenever possible, parents will be encouraged to administer drugs or medications to their children at home if this can be done without affecting the child's treatment schedule.
- Prescription and over-the-counter medications for acute, symptomatic treatment will only be administered to a child where a parent of the child has given written authorization to do so by completing the child care centre's Authorization for Medication Administration (the 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 annually to ensure the dosage continues to be accurate (e.g. based on the child’s age or weight).

Drug and Medication Requirements

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

- All drugs and medications must be stored in their original containers as supplied by a pharmacist, or their original packages. Medications that have been removed from their original package or transferred into a different container will not be accepted or administered to children.
- All drug or medication containers must be clearly labelled with:
 - The child’s full name;
 - The name of the drug or medication;
 - The dosage of the drug or medication;
 - Instructions for storage;
 - Instructions for administration;
 - The date of purchase of the medication for prescription medications; and
 - The expiry date of the medication, if applicable.

- The information provided on the written parental authorization must match with all the requirements listed above.
- Where information is missing on a drug or medication label and/or the written parental authorization does not match the label on the labelled container, the child care centre will not accept or administer the medication until the label and/or written parental authorization accurately contains all the required information.
- Over-the-counter epinephrine purchased for a specific child can be administered to a child with an individualized plan and emergency procedures for an anaphylactic allergy as long as it is accompanied by a doctor's note and is clearly labeled with the child's name, the name of the drug or medication, the dosage, the date of expiration and the instructions for storage and administration.
- Drugs or medications purchased by staff, students or volunteers for their own use will be kept inaccessible (e.g. stored in locker versus left in a purse in the classroom) to children and will not be administered to children at any time.

Drug and Medication Handling and Storage:

- All drugs or medications will be kept inaccessible to children at all times in a locked container or area (e.g. in a refrigerator, cabinet, cupboard or drawer). There are exceptions for emergency medications as outlined below:
 - Emergency medications will never be locked up and will be made easily accessible to all staff while being kept out of the reach of children, including during outdoor play periods and off-premises activities.
 - Where a child has written permission to carry their emergency allergy or asthma medication, precautions will be taken to ensure that these medications are not accessible to other children (e.g., in cubbies or backpacks that are unattended).
- In case of an emergency, all staff, students and volunteers will be made aware of the location of children's emergency medications at all times.
- Emergency medications will be brought on all field trips, evacuations and off-site activities.
- Any topical products or drugs/medication in the first aid kit will not be used on children to clean or treat wounds. Children's cuts and wounds will be disinfected in accordance with local public health recommendations.

- All drugs and medications for children will be stored in accordance with the instructions for storage on the label. Medication requiring refrigeration will be stored in the refrigerator in a locked container.
- Where drugs or medications are past their expiry date, they will be returned to the parent of the child, where possible, and this will be documented on the Authorization for Medication Administration Form.
- Any drugs or medications remaining after the treatment period will be returned to a parent of the child, where possible, and this will be documented on the Authorization for Medication Administration Form.
- Where attempts have been made to return a drug or medication to a parent and the parent has not taken the medication home, the person in charge of drugs and medications will ensure that the efforts made to return the drug or medication have been documented in the appropriate staff communication book (e.g. daily written record), and the drug or medication may be returned to a pharmacist for proper disposal.

Drug and Medication Administration:

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

administration procedures, and the child's individualized plan, where applicable.

- Drugs or medications that are expired (including epinephrine) will not be administered at any time.

Record-Keeping:

- Records of medication administration will be completed using the Records of Medication Administration (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).

Drug and Medication Administration Procedures

Scenario: A parent requests that a drug or medication (prescription or

over-the-counter) be administered to their child and provides the drug or medication.

Roles and Responsibilities

1. Staff must:
 - i. provide the parent with the appropriate form to complete to obtain written authorization to administer the medication from Appendix A as applicable;
 - ii. 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 is in its original package; and
 - is not expired.
 - iii. obtain the appropriate dispenser, where applicable;
 - iv. 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;
 - v. sign the form once it is complete and accurate;
 - vi. 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
 - vii. 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).

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

Roles and Responsibilities

1. 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
- 2. 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).

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

Roles and Responsibilities

1. Where a non-emergency medication must be administered, the person in charge must:
 - i. 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);
 - ii. where possible, remove the child from the activity area to a quiet area with the least possible interruption;
 - iii. administer the medication to the child in accordance with the instructions on the label and the written parental authorization;
 - iv. 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);
 - v. 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
 - vi. where applicable, document any symptoms of ill health in the child's records.
 - vii. Where a medication is administered on an "as needed" basis, notify a parent of the child.
 - viii. Where a child is absent, document the absence on the Record of Drug/Medication Administration (Appendix B).
2. Where an emergency allergy medication must be administered due to a severe allergic reaction, the staff who becomes aware of the emergency situation must immediately:
 - i. administer the emergency medication to the child in accordance with the emergency procedures on the child's individualized plan;

- ii. administer first aid to the child, where appropriate;
- iii. contact, or have another person contact emergency services, where appropriate; and
- iv. contact, or have the supervisor/designate contact a parent of the child.

After the emergency situation has ended:

- i. document the administration of the drug or medication on the medication administration record (see Appendix B);
 - ii. document the incident in the appropriate staff communication book (e.g. daily written record).; and
 - iii. document any symptoms of ill health in the child's records, where applicable.
3. Where a child is authorized to self-administer their own drug or medication, the person in charge must:
- i. supervise and observe the child self-administer the drug or medication to ensure that the proper dosage and procedure for administration is being followed;
 - ii. where the child asks for help, assist the child in accordance with the parent's written authorization;
 - iii. 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);
 - iv. 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]);
 - v. where applicable, document any symptoms of ill health in the child's records; and
 - vi. 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).

<p>Scenario: A child has a reaction to an administered drug or medication.</p>

Roles and Responsibilities

1. Where adverse symptoms appear upon medication administration, the person in charge must immediately:
 - i. administer first aid to the child, where appropriate;
 - ii. 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;
 - iii. notify a parent of the child;
 - iv. notify the supervisor/designate;
 - v. document the incident in the appropriate staff communication book (e.g. daily written record); and
 - vi. 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.

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

Roles and Responsibilities

1. The person in charge must immediately:
 - i. where applicable, follow the steps outlined in Scenario D (a child has a reaction to administered medication); and
 - ii. contact the parent of the child to report the error;
 - iii. report the error to the supervisor/designate;
 - iv. document the actual administration of the drug or medication on the medication administration record (see Appendix B); and
 - v. 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.

Scenario: A drug or medication is administered to the wrong child

Roles and Responsibilities

1. The person in charge must immediately:
 - i. where applicable, follow the steps outlined in Scenario D (a child has a reaction to administered medication); and
 - ii. contact the parents of the children affected to report the error;
 - iii. report the error to the supervisor/designate;
 - iv. document the incident in the appropriate staff communication book (e.g. daily written record); and
 - v. 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.

Scenario: Surplus or expired medication is on site.
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Roles and Responsibilities

1. Where possible, the surplus or expired medication must be returned to a parent of the child.
2. 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.

ANAPHYLACTIC POLICY AND PROCEDURES

Purpose

Anaphylaxis is a serious allergic reaction that can be life-threatening. It requires avoidance strategies and immediate response in the event of an emergency.

These policies and procedures are intended to help meet the needs and save the lives of children with severe allergies and provide relevant and important information on anaphylaxis to parents, staff, students, volunteers and visitors at the child care centre.

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

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

Anaphylaxis

A child with an anaphylactic reaction may show the following symptoms:

Mouth: tingling, itchiness, metallic taste, swelling of tongue or lips

Skin: itchiness, redness, rash, hives, swelling, warmth

Throat: itchiness, tightness/swelling of throat, hoarseness, hacking cough

Breathing: difficulty breathing, coughing, wheezing, shortness of breath, chest pain/tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny nose and watery eyes, sneezing), trouble swallowing

Stomach: nausea, vomiting, pain, cramps, diarrhea

Heart: dizziness, lightheaded, unsteadiness, drowsiness, pale/blue skin colour, weak pulse, passing out, shock

Other: anxiety, feeling of "impending doom", headache, uterine cramps

The most common Anaphylaxis allergens are specific foods, insect stings, medication, and latex.

Food allergies can be caused through digestion, inhalation, or touch. Common food allergens that may cause anaphylaxis reaction include:

- Peanuts

- Tree nuts
- eggs
- milk
- mustard
- sesame seeds
- soy
- wheat
- shellfish
- fish

Insect stings that can cause anaphylactic reaction include:

- wasps
- bees
- hornets
- fire ants

Medication that can cause anaphylactic reaction include:

- Penicillin and related antibiotics
- Antibiotics containing sulfonamides (sulfa drugs)
- Anticonvulsants (seizure medication)
- Aspirin, ibuprofen and other nonsteroidal anti-inflammatory drugs (NSAIDs)
- Vaccinations

Latex items that can cause anaphylactic reaction include:

- car tires
- rubber bands
- elastic
- gloves
- pacifier
- rubber bands
- beach toys
- baby bottle nipples

Policy

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

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

Strategies to Reduce the Risk of Exposure to Anaphylactic Allergens

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

- Do not serve foods where its ingredients are not known.
- Do not serve items with 'may contain' warnings on the label in a room where there is a child who has an individualized plan and emergency procedures specifying those allergens.
- Ask the caterer or cook to provide the known ingredients for all food provided. The ingredients will be reviewed before food is served to children to verify that causative agents are not served to children with anaphylactic allergies.
- In cases where a child has food allergies and the meals and snacks provided by the child care centre cannot meet the child's needs, ask the child's parent to

supply snacks/meals for their child. All written instructions for diet provided by a parent will be implemented.

- Where food is provided from home for children, ensure that appropriate supervision of children is maintained so that food is not shared or exchanged.
- Encourage parents who serve foods containing allergens at home to ensure their child has been rid of the allergens prior to attending the child care centre (e.g. by thoroughly washing hands, brushing teeth, etc.)
- Do not use craft/sensory materials and toys that have known allergens on the labels.
- Share information about anaphylaxis, strategies to reduce the risk of exposure to known allergens and treatment with all families enrolled in the child care centre.
- Make sure each child's individual plan and emergency procedure are kept-up-to-date and that all staff, students, and volunteers are trained on the plans.
- Refer to the allergy list and ensure that it is up to date and implemented.
- Update staff, students, and volunteers when changes to a child's allergies, signs and symptoms, and treatment occur and review all updates to individualized plans and emergency procedures.
- Update families when changes to allergies occur while maintaining the confidentiality of children.
- Update or revise and implement the strategies in this policy depending on the allergies of children enrolled at the child care centre.

Rules for Parents Who Send Food with their Child

- Ensure that parents label food brought to the child care centre with the child's full name and if applicable, the date the food arrived at the child care centre.
- Parents must advise the child care centre of all ingredients in food supplied by the parent or any ingredients to which children may be allergic.

Communication Plan

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

- Parents will be encouraged not to bring foods that contain ingredients to which children may be allergic.
- Parents and families will be informed about anaphylactic allergies and all known allergens at the child care centre through via email.

- A list of all children's allergies including food and other causative agents will be posted in all cooking and serving areas, in each play activity room, and made available in any other area where children may be present.
- Each child with an anaphylactic allergy will have an individualized plan and emergency procedures that detail signs and symptoms specific to the child describing how to identify that they are having an allergic reaction and what to do if they experience a reaction.
- Each child's individualized plan and emergency procedures will be made available and accessible wherever the child may be present while receiving child care.
- The caterer, cook, individuals who collect groceries on behalf of the child care centre and/or other food handling staff, where applicable, will be informed of all the allergies at the child care centre, including those of children, staff, students and volunteers. An updated list of allergies will be provided to the caterer or cook as soon as new allergies are identified. The supervisor or designate will communicate with the caterer/cook about which foods are not to be used in food prepared for the child care centre and will work together on food substitutions to be provided.
- The child care centre will communicate with the Ministry of Education by reporting serious occurrences where an anaphylactic reaction occurs in accordance with the established serious occurrence policy and procedures.
- This communication plan will be continually reviewed to ensure it is meeting the needs of the child care centre and that it is effectively achieving its intended result.

Drug and Medication Requirements

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

Training

- The Licensee/ Supervisor will ensure that the supervisor/designate and/or all staff, students and volunteers receive training from a parent of a child with

anaphylaxis on the procedures to follow in the event of a child having an anaphylactic reaction, including how to recognize the signs and symptoms of anaphylaxis and administer emergency allergy medication.

- Where only the supervisor/designate has been trained by a parent, the supervisor/designate will ensure training is provided to all other staff, students and volunteers at the child care centre.
- Training will be repeated annually, and any time there are changes to any child's individualized plan and emergency procedures.
- A written record of training for staff, students and volunteers on procedures to be followed for each child who has an anaphylactic allergy will be kept, including the names of individuals who have not yet been trained. This will ensure that training is tracked and follow-up is completed where an individual has missed or not received training. The form in Appendix B may be used for this purpose.

Confidentiality

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

Procedures to be followed in the circumstances described below:

Circumstance	Roles and Responsibilities
A) A child exhibits an anaphylactic reaction to an allergen	<ol style="list-style-type: none">1. The person who becomes aware of the child's anaphylactic reaction must immediately:<ol style="list-style-type: none">i. implement the child's individualized plan and emergency procedures;ii. contact emergency services and a parent/guardian of the child, or have another person do so where possible; andiii. ensure that where an epinephrine auto-injector has been used, it is properly discarded (i.e. given to emergency services, or in

	<p>accordance with the drug and medication administration policy).</p> <p>2. Once the child's condition has stabilized or the child has been taken to hospital, staff must:</p> <ul style="list-style-type: none"> i. follow the child care centre's serious occurrence policies and procedures; ii. document the incident in the daily written record; and iii. document the child's symptoms of ill health in the child's records.
<p>B) A child is authorized to carry his/her own emergency allergy medication.</p>	<p>1. Staff must:</p> <ul style="list-style-type: none"> i. ensure that written parental authorization is obtained to allow the child to carry their own emergency allergy medication; ii. ensure that the medication remains on the child (e.g., fanny pack, holster) and is not kept or left unattended (e.g. in the child's cubby or backpack); iii. ensure that appropriate supervision is maintained of the child while carrying the medication and of children in their close proximity so that other children do not have access to the medication; and iv. 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 daily written record.
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Glossary

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

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

Causative Agent (allergen/trigger): a substance that causes an allergic reaction.

Common allergens include, but are not limited to:

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

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

PARENT ISSUES AND CONCERNS POLICY AND PROCEDURES

Purpose

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

Definitions

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

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

Policy

General

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

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

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

An initial response to an issue or concern will be provided to parents/guardians within one - two business day(s). The person who raised the issue/concern will be kept informed throughout the resolution process.

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

Confidentiality

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

Conduct

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

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

Concerns about the Suspected Abuse or Neglect of a child

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

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

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

For more information, visit

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

Procedures

Nature of Issue or Concern	Steps for Parent and/or Guardian to Report Issue/Concern:	Steps for Staff and/or Licensee in responding to issue/concern:
Program Room-Related E.g: schedule, sleep arrangements, toilet training, indoor/outdoor program activities, feeding arrangements, etc.	Raise the issue or concern to <ul style="list-style-type: none">the classroom staff directly or	<ul style="list-style-type: none">Address the issue/concern at the time it is raised or <ul style="list-style-type: none">arrange for a

	<ul style="list-style-type: none"> the supervisor or licensee. 	meeting with the parent/guardian within one - two business days.
General, Centre- or Operations-Related E.g: child care fees, hours of operation, staffing, waiting lists, menus, etc.	Raise the issue or concern to <ul style="list-style-type: none"> the supervisor or licensee. 	Document the issues/concerns in detail. Documentation should include:
Staff-, Duty parent-, Supervisor-, and/or Licensee-Related	Raise the issue or concern to <ul style="list-style-type: none"> the individual directly or <ul style="list-style-type: none"> the supervisor or licensee. <p>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.</p>	<ul style="list-style-type: none"> 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 any steps taken to resolve the issue/concern and/or information given to the parent/guardian regarding next steps or referral.
Student- / Volunteer-Related	Raise the issue or concern to <ul style="list-style-type: none"> the staff responsible for supervising the volunteer or student or <ul style="list-style-type: none"> the supervisor and/or licensee. <p>All issues or concerns about the conduct of students and/or volunteers that puts a child's health, safety and well-being at risk</p>	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 [insert number] business days or as soon as reasonably possible thereafter. Document reasons for delays in writing. Provide a resolution or

	should be reported to the supervisor as soon as parents/guardians become aware of the situation.	outcome to the parent(s)/guardian(s) who raised the issue/concern.
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Escalation of Issues or Concerns: Where parents/guardians are not satisfied with the response or outcome of an issue or concern, they may escalate the issue or concern verbally or in writing to the Supervisor or Licensee.

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

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

Contacts:

Talented Tinkers Childcare Centre: 437-655-3617 or talentedtinkers@gmail.com

Ministry of Education, Licensed Child Care Help Desk: 1-877-510-5333 or childcare_ontario@ontario.ca

SANITARY POLICY

Purpose:

The purpose of this policy is to keep the care environment a healthy and safe place for children to play and learn. The purpose of this policy is to implement steps to maintain hygiene, and minimizing/preventing the spread of germs and infection diseases.

Talented Tinkers Childcare Centre will be closely following Hamilton Public Health Services' sanitary and cleaning / disinfection recommendations and guidelines. Talented Tinkers will also be following the Hamilton Public Health Services' Infection Control Guidelines for Child Care Centres:

<https://www.hamilton.ca/sites/default/files/2022-06/publichealth-child-care-centres-infection-control-guidelines.pdf>

Hand Washing:

Hand washing prevents the spread of germs. Program Staff and the children should wash their hands:

- When arriving at the Center
- After using the bathroom
- After children's diaper change or toilet use
- Before and after handling and serving foods or medication
- Before and after meals
- After sneezing or coughing
- After outdoor play
- After taking out/touching garbage
- After touching soiled items such as clothing, toys, etc.
- After coming in contact with bodily fluids (mucus, spit, blood, vomit, etc.)
- After removing gloves
- After caring for an ill child
- After outdoor play
- After touching an animal
- After participating in any activities that gets the hands dirty (painting, arts and crafts, etc)

Hand Washing Steps:

- Wet hands under running water
- Apply soap
- Lather hands with soap for at least 15 seconds. Rub between fingers, back of hands, fingertips, under nails
- Rinse hands thoroughly with water

- Dry hands with paper towel

Diaper Changing Steps:

(Optional to wear disposable gloves)

- Gather child's supplies (such as diapers, diaper bag, diaper changing sheet, diaper wipes, etc.)
- Wash hands Remove and discard the soiled diaper in the garbage
- Clean child
- Put on a new clean diaper on the child and dress them
- Wash hands and wash the child's hands.
- Clean and disinfect the change pad
- Wash hands

Toileting Steps:

(Optional to wear disposable gloves)

- Gather any necessary items needed (such as training diapers if the child uses any, etc.)
- Wash hands
- Place child on the toilet
- Clean the child
- Dress the child
- Wash hands and wash child's hands
- Flush toilet and clean/disinfect toilet seat
- Wash hands

Glove use

- Disposable gloves should not be used as a substitute for hand washing.
- Hands should be washed before and after glove use
- Gloves should be carefully removed so the outside of it does not touch your bare hand.
- Disposable gloves should be discarded after use.
- Glove use can be helpful when changing diapers, toileting, cleaning, or handling foods but are not mandatory.

Bleach Solution For Cleaning

- Normal Strength - 1/4 cup (4 tablespoons) household bleach to 1 gallon water or 1 tablespoon of bleach to 1 liter of water
This can be used for cleaning toys, diapering areas, tables etc.
- Extra Strength (1:1) - 1 part household bleach to 9 parts water.
This can be used for cleaning blood, feces, vomit, or during an outbreak.

Surfaces

Surfaces that are constantly touched should be cleaned daily or when soiled. Surfaces that are not touched as frequently can be cleaned weekly, when soiled, or as needed. Some examples surfaces and when they should be cleaned include but are not limited to:

- Tables/ countertops: cleaned daily, before and after use
- Food preparation area and area where children eat: cleaned daily, before and after use
- Doorknobs: cleaned daily
- Toys: cleaned daily/weekly, or when soiled
- Cribs/cots: when soiled and sheets/blankets will be changed weekly
- Light switches: cleaned daily
- Floors/carpets: cleaned daily as needed, when soiled or immediately if there is a spill or accident
- Walls: cleaned at least once a week or when soiled
- Sinks: cleaned daily or when soiled
- Toilet bowl - cleaned at least once a week
- Toilet seat- cleaned daily

Personal belongings

Personal belongings of each child should be labeled and stored in a clean location to prevent touching each other, being shared or mixed up between children. Some items include but are not limited to:

- Pacifiers/Soothers
- Bottles
- Diaper changing supplies
- Food containers and utensils

Toys

Toys should be cleaned/disinfected when soiled or at the following frequency:

- Toys that are put in mouth by children should be cleaned daily
- Large toys that are not put in mouth by children can be cleaned weekly
- Toy bins will be cleaned as needed
- Dress up toys should be laundered weekly

Laundry

Nap time blankets and co sheets will be laundered weekly or as needed at the daycare centre. Children's soiled clothes, blankets, sheets will be put into a plastic bag and sent home for parents' to clean and laundry.

MENU PLAN

We will be catering Lunches from Wholesome Kids Catering. They will be providing us with Lunches and we will be providing AM and PM snacks ourselves.

We ask that parents inform us if your child has any food restrictions and/or allergies so we can inform the catering service in advance to accommodate and provide alternative meals if necessary. Please see attached the sample menu plan:



Spring/Summer 2024 Menu

WEEK 1

	Monday	Tuesday	Wednesday	Thursday	Friday
AM Snack	Multigrain Cheerios, Milk	Whole Wheat Pancake, Strawberry Jam	Banana Oatmeal Bar	Whole Wheat Cocoa Zucchini Muffin	Rice Krispies, Milk
HEALTHY BALANCE Entrée	Beef Burger, Hamburger Bun, Sunrise Vegetables (Green Beans/Carrots), Fresh Fruit	Breaded Chicken Pieces, Brown Rice, Plum Sauce, Corn, Fresh Fruit	Cheddar Cheese Omelette, Whole Wheat Bread, Green Peas, Fresh Fruit	Teriyaki Halal Chicken Drumstick, Whole Grain Pasta, Green Beans, Fresh Fruit	Fish Sticks, Brown Rice, Carrots & Turnips, Fresh Fruit
PM Snack	Spice Snaps, Fresh Fruit	Whole Wheat Pita Pocket, Cheddar Cheese Slice	Whole Wheat Digestive Cookies, Fresh Fruit	Whole Wheat Crackers, Cheese Cubes	Whole Wheat Maple Oat Loaf, Cucumber Slices

*All meals and snacks are 100% nut-free, shellfish-free and pork-free

WEEK 2

	Monday	Tuesday	Wednesday	Thursday	Friday
AM Snack	Shreddies with Milk	Whole Wheat Banana Oat Bite	Strawberry Yogurt, Whole Grain Granola	Whole Wheat Fruit and Fibre Muffin	Corn Flakes with Milk
HEALTHY BALANCE Entrée	Beef Meatballs in Gravy, Brown Rice, Diced Carrots, Fresh Fruit	Butter Chicken, Naan, Green Beans, Fresh Fruit	Turkey Burger, Hamburger Bun, Cheddar Cheese Slice, Corn, Fresh Fruit	Hidden Bean Lasagna, Carrots and Turnips, Fresh Fruit	Breaded Fish, Hamburger Bun, Peas and Corn, Fresh Fruit
PM Snack	Organic Gluten-Free Whole Grain Mixed Berry Granola Minis, Fresh Fruit	Whole Wheat Melba Toast, Cheese Curds	Mini Cocoa Snaps, Fruity Applesauce	Whole Wheat Breadsticks, Cheese Cubes	Whole Grain Oatmeal Cookie, Fresh Fruit

*All meals and snacks are 100% nut-free, shellfish-free and pork-free



Spring/Summer 2024 Menu

WEEK 3

	Monday	Tuesday	Wednesday	Thursday	Friday
AM Snack	Multi Grain Cheerios with Milk	Whole Grain Oatmeal Cranberry Cookie	Whole Wheat Mini Bagel, Cream Cheese	Rice Krispies with Milk	Whole Wheat Cocoa Zucchini Muffin
HEALTHY BALANCE Entrée	Swedish Turkey Meatballs, Whole Grain Pasta, Vegetable Medley (Green Beans, Peas, Carrots, Corn), Fresh Fruit	Breaded Fish Sticks, Whole Wheat Wrap, Broccoli, Fresh Fruit	BBQ Halal Chicken Drumstick, Brown Rice, Leafy Greens, Balsamic Dressing, Fresh Fruit	Teriyaki Diced Turkey, Whole Wheat Bread, Corn, Fresh Fruit	Macaroni and Cheese, Black Bean & Corn Salad, Diced Carrots, Fresh Fruit
PM Snack	Organic Spelt Mini Ginger Snaps, Vanilla Yogurt	Whole Wheat Crackers, Cheddar Cheese Slice	Whole Wheat Lemon Blueberry Loaf, Fresh Fruit	Banana Oatmeal Bar, Applesauce	Spice Snaps, Cucumber Slices

*All meals and snacks are 100% nut-free, shellfish-free and pork-free

WEEK 4

	Monday	Tuesday	Wednesday	Thursday	Friday
AM Snack	Shreddies with Milk	Whole Wheat Apple Cinnamon Bagel, Apple Butter	Peach Yogurt with Whole Grain Granola	Whole Wheat Fruit and Fibre Muffin	Corn Flakes with Milk
HEALTHY BALANCE Entrée	Breaded Chicken Pieces, Brown Rice, Plum Sauce, Green Beans, Fresh Fruit	Egg Patty, Whole Wheat Texas Toast, Cheddar Cheese Slice, Diced Carrots, Fresh Fruit	Herbed Halal Chicken Drumstick, Brown Rice, Peas and Corn, Fresh Fruit	Beef Burger, Hamburger Bun, Carrots & Turnips, Fresh Fruit	Halal Beef Bolognese Whole Grain Pasta, Leafy Greens, Raspberry Dressing, Fresh Fruit
PM Snack	Organic Gluten Free Whole Grain Raspberry Granola Bar, Fresh Fruit	Whole Wheat Round Crackers, Cheese Curds	Whole Wheat Maple Oat Loaf, Applesauce	Whole Wheat Crackers, Cheddar Cheese Slice	Whole Wheat Digestive Biscuits, Strawberry Yogurt

*All meals and snacks are 100% nut-free, shellfish-free and pork-free

DAILY SUPPLY LIST

We ask that parents provide us daily with the essential items that their child will need while in care.

Essential items that need to be sent for the child include the following:

- Diapers (send enough to last for the week)
- Diaper rash cream (if used)
- Diaper wipes
- Pacifier/Soother (if used must be provided in case/ ziplock bag labelled with child's name)
- Sunscreen
- At least 2 extra changes of clothes (appropriate to the weather)
- Labeled bottles for water / milk
- Blanket for nap time
- Bib (if used for meal times)

The Staff will return personal items such as soothers/pacifiers and bottles for water/ milk to parents everyday at pick up time. Parents are responsible to wash/clean bottles and soothers/pacifiers, at home and send these items again for the next day.

Staff will inform parents at pick up time or via parent communication app, Lillio, if any items (i.e., diapers, diaper wipes, ect.) have run out so parents can refill the items as necessary.

OUTDOOR PLAY

Staff will take children outside for two hours daily for outdoor play time as long as the weather permits.

In regards to outdoor play, we ask that parents:

- Please dress the child appropriately according to the weather
- Please send any items according to the weather (i.e. sunscreen, hat, gloves, etc.) that may be needed for outdoor play time.

ACTIVITIES OUTSIDE OF THE PREMISES

Activities outside the premises include:

- Field trips
- Nature / Community walks
- Any other events that would result in children leaving the premises of the childcare centre.

Talented Tinkers Childcare Centre will be participating in activities outside of the premises. The Centre will notify parents via email at least a week in advance if they plan on taking the children to activities outside of the premises.

Parents will be asked if they give consent for their child to attend the activities outside the premises or if they prefer for their child to not attend. Children without permission to attend the activities outside of the premises will remain at the Centre.

SICK POLICY

Talented Tinkers Childcare Centre will be closely following Hamilton Public Health Services' Infection Control Guidelines for Child Care Centres:

<https://www.hamilton.ca/sites/default/files/2022-06/publichealth-child-care-centres-infection-control-guidelines.pdf>

When To Keep Child At Home If Sick:

Parents should keep their child at home if they have a fever (above 100.4°F or 38°C), vomiting, diarrhea, persistent cough, rash, or any other contagious illness.

In the case of vomiting and diarrhea, the child will need to be at least **48 hours** symptom free (without assistance of medicine i.e., tylenol or advil) before they can return to care.

In the case of fever, cold, persistent cough and/or runny nose, etc. the child must be at least **24 hours** symptom free (without assistance of medicine i.e., tylenol or advil) before they can return to care.

For other contagious illnesses, the child may return to care when symptom free (without taking medicine i.e., tylenol or advil) or according to the doctor's suggested timeline.

If Child Arrivals Sick at the Centre:

If a child arrives at the daycare center and is showing signs of illness, staff will assess the child's symptoms and determine if they should be sent home.

Staff Observations: Staff will be trained to look for symptoms that include but are not limited to:

- Excessive fatigue
- Irritability
- Loss of appetite
- Difficulty breathing
- or any other indicators of sickness

If A Child Becomes Sick During Care Hours:

If a child becomes sick while in care, staff will isolate the sick child from the other children in care and provide appropriate care. The sick child will be taken to the Office Area in the centre to isolate. The Staff will contact the child's parents or emergency

contacts immediately to inform them about the child's symptoms/ illness and to pick the child up from care as soon as possible.

Contacting Parents: Parents will be contacted if their child is ill and needs to be taken home. This can include phone calls, text messages, or through the parent app used for parent communication, Lillio.

SAFE ARRIVAL AND DISMISSAL POLICY AND PROCEDURES

Purpose

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

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

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

Policy

General

- Talented Tinkers Childcare Centre will ensure that any child receiving childcare at the child care center is only released to the child's parent/guardian or an individual that the parent/guardian has provided written authorization the child care center may release the child to.
- Talented Tinkers Childcare Centre will only dismiss children into the care of their parent/guardian or another authorized individual. The center 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.

Procedures

Accepting a child into care

1. When accepting a child into care at the time of drop-off, program staff in the room must:
 - greet the parent/guardian and child.
 - ask the parent/guardian how the child's evening/morning has been and if there are any changes to the child's pick-up procedure (i.e., someone

other than the parent/guardian picking up). Where the parent/guardian has indicated that someone other than the child's parent/guardians will be picking up, the staff must confirm that the person is listed on the enrollment form under Pick-Up Authorization / Emergency Contacts or where the individual is not listed, ask the parent/guardian to provide authorization for pick-up in writing (e.g., note or email).

- document the change in pick-up procedure in the daily written record.
- sign the child in on the classroom attendance record.

Where a child has not arrived in care as expected

1. Where a child does not arrive at the childcare centre and the parent/guardian has not communicated a change in drop-off (e.g., left a voice message or advised the closing staff at pick-up), the staff in the classroom must:
 - inform the supervisor / designate and/or program staff and they must commence contacting the child's parent/guardian no later than 10:00 am. Staff shall [call the child's parent/guardian and send a text message via Lillio (program's communication app). The staff must contact the parent/guardian at least once and leave a message. If no response is received, the staff must continue to contact the parent/guardian until they make contact with an adult to confirm absence.
 - If the staff is not able to reach the parent/guardian to confirm the child's absence from care, the staff must contact and inform the supervisor / Licensee .
2. Once the child's absence has been confirmed, program staff shall document the child's absence on the attendance record and any additional information about the child's absence in the daily written record.

Releasing a child from care

1. The staff who is supervising the child at the time of pick-up shall only release the child to the child's parent/guardian or individual that the parent/guardian has provided written authorization that the child care may release the child to. Where the staff does not know the individual picking up the child (i.e., parent/guardian or authorized individual),
 - confirm with another staff member that the individual picking up is the child's parent/guardian/authorized individual.

- where the above is not possible, ask the parent/guardian/authorized individual for photo identification and confirm the individual's information against the parent/guardian/authorized individual's name on the child's file or written authorization.

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

1. Where a parent/guardian has previously communicated with the staff a specific time or timeframe that their child is to be picked up from care and the child has not been picked up by an hour after the arranged pick up time or by 6pm, the program staff / supervisor shall contact the parent/guardian via phone call and/or text message and advise that the child is still in care and has not been picked up.
 - Where the staff is unable to reach the parent/guardian, staff must call again and leave a message for the parent/guardian. Where the individual picking up the child is an authorized individual and their contact information is available, the staff shall proceed with contacting the individual to confirm pick-up as per the parent/guardian's instructions or leave a voice message to contact the centre.
 - Where the staff has not heard back from the parent/guardian or authorized individual who was to pick up the child the staff shall proceed to contacting individuals listed as the child's Pick-Up Authorization / Emergency Contacts. If the child's Pick-Up Authorization / Emergency Contacts cannot be reached either, the staff should wait until the program closes and then refer to procedures under "where a child has not been picked up and program is closed".

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

1. Where a parent/guardian or authorized individual who was supposed to pick up a child from care and has not arrived by 6pm, staff shall ensure that the child is given a snack and activity, while they await their pick-up.
2. One staff shall stay with the child, while a second staff proceeds with calling the parent/guardian to advise that the child is still in care and inquire their pick-up time. In the case where the person picking up the child is an authorized individual, the staff shall contact the parent/guardian first and then proceed to contact the authorized individual responsible for pick-up if unable to reach the parent/guardian.

3. If the staff is unable to reach the parent/guardian or authorized individual who was responsible for picking up the child, the staff shall contact authorized individuals listed on the child's file.
4. Where the staff is unable to reach the parent/guardian or any other authorized individual listed on the child's file (e.g., the emergency contacts) by 6:30pm the staff shall proceed with contacting the local Children's Aid Society (CAS) at 905-522-1121 or the CAS After Hours Emergency Service at 905-522-8053. Staff shall follow the CAS's direction with respect to next steps.

Dismissing a child from care without supervision procedures

Staff will only release children from care to the parent/guardian or other authorized adult. Under no circumstances will children be released from care to walk home alone.

SUPERVISION OF STUDENTS & VOLUNTEERS POLICY

Purpose

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

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

This policy is intended to fulfill the obligations set out under Ontario Regulation 137/15 for policies and procedures regarding volunteers and students for child care centres. Note: definitions for terms used throughout this policy are provided in a Glossary at the end of the document.

Policy

General

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

Student and Volunteer Supervision Procedures: Roles and Responsibilities

The licensee/designate must:

- Ensure that all applicable policies, procedures and individual plans are reviewed with students and/or volunteers before they start their educational placement or begin volunteering, annually thereafter and when changes occur to the policies, procedures and individualized plans to support appropriate implementation.
- Ensure that all students and/or volunteers have been trained on each child's individualized plan.
- Ensure that all students and/or volunteers have a health assessment and immunization as directed by the local medical officer of health.
- Ensure that a vulnerable sector check (VSC) and annual offence declarations are on file for all students and/or volunteers in accordance with the child care centre's criminal reference check policy and procedures and Ontario Regulation 137/15.
- Ensure that expectations are reviewed with students and/or volunteers including, but not limited to

- how to report their absence;
 - how to report concerns about the program;
- Inform students and/or volunteers that they are never to be included in staff to child ratios or left alone with children.
- Appoint supervising staff to the students and/or volunteers, and inform them of their supervisory responsibilities.
- Inform students and/or volunteers of their duty to report suspected child abuse or neglect under the Child and Family Services Act.

The supervising staff must:

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

Students and/or volunteers must:

- Maintain professionalism and confidentiality at all times, unless otherwise required to implement a policy, procedure or individualized plan.
- Notify the supervisor or designate if they have been left alone with children or have any other concerns about the child care program (e.g. regarding staff conduct, program statement implementation, the safety and well-being of children, etc.).
- Submit all required information and documentation to the licensee, supervisor or designate prior to commencing placement or volunteering, such as a valid VSC, health assessment and immunization.
- Review and implement all required policies, procedures and individualized plans, and sign and date a record of review, where required.

- Review allergy lists and dietary restrictions and ensure they are implemented.
- Respond and act on the feedback and recommendations of supervising staff, as appropriate.
- Report any allegations/concerns as per the “Duty to Report” under the *Child and Family Services Act*
- Complete offence declarations annually, no later than 15 days after the anniversary date of the last VSC or offence declaration (whichever is most recent) in accordance with the child care centre’s criminal reference check policy.
- Provide an offence declaration to the supervisor/designate as soon as possible any time they have been convicted of a Criminal Code (Canada) offence.