



## Parent Handbook

Name of Child Care Centre: Beyond Our Dreams Preschool and Daycare

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### Contents



Parent Handbook.....	1
1. Program Statement.....	2
2. Activities Off-Site .....	4
3. Arrival and Dismissal Policy and Procedures.....	4
4. Prohibited Practices .....	6
5. Programs, Age Range and Daily Schedules .....	6
6. Holidays .....	7
7. Anaphylaxis Policy.....	7
8. a. Medication Policy .....	13
Drug and Medication Requirements.....	14
8. b. Over-the-Counter Products.....	21
9. Maintaining a Healthy School Environment.....	21
10. Individualized Support Plan .....	21
11. Supervision of Volunteers and Students.....	22
12. Criminal Reference Check Policy .....	24
13. Compliance and Contraventions of Policies and Procedures .....	28
14. Wait List Policy.....	30
15. Parent Issues and Concerns .....	31
16. Fees, Enrollment and Discharge.....	32
17. Weather Cancellations.....	33
18. Professional Development and Staff Meetings .....	33

19. Accident Reporting.....	33
20. Fire Safety, Evacuation and other Emergencies.....	33
21. Serious Occurrence Policy .....	34
22. Spare Clothing.....	35
23. Toys from Home .....	35
24. Behaviour Management .....	35
25. First Day .....	35
26. Parking.....	36

## 1. Program Statement

Beyond Our Dreams Preschool and Daycare views all children as competent, capable, curious and rich in potential. Every child is unique and we believe that success and growth come from encouragement and praise. We nurture their natural strengths. A child see's the world around them with wonder and awe, we believe in encouraging their natural curiosity.

Our program strives to:

1. meet the individual developmental needs of the whole child including Individual Support Plans when necessary; [goal that meets ss.46(3) a, f, g]
  - children will be cared for based on their needs and development, educators will investigate when a child begins care to ensure they are being supported in the most meaningful ways
  - educators will build on students' abilities to help promote further development. This will help children learn and develop new skills
2. children will have the opportunity to play inside and outdoors; [goal that meets ss.46(3) d, e, g]
  - giving consideration to each individual child and their needs surrounding active play and rest requirements
  - children will have the opportunity to explore the world around them while being supported by their educators
3. promote child-led and active exploration opportunities in carefully planned learning environments; [goal that meets ss.46(3) d, e, f]
  - educators will listen and follow the children's lead when developing lesson plans
  - each group of children is different; educators will incorporate regular activities that children find most appealing to them
  - activities will be inclusive of all children and support every child's needs
4. foster positive relationships, maintain communication and support continuous learning between staff, children, families and community partners; [goal that meets ss.46(3) b, c, h, i, j]
  - educators will check in with families to see if there is anything to know that would be beneficial to their child each day
  - educators will share key information with parents when it will be beneficial to the child
  - educators will be kind and courteous when speaking with children, their families and other staff members
5. document and reflect on the effectiveness of our program. [goal that meets ss.46(3) k,j]

- monthly staff meetings will encourage staff to continuously improve the program and to work as a team
- staff will discuss challenges and work as a team when issues arise, they will include the supervisor when additional supports are needed
- staff will be supported in their continued educational endeavours including team professional development altogether

In our programs you will see:

- a wide variety of open-ended play materials in loosely defined areas so that children can freely use the materials to support their exploration, inquiry and play with bodies, minds and senses. [approach that supports achieving goals #1 and #2]
- periodic visits from and to community partners (e.g., librarian, local farms, and educational locations) to enhance the children's experiences. [approach that supports achieving goals #1 and #4]
- pictures of the children engaged in play, learning, and exploring that documents the children's experiences and feedback from parents posted on the parent and teacher interactive online application. [approach that supports achieving goals #4 and #5]
- a child directed self-regulation wall that allows children to express their feelings through non-verbal cues [approach that supports achieving goals #3 and #4]
- a "calming corner" where students can go to participate in quiet activities and develop their emotional regulation skills [approach that supports achieving goals #2 and #3]
- outdoor education that promotes learning in natural settings [approach that supports achieving goals #2 and #3]
- educators participating in activities with students [approach that supports achieving goals #1 to #4]
- students leading activities while being supported by their educators [approach that supports achieving goals #1 and #2]

In our programs you will hear:

- dialogue between staff and children that support problem solving and co-learning throughout the entire day. [approach that supports achieving goals #1 and #4]
- daily communication and the exchange of information with families and staff. [approach that supports achieving goal #4]
- staff and children explore how experiences can affect their emotions and provide them with vocabulary to help support these emotions and to help them communicate in positive ways throughout the entire day [approach that supports achieving goal #1 and #4]
- a wide variety of songs and music to help promote body movement and self-expression [approach that supports achieving goal #1, #2 and #3]
- discussions between staff members to help improve the education program on a daily basis for students [approach that supports achieving goal #5]
- laughter from both children and educators that stems from inclusive learning environments [approach that supports achieving goals #1 to #4]

## Philosophy

Every child is unique and we believe that success and growth come from encouragement and praise. Our teachers focus on building every child's self-esteem and confidence through positive feedback and rewards. We nurture their natural strengths. A child sees the world around them with wonder and awe, we believe in encouraging their natural curiosity.

Beginner French, phonics, early mathematics, free-flow, age appropriate play, and many more techniques are used to help foster learning. Beyond Our Dreams is a place children love to visit and where they love to learn. Everyone is welcome.

## 2. Activities Off-Site

In the event that a trip is planned off-site, parents will be informed in advance and must sign a permission form for their child to attend. This form will be kept in the child's file.

## 3. Arrival and Dismissal Policy and Procedures

Beyond Our Dreams Preschool and Daycare will ensure that any child receiving care is only released to the child's parent/guardian or an individual that the parent/guardian has authorized by providing written authorization to the centre.

Beyond Our Dreams Preschool and Daycare will only dismiss children into the care of their parent/guardian or another authorized individual. The centre will not release any children from care without supervision.

Where a child does not arrive in care as expected or is not picked up as expected, staff must follow the safe arrival and dismissal procedures set out below.

### 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 their registration form or where the individual is not listed, ask the parent/guardian to provide authorization for pick-up in writing (e.g., ClassDojo message to the child's educator or email to the licensee, Christine Gunn).
  - document the change in pick-up procedure in the daily written record.
  - sign the child in on the classroom attendance record.

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

1. Where a child does not arrive at the child care centre and the parent/guardian has not communicated a change in drop-off (e.g., left a voice message or advised the closing staff at pick-up), the staff in the classroom must:
  - Inform the supervisor and then classroom staff must commence contacting the child's parent/guardian no later than 45 minutes after their expected arrival on ClassDojo. Staff shall follow up with a phone call, if parent/guardian does not respond within 30 minutes of the message on ClassDojo. If staff are still unable to contact a parent/guardian to confirm

absence, the supervisor will continue to attempt to reach them from the 1.5 hour mark and onwards until the end of the day.

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 within 30 minutes of that time, the program staff shall contact the parent/guardian by messaging them on ClassDojo 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 message a second time. 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 wait until program closes and then refer to procedures when a child is not picked up and the 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 3 PM, staff shall ensure that the child is given food and an 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 first contact a parent/guardian and then contact the authorized person unless the parent intends to do so on their own. If this is the case, the staff will ask the parent/guardian to confirm they have reached the authorized person once they have done so.
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 reach out to any and all parental and emergency contacts.
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 3:30 PM, the staff shall proceed with contacting the local Children's Aid Society (CAS) at 905-433-1551. Staff shall follow the CAS's direction with respect to next steps.

## 4. Prohibited Practices

### O. Reg 137/15

**48.** (1) 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. O. Reg. 137/15, s. 48; O. Reg. 126/16, s. 34.

(2) No employee or volunteer of the licensee, or student who is on an educational placement with the licensee, and no person who provides home child care or in-home services at a premises overseen by a home child care agency shall engage in any of the prohibited practices set out in subsection (1) with respect to a child receiving child care. O. Reg. 51/18, s. 19.

## 5. Programs, Age Range and Daily Schedules

Junior Preschool: 2 years to 2.5 years

Preschool: 2.5 years to 6 years

### **Preschool Schedule**

9:00 AM: Arrival, find your name, and choose an activity.

9:30 AM: Morning group lesson. Phonics/literacy, numbers, writing, and special helper.

9:55 AM: Free-flow; children interact with each other throughout the classroom. Table activities are used to strength previous group lessons. In addition, each child will work with teachers one-to-one on the content from the previous group lesson during this hour.

10:50 AM: Morning snack.

11:10 AM: Clean up time.

11:30 AM: Carpet time to recap the morning, discuss positive behaviour, date/weather and singalongs.

11:55 AM: Get ready for lunch.

12:00 PM: Lunch time

12:30PM: Choose an activity. Electronic activity time. Quiet activities and rest period if needed.

1:20PM: Afternoon group lesson. Extended from morning group lesson. Similar topic from AM.

1:45PM: Afternoon snack.

2:15PM: Clean up time.

2:35PM: Carpet time to recap the afternoon, discuss positive behaviour, singalongs.

2:45PM: Get ready for home time.

2:55PM: Home time.

**Please note:** Arrival cut off times are in place to ensure every child has a positive transition to preschool. Students must arrive no later than 9:45 AM for morning and full day enrollment and no later than 12:45 PM for afternoon enrollment. If students arrive after 12:15 PM, they should have lunch prior to arrival. Students will not be accepted after the cut off times. You can speak to Christine Gunn if you have any questions about this policy.

## 6. Holidays

The child care centre will be closed on the following holidays:

- Thanksgiving
- Winter break (2 weeks)
- Family Day
- March Break (1 week)
- Good Friday and Easter Monday
- Victoria Day

## 7. Anaphylaxis 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 in the individual child's file folder and in the staff reference medical and other procedures binder located in each preschool room.
- **All** individualized plans and emergency procedures will be reviewed with a parent of the child every six months to ensure the information is current and up to date.
- Every child's epinephrine auto-injector must be carried everywhere the child goes.

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

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

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



- Update staff, students, and volunteers when changes to a child's allergies, signs and symptoms, and treatment occur and review all updates to individualized plans and emergency procedures.
- Update families when changes to allergies occur while maintaining the confidentiality of children.
- Update or revise and implement the strategies in this policy depending on the allergies of children enrolled at the child care centre.

#### Communication Plan

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

- Parents will be encouraged not to bring foods that contain ingredients to which children may be allergic.
- Parents and families will be informed about anaphylactic allergies and all known allergens at the child care centre 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.
- The medication policy is to be reviewed and executed when a child is administered medication. All appropriate forms must be completed, kept on file, and a complete photocopy must be given to the child's parent(s) on the same day that the medication is administered.

#### Training

- The owner/operator (Christine Gunn) 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).

#### Additional Policy Statements

- If a child is experiencing anaphylaxis but does not have epinephrine on site, 911 will be called and the operator's instructions will be followed until an ambulance arrives. In severe cases, CPR may be required until the ambulance arrives.
- If a child who is anaphylactic arrives on site without their emergency allergy medication, that child's parent or guardian must be informed immediately. They will be required to either immediately provide the child's emergency allergy medication or come pick up their child.
- All emergency allergy medications will be returned to families when child care permanently stops.

Procedures to be followed in the circumstances described below:

Circumstance	Roles and Responsibilities
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A) A child exhibits an anaphylactic reaction to an allergen	<ol style="list-style-type: none"> <li>1. The person who becomes aware of the child's anaphylactic reaction must immediately:               <ol style="list-style-type: none"> <li>i. implement the child's individualized plan and emergency procedures;</li> <li>ii. contact emergency services and a parent/guardian of the child, or have another person do so where possible; and</li> <li>iii. ensure that where an epinephrine auto-injector has been used, it is properly discarded (i.e. given to emergency services, or in accordance with the drug and medication administration policy).</li> </ol> </li> <li>2. Once the child's condition has stabilized or the child has been taken to hospital, staff must:               <ol style="list-style-type: none"> <li>i. follow the child care centre's serious occurrence policies and procedures;</li> <li>ii. document the incident in the daily written record; and</li> <li>iii. document the child's symptoms of ill health in the child's records.</li> </ol> </li> </ol>
B) A child is authorized to carry his/her own emergency allergy medication.	<ol style="list-style-type: none"> <li>1. Staff must:               <ol style="list-style-type: none"> <li>i. ensure that written parental authorization is obtained to allow the child to carry their own emergency allergy medication;</li> <li>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);</li> <li>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</li> <li>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.</li> </ol> </li> </ol>

### Additional Procedures

- If a child is having an anaphylactic reaction, all staff, students and volunteers are to remain calm. The wellbeing of that child is to remain a priority however all children must be cared for at all times.
- Staff will review individualized plans and emergency procedures each monthly staff meeting in order to ensure that all staff are made aware of all procedures in place to maintain the safety of everyone at the child care centre.
- All expelled or expired emergency allergy medications will be disposed of at the nearest local pharmacy by the owner/operator; Christine Gunn.

- Food can be brought from home and sent to school with your child. Please ensure the food sent is peanut free. In the event that additional food restrictions are required, to ensure the safety of all our students, this policy may be adjusted to reflect additional food restrictions.
- If your child is under 44 months old, we require that a food restriction or requirement be documented, in writing, and kept in your child's file. The restriction must include specific instructions for your child's packed foods, it must state their full name and your full name.
- If your child is 44 months or older, families are permitted to send food from home without requiring a food restriction or require written documentation.
- All food containers must be labelled with your child's name.
- Please do not send glass containers.

## 8. a. Medication 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 daily to ensure the dosage continues to be accurate (e.g. based on the child's age or weight).

- As long as sunscreen, lotion, lip balm, bug spray, hand sanitizer and diaper cream are non-prescription and/or are not for acute (symptomatic) treatment, and due to their longer-term daily usage, these products:
  - must have a blanket authorization from a parent on the enrolment form;
  - can be administered without an Authorization for Medication Administration form; and
  - do not require record-keeping

#### Drug and Medication Requirements

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

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

#### Drug and Medication Handling and Storage:

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

#### Additional Policy Statements

- Medications will be kept on the top shelf inside of a cabinet in a locked medicine box or in a locked medicine box in the refrigerator. The keys will be kept on a hook that is out of reach of children but that is within reach of the locked medicine boxes.
- If a child is experiencing an anaphylactic reaction but does not have epinephrine on site, 911 will be called and the operator's instructions will be followed until an ambulance arrives. In severe cases, CPR may be required until the ambulance arrives.



- If a child who is anaphylactic arrives on site without their emergency allergy medication, that child's parent or guardian must be informed immediately. They will be required to either immediately provide the child's emergency allergy medication or come pick up their child.
- All medications will be returned to families when child care permanently ends.
- Expiry dates must be checked daily to ensure that medication can be administered.

#### Drug and Medication Administration Procedures

Scenarios	Roles and Responsibilities
C) A parent requests that a drug or medication (prescription or over-the-counter) be administered to their child and provides the drug or medication.	<p>2. Staff must:</p> <ul style="list-style-type: none"> <li>i. provide the parent with the appropriate form to complete to obtain written authorization to administer the medication from Appendix A as applicable;</li> <li>ii. verify that drug or medication: <ul style="list-style-type: none"> <li>• is accompanied by a doctor's note (for over-the-counter medications);</li> <li>• is in its original container as prescribed by the pharmacist or in the case of over-the counter medications is in its original package; and</li> <li>• is not expired.</li> </ul> </li> <li>iii. obtain the appropriate dispenser, where applicable;</li> <li>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. <ul style="list-style-type: none"> <li>• Where errors are found on the form or the label is incomplete, the form/medication must be returned to the parent to make and initial corrections;</li> </ul> </li> <li>v. sign the form once it is complete and accurate;</li> <li>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</li> <li>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).</li> </ul>
D) A child is authorized to carry their own emergency allergy medication.	<p>3. Staff must:</p> <ul style="list-style-type: none"> <li>i. ensure that written parental authorization is obtained to allow the child to carry their own emergency medication;</li> <li>ii. ensure that the medication remains on the child (e.g., fanny pack, holster) and is not kept or left unattended anywhere at the child care centre (e.g. in the child's cubby or backpack);</li> <li>iii. ensure that appropriate supervision is maintained of the child while they are carrying their medication and children in their proximity so that other children do not have access to the medication; and</li> </ul>

Scenarios	Roles and Responsibilities
	<p>4. 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).</p>
<p>E) A prescription or over-the-counter drug or medication must be administered to a child.</p>	<p>5. <b>Where a non-emergency medication must be administered</b>, the person in charge must:</p> <ul style="list-style-type: none"> <li>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);</li> <li>ii. where possible, remove the child from the activity area to a quiet area with the least possible interruption;</li> <li>iii. administer the medication to the child in accordance with the instructions on the label and the written parental authorization;</li> <li>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);</li> <li>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</li> <li>vi. where applicable, document any symptoms of ill health in the child's records.</li> <li>vii. Where a medication is administered on an "as needed" basis, notify a parent of the child.</li> <li>viii. Where a child is absent, document the absence on the Record of Drug/Medication Administration (Appendix B).</li> </ul> <p>6. <b>Where an emergency allergy medication must be administered due to a severe allergic reaction</b>, the staff who becomes aware of the emergency situation must immediately:</p> <ul style="list-style-type: none"> <li>i. administer the emergency medication to the child in accordance with the emergency procedures on the child's individualized plan;</li> <li>ii. administer first aid to the child, where appropriate;</li> <li>iii. contact, or have another person contact emergency services, where appropriate; and</li> <li>iv. contact, or have the supervisor/designate contact a parent of the child.</li> </ul> <p>After the emergency situation has ended:</p>

Scenarios	Roles and Responsibilities
	<ul style="list-style-type: none"> <li>i. document the administration of the drug or medication on the medication administration record (see Appendix B);</li> <li>ii. document the incident in the appropriate staff communication book (e.g. daily written record).; and</li> <li>iii. document any symptoms of ill health in the child's records, where applicable.</li> </ul> <p><b>7. Where a child is authorized to self-administer their own drug or medication</b>, the person in charge must:</p> <ul style="list-style-type: none"> <li>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;</li> <li>ii. where the child asks for help, assist the child in accordance with the parent's written authorization;</li> <li>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);</li> <li>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]);</li> <li>v. where applicable, document any symptoms of ill health in the child's records; and</li> <li><b>vi.</b> 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).</li> </ul>
F) A child has a reaction to an administered drug or medication.	<p><b>8.</b> Where adverse symptoms appear upon medication administration, the person in charge must immediately:</p> <ul style="list-style-type: none"> <li>i. administer first aid to the child, where appropriate;</li> <li>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;</li> <li>iii. notify a parent of the child;</li> <li>iv. notify the supervisor/designate;</li> <li>v. document the incident in the appropriate staff communication book (e.g. daily written record); and</li> </ul>

Scenarios	Roles and Responsibilities
	<p>vi. document any symptoms of ill health in the child's records, where applicable.</p> <p><b>Where the reaction results in a life-threatening situation for the child, call emergency services and follow the serious occurrence policy and procedures.</b></p>
<p>G) A drug or medication is administered incorrectly (e.g. at the wrong time, wrong dosage given).</p>	<p>9. The person in charge must immediately:</p> <ul style="list-style-type: none"> <li>i. where applicable, follow the steps outlined in Scenario D (a child has a reaction to administered medication); and</li> <li>ii. contact the parent of the child to report the error;</li> <li>iii. report the error to the supervisor/designate;</li> <li>iv. document the actual administration of the drug or medication on the medication administration record (see Appendix B); and</li> <li>v. document the incident in the appropriate staff communication book (e.g. daily written record).</li> </ul> <p><b>Where any reaction to a drug or medication results in a life-threatening situation for the child, call emergency services and follow the serious occurrence policy and procedures.</b></p>
<p>H) A drug or medication is administered to the wrong child.</p>	<p>10. The person in charge must immediately:</p> <ul style="list-style-type: none"> <li>i. where applicable, follow the steps outlined in Scenario D (a child has a reaction to administered medication); and</li> <li>ii. contact the parents of the children affected to report the error;</li> <li>iii. report the error to the supervisor/designate;</li> <li>iv. document the incident in the appropriate staff communication book (e.g. daily written record); and</li> <li>v. administer the medication to the correct child per Scenario B (a drug or medication must be administered to a child).</li> </ul> <p><b>Where any reaction to a drug or medication results in a life-threatening situation for the child, call emergency services and follow the serious occurrence policy and procedures.</b></p>
<p>I) Surplus or expired medication is on site.</p>	<p>11. Where possible, the surplus or expired medication must be returned to a parent of the child.</p> <p>12. Where attempts have been made to return a drug or medication to a parent and the parent has not taken the medication home, the person in charge of drugs and medications will attempt to return unused drugs or medications to a local pharmacist for proper disposal.</p> <p><b>Do not flush any drugs or medications down the toilet or sink or throw them in the garbage.</b></p>

## 8. b. Over-the-Counter Products

### Parental Authorization to Administer Over-the-Counter Products

- Each over-the-counter product will require its own authorization form. The form must include the child's name, the product name, the expiration date if applicable, storage instruction, parental authorization, and any other specific instructions
- See Appendix A for form

### Storage of Over-the-Counter Products

- All over-the-counter products must be stored in accordance with the instructions for storage on the label or container or package
- When permitted by storage instructions, over-the-counter products should be stored inside the child's backpack
- The over-the-counter package must be clearly labelled with the child's name and the name of the product

### Administering of Over-the-Counter Products

- All over-the-counter products must be administered to a child by a staff member and from its original container or packaging and in accordance with any instructions on the label and any instructions provided by the parent of the child.

## 9. Maintaining a Healthy School Environment

Beyond Our Dreams Preschool and Daycare will contact the parent/guardian of a child when showing symptoms of ill health and will request child to be picked up from school. The child will be separated from others to decrease the possible spread of infection.

Symptoms may include, but are not limited to:

- An elevated temperature
- An acute cold, nasal discharge, or coughing
- Vomiting or diarrhea
- Red or discharging eyes
- Undiagnosed skin rash or infections
- Unusual irritability, fussiness or restlessness
- Head lice
- Pink Eye

## 10. Individualized Support Plan

Parents/guardians **and** the supervisor will complete an *Individualized Plan for a Child with Medical Needs* form together. This plan will be implemented in the classroom. A copy will be kept in the child's folder. All staff will be made aware of this plan and supported when working with the child.

## 11. Supervision of Volunteers and Students

### 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.

### Additional Policy Statements

- Volunteers must be directly related to a child in care or the local community and hold a valid vulnerable sector check (VSC.)

### 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 a 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;
  - how to schedule feedback and performance reviews.
- 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.
- 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.

#### Student and Volunteer Health Screening Requirements

Beyond Our Dreams Preschool and Daycare will obtain health information for every volunteer and student before they begin their placement at the center. The following health documents will be required:

- 2 Step TB (Tuberculosis) Test
- TDP (Tetanus, Diphtheria, Pertussis) Vaccination Dates
- MMR (Measles, Mumps, Rubella) Vaccination Dates
- Date of their last health assessment

## 12. Criminal Reference Check Policy

### Staff Screening Requirements

Beyond Our Dreams Preschool and Daycare will obtain health information for staff before they begin working at the center. The following health documents will be required:

- 2 Step TB (Tuberculosis) Test
- TDP (Tetanus, Diphtheria, Pertussis) Vaccination Dates
- MMR (Measles, Mumps, Rubella) Vaccination Dates
- Date of their last health assessment

### Vulnerable Sector Checks (VSCs)

- Beyond Our Dreams Preschool and Daycare will obtain a VSC from the following individuals in accordance with the timelines indicated below.

Individual	Timeline
Employees, volunteers and students who interact with children	<ul style="list-style-type: none"> <li>• Before beginning employment or otherwise interacting with children;</li> <li>• On or before the 5th anniversary after the date the most recent VSC;</li> <li>• After any break in the relationship with the licensee <u>before the relationship resumes</u> if the 5<sup>th</sup> anniversary of the last VSC has passed; and</li> <li>• After any break in the relationship with the licensee if a VSC would have been required during the break, <u>before the relationship resumes</u>.</li> </ul>

- All VSCs will be reviewed by the licensee to ensure that they are:
  - conducted by a police force from the city or town in which the person lives, where applicable;
  - prepared no earlier than six months before the day it was obtained by the child care centre, for employees (see exception below for students and volunteers);
  - the original documents (i.e. not a photocopy, see exception below for students and volunteers);
  - not altered;
  - clear and legible;
  - provided in English (otherwise a certified translated copy into English must be provided);
  - complete (i.e. no information missing or cut off);
  - inclusive of all information required about Criminal Code (Canada) convictions as set out in section 9 of the CCEYA.
- The following exceptions will apply to volunteers and students only:
  - VSCs for volunteers and students that are performed more than six months before the day they are provided to the child care centre will be accepted as long as the VSC is less than 5 years old from the date it was performed to the child care centre. In these cases, the volunteer/student will also be required to



provide the child care centre with an offence declaration addressing the period since the day the VSC was performed.

- The child care centre will accept a photocopy of a VSC from a volunteer or student as long as it is less than 5 years old from the date was performed.
- A criminal record check (CRC) will only be accepted in the place of a VSC where:
  - any statute of Ontario or Canada prohibits the disclosure of information contained in a VSC in respect of a person (e.g. information about persons under 18 years of age, pardoned offences, etc.);
  - a police service will only issue a CRC, not a VSC, for an individual; and/or
  - a licensee is a corporation and the director or officer does not interact with children at the child care centre.
- A Criminal Record and Judicial Matters Check will be accepted in place of a CRC but will not be accepted in place of a VSC.
- Any person who turns 18 while in a position where they interact with children at the child care centre will be asked by the licensee to provide a statement disclosing every previous finding of guilt under the Youth Criminal Justice Act (YCJA) if they received an adult sentence. Where the individual confirms that there are no such findings, the licensee will document the request and the individual's confirmation in their file.
- Any person who turns 19 while in a position where they interact with children at the child care centre will be asked by the licensee to apply for a VSC within one month after their 19<sup>th</sup> birthday. That person must provide the child care centre with evidence that they have submitted a VSC application.
- All VSCs provided to the child care program must be intended for the position that the individual will hold (i.e. employee and volunteer positions). Where the VSC has not been provided for the correct position, it will not be accepted.
- There will be no exceptions made for individuals to obtain a criminal reference check (e.g. for medical reasons).

#### Offence Declarations (ODs)

- The Licensee is responsible for obtaining an OD from the following individuals in accordance with the timelines indicated below.

Individual	Timeline
Employees Volunteers Students (including international students)	<ul style="list-style-type: none"> <li>• Annually, no later than 15 days after the anniversary of the most recent VSC or OD;</li> <li>• Where a VSC has been provided by a student or volunteer that is more than 6 months old and less than 5 years old before the individual starts interacting with children; and</li> <li>• After any break in the relationship with the licensee if an OD would have been required during the break, <u>before the relationship resumes.</u></li> </ul>

Individual	Timeline
Other persons who provide child care or other services to children at the child care centre	<ul style="list-style-type: none"> <li>• if an attestation is not otherwise provided, prior to interacting with children; and</li> <li>• annually, no later than 15 days after the anniversary date of the most recent OD or attestation (if the person continues to provide such child care/other services).</li> </ul>

- ODs will be obtained from the individuals mentioned above every calendar year except if the individual has to provide a VSC that year.
- Any individual from whom the child care centre is required to obtain a VSC must provide ODs to the licensee at the child care centre as soon as reasonably possible any time they are convicted of any offence under the *Criminal Code* (Canada).
- Where the templates in Appendix A are not used, the licensee will ensure that every OD includes all of the following information:
  - the name of the individual who is making the offence declaration;
  - the date of the last VSC or OD, or date of 18<sup>th</sup> birthday (whichever is most recent);
  - a list of all of the individual's convictions for offences under the *Criminal Code* (Canada), if any, from the date of the last VSC or OD (whichever is most recent), or a statement that the individual has not been convicted of any offences under the *Criminal Code* (Canada);
  - the date the OD was made; and
  - the signature of the individual who is making the offence declaration.
- The licensee who received an OD from an individual will review it and keep it on file at the child care centre in a secure location for three years after it was created.

#### Attestations

- The licensee is responsible for obtaining an attestation from the following individuals in accordance with the timelines indicated below.

Individual	Timeline
Other persons who provide child care or other services to children at the child care centre	<ul style="list-style-type: none"> <li>• If an offence declaration is not otherwise provided, prior to interacting with children; and</li> <li>• Annually, no later than 15 days after the anniversary date of the most recent OD or attestation (if the person continues to provide such child care/other services).</li> </ul>

- All attestations will be from the person's employer or the person/entity who retained the person's services (e.g. a child's parent).
- Where the template in Appendix B is not used, every attestation will include the following confirmations:
  - the employer, person or entity has obtained and reviewed a VSC from that person;
  - the VSC was performed within the last 5 years; and

- the VSC did not list any convictions for any offences under the Criminal Code of Canada which are listed in subparagraph 1 ii of subsection 9 (1) of the CCEYA.
- The licensee who received an attestation from an individual will review it and keep it on file at the child care centre in a secure location for three years after it was created.
- Where an individual needs to keep their original attestation, the licensee will review the attestation and create a true copy to keep on file at the child care centre.

#### Using Information Revealed in a VSC, OD and/or Attestation and Confidentiality

- No individual will be hired as an employee, accepted as a volunteer or student, or be allowed to otherwise interact with children at Beyond Our Dreams Preschool and Daycare if their VSC, OD and/or attestation reveals any of the following findings:
  - Any conviction for an offence under the CCEYA;
  - Any conviction under the following sections of the *Criminal Code* (Canada):
    - Section 151 (sexual interference);
    - Section 163.1 (child pornography);
    - Section 215 (duty of persons to provide necessities);
    - Section 229 (murder); and/or
    - Section 233 (infanticide);
- In addition, a person with other convictions under the Criminal Code (Canada) for offences that pose a high risk to the health, safety and well-being of children, families and other representatives of the child care centre will not be hired or kept as an employee, accepted or kept as a volunteer or student, or be allowed to otherwise interact with children at the child care centre. These include, but are not limited to:
  - Physical or sexual abuse or assault;
  - Manslaughter;
  - Indictable criminal offences for child abuse;
  - Convictions for any violent offence, whether or not it involved weapons;
  - Offences which indicate a pattern of behavior which could create risk in terms of the role the individual is expected to play; and
  - Current prohibitions or probation orders forbidding the individual to have contact with children under 16 years of age.
- Any person with a work permit or work visa that indicates that the individual is not permitted to work with children will not be hired or kept as an employee, accepted or kept as a volunteer or student, or be allowed to otherwise interact with children at the child care centre.
- Information about an individual's criminal record and history will be treated confidentially and every effort will be made to protect the privacy of staff, students, volunteers and any other person mentioned in this policy 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).
- All CRCs, VSCs, ODs, attestations and statements of findings of guilt under the YCJA will be kept in the licensee's locked cabinet.

#### Additional Measures to Protect Children

- Where appropriate, a person who has not provided a VSC will be allowed to start their employment or volunteer position, or otherwise start interacting with children if they apply to obtain a VSC as soon as possible and provide evidence of their application to the licensee.
- Until a VSC is obtained, the child care centre will put additional measures in place to protect children who interact with a person who has not yet provided their VSC. Examples of the additional measures that will be used may include, as appropriate:
  - verifying of the candidate's credentials (e.g. their standing with regulatory bodies) and three references;
  - obtaining an offence declaration from the individual until a VSC is obtained;
  - ensuring all interactions between the person and children are supervised at all times by an employee who has provided a clear VSC;
  - monitoring and documenting the individual's behaviour and interactions with children on a weekly basis, at a minimum, by the supervisor, designate or lead RECE in the program room(s) in which the individual works, where appropriate;
  - ensuring the individual is not left alone with children; and
  - conducting informal interviews with staff who work with the individual at the child care centre to collect their observations of the individual's behaviour with children, parents and colleagues.
- If a VSC is not provided within 60 days of their start date, the child care centre will suspend employment until VSC is provided, except in extenuating circumstances where evidence is provided that indicates that the delay for obtaining a VSC is out of the individual's control.

### 13. Compliance and Contraventions of Policies and Procedures

#### 1. Monitoring and Observations

- Beyond Our Dreams Preschool and Daycare will monitor each staff, student and volunteer to assess whether policies, procedures and individualized plans are being implemented, as follows:
  - The licensee/supervisor will observe and monitor the supervisor of the child care centre;
  - The supervisor will observe and monitor the qualified staff in each program room (i.e. RECE or otherwise approved staff);
  - The supervisor will observe and monitor other program staff (i.e. assistants);
  - The supervisor/staff will observe and monitor placement students; and
  - The supervisor/staff will observe and monitor volunteers.
- Monitoring and observations will be conducted on an ongoing basis through various means including, but not limited to:
  - participating regularly and informally in the program;
  - collecting feedback provided from parents and families; and
  - reviewing written documentation (e.g. medication administration forms, daily written record, attendance records, etc.).
- Monitoring will be conducted at different times of the day (e.g. morning, afternoon, periods of arrival/departure, rest periods, meal times, outdoor play periods, transitions, etc.) to observe that policies, procedures and individualized plans are being implemented as required for different parts of the program and daily routines.

## **2. Documentation and Records**

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

## **3. Follow-up**

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

## **4. Dealing with Contraventions of Policies, Procedures or Individualized Plans:**

- Beyond Our Dreams Preschool and Daycare will make every effort to clarify expectations and encourage staff, students and volunteers to raise their questions and concerns about implementing policies, procedures and individual plans on an ongoing basis to support clarity, learning, development and ongoing compliance.
- Progressive discipline may be used to address observed non-compliances with policies, procedures and individualized plans, taking into consideration the nature and severity of the incident, and the individual's history of previous non-compliances.
- Where a staff, student or volunteer is observed to be non-compliant, the licensee, supervisor or designate will take one or more of the following actions:
  - Inform the individual that a non-compliance was observed, including the review of any pertinent records or documentation that provide evidence of the non-compliance;
  - Re-review the relevant policies, procedures, and/or individualized plans with the individual;
  - Issue a verbal warning;
  - Issue a written warning;
  - Temporarily suspend the individual from their position at the child care centre for 14 days;
  - Terminate the individual from their position;
  - Inform any relevant parties (e.g. College of Early Childhood Educators, College of Teachers, College of Social Work and Social Services, the contact person for the program from which a student has been placed, CAS, police, etc.); and/or
  - Report violations with the College of Early Childhood Educators' Code of Ethics to the College.
- Where an observed non-compliance meets the criteria for a reportable serious occurrence (e.g. an allegation of abuse or neglect), the serious occurrence policy and procedures will be followed.
- Where appropriate, the supervisor or designate will follow up with the family of a child in accordance with our policies and procedures on parent issues and concerns.

## 14. Wait List Policy

### Receiving a Request to Place a Child on the Waiting List

The licensee or designate will receive parental requests to place children on a waiting list via email, telephone, and in-person meetings.

### 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 who are currently enrolled and need to move to the next age grouping, siblings of children currently enrolled, and children of staff.
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 or telephone that a space has become available in their requested program.
2. Parents will be provided a timeframe of 2 business days 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 licensee 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 licensee 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.

### Additional Procedures

1. Families will be given priority if they respond to the centre's offer within 10 business days.
2. No priority will be given to families who have been offered a spot at the child care centre but have failed to respond within 10 business days.

## 15. Parent Issues and Concerns

### 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, are required by law to report suspected cases of child abuse or neglect.

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

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

For more information, visit

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

### 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 Ministry of Education.

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:

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

Christine Gunn, Licensee: 416-316-0140 or [christine@beyondourdreams.ca](mailto:christine@beyondourdreams.ca)

Durham Region Police Department: 905-579-1520

Durham Region Fire Department: 905-436-3311

Ministry of Environment: 1-800-565-4923

Durham Region Health Department: 905-668-7711

Ontario College of Early Childhood Educators: 416-961-8558

Ontario College of Teacher: 416-961-8800

## 16. Fees, Enrollment and Discharge

Beyond Our Dreams is not enrolled in the Canada Wide Early Learning & Child Care funding program.

Morning half-day fee: \$28.00 per day

Afternoon half-day fee: \$28.00 per day

Full-day fee: \$50.00 per day

Upon enrollment, students and families will have the opportunity to choose which days they attend their program. This choice must remain the same until the supervisor is able to make any desired changes. A request for change can be made by emailing [christine@beyondourdreams.ca](mailto:christine@beyondourdreams.ca).

The \$250.00 last month fee deposit is refundable up until August 1st of the upcoming school year, after which time there will be no refund issued for families who withdraw their child's enrollment. The \$50.00 registration fee is non-refundable and will be subtracted from the deposit paid. When a deposit is applied to the last month's fees with 30 days' notice, the total amount that will be applied is \$200 (which is the \$250 less the registration fee.)

Monthly fees are payable on the first day of each month. Please submit post-dated cheques made out to Beyond Our Dreams Preschool and Daycare or arrange an e-transfer payment to [Christine@beyondourdreams.ca](mailto:Christine@beyondourdreams.ca) on the first of each month. There will be a \$25.00 charge for all cheques returned NSF.

Refunds are not given due to illness, vacation or any absence. A one month's written notice will be required from parents who withdraw their child before the end of the school year. Your deposit will then be applied towards your last month's payment.

Statutory holiday fees will be charged to families for any statutory holiday that falls between September 1<sup>st</sup> and June 30<sup>th</sup> each year. The amount charged will be \$15 per statutory holiday, per child.

Statutory Holidays subject to fees are:

- Labour Day
- Thanksgiving
- Christmas Day
- Boxing Day
- Family Day
- Good Friday
- Victoria Day

Receipts for income tax purposes will be issued in January of each year, upon request. Please send an email request to [christine@beyondourdreams.ca](mailto:christine@beyondourdreams.ca) and your income tax receipt will be returned to you within 5 business days from the date the request was made.

Families that are late for pick up will be charged \$1 per minute until their child is picked up. If families repeatedly arrive late (two or more times in a five day period) they will risk program discharge. Being late negatively impacts teachers, students and their families. In order for the programs to run smoothly, arrival and dismissal times must be respected.



A completed registration package is required, including an immunization record or letter of exemption. The date of admission and discharge/withdrawal will be noted in the child's file.

Beyond Our Dreams Preschool and Daycare reserves the right to deny enrollment or withdraw children if meeting the needs of the child interferes with the overall delivery of the program. Every attempt will be made to serve all students in the best possible way. Discharge will be a last resort option.

Refunds will not be given for inclement weather days or for circumstances outside of our control. Every attempt will be made to provide children and their families with reliable child care. A refund will be issued for any closure if a room must be closed due to staff shortages. A refund will be credited to the next month's tuition fee.

### 17. Weather Cancellations

Due to dangerous road conditions, programs may be cancelled. Families will be notified by email at least one hour in advance or by 8:00 AM that day. The website will not reflect the cancellation.

### 18. Professional Development and Staff Meetings

Beyond Our Dreams will be closed for one half day per month. Students enrolled on those days may have early or late drop off depending on their enrollment. Tuition is paid in full on these days. There will be no repeats and each morning and afternoon period is subject to one closure each, per school year.

### 19. Accident Reporting

Any injury, however minor, will be reported to parents. Staff follow the school accident reporting protocol and provide parents with either a hard copy or an e-copy of the accident report. If an accident is considered by staff to be of a serious nature then parents will be contacted immediately and school emergency procedures followed. All accident reports are noted in the daily log.

### 20. Fire Safety, Evacuation and other Emergencies

The Fire Drill and Evacuation Procedures are posted in our classroom and reviewed annually by all staff, students and volunteers. Fire Drills are to be conducted monthly, recorded on the fire drill record sheet and in the Fire Safety Binder.

**The child care centre has detailed emergency response procedures that is comprised of 3 phases:**

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

This policy can be found in the Policies binder. 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 is on the south field on the grass past the end of the parking lot. If it is deemed unsafe to return to the school, the evacuation site to proceed to is: Hope Fellowship Church, 1685 Bloor St. Courtice. Parents will be notified by telephone from that site. NOTE: All directions given by emergency services personnel will be followed in all circumstances, including directions to evacuate to locations.

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 supervisor or designate 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 or designate in the daily written record.

## 21. Serious Occurrence Policy

### Identifying a Serious Occurrence

- Under the *Child Care and Early Years Act, 2014*, serious occurrences are defined as:
  13. the death of a child who received child care at a child care centre,
  14. abuse, neglect or an allegation of abuse or neglect of a child while receiving child care at a child care centre,
  15. a life-threatening injury to or a life-threatening illness of a child who receives child care at a child care centre,
  16. an incident where a child who is receiving child care at a child care centre goes missing or is temporarily unsupervised, or
  17. an unplanned disruption of the normal operations of a child care centre that poses a risk to the health, safety or well-being of children receiving child care at the child care centre.
- Note: Appendix A provides examples and scenarios of reportable and non-reportable incidents.

### Reporting a Serious Occurrence

- Staff will notify the licensee, supervisor or designate of a serious occurrence as soon as they become aware of the incident.
- All serious occurrences will be reported to the Ministry of Education in the Child Care Licensing System (CCLS) within 24 hours of the licensee, supervisor or designate becoming aware of the occurrence.
- Identifying information such as children or staff names will not be included in the serious occurrence reports.
- If CCLS cannot be accessed (e.g. where CCLS or an internet connection is unavailable), the licensee, supervisor or designate will notify the program advisor (PA) assigned to the licence by email or by telephone within 24 hours of becoming aware of the occurrence. A serious occurrence report will be submitted in CCLS as soon as the system can be accessed.
- Where a Ministry of Education PA cannot be reached by telephone, a voicemail message will be left to notify the PA of the incident.
- All updates to serious occurrences will be reported in CCLS through update reports until the serious occurrence has been closed by the Ministry of Education.
- Where the Ministry of Education requests updates to a serious occurrence in CCLS, these will be provided as soon as possible through update reports.
- Serious occurrences reported to the Ministry of Education will be documented in the daily written record.

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

- Within 24 hours of becoming aware of a serious occurrence, Christine Gunn/licensee will complete a Serious Occurrence Notification Form in either CCLS or using the form available in Appendix B.
- The form will provide a summary of the serious occurrence and of any action taken by the child care centre.
- The summary will not include identifying information (e.g. names and ages of children, staff, or program rooms) and will contain gender-neutral language.
- The summary will be posted at the child care centre in a place that is visible and accessible to parents for a minimum of 10 business days, regardless of the serious occurrence type and the status of any related investigation.

- All updates to the serious occurrence will be added to the posted summary, and the summary will remain posted for an additional 10 business days each time any updates are added.
- All serious occurrence summaries will be retained for 3 years from the date they are created or last updated (whichever date is most recent).

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

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

#### Additional Policy Statements

- All staff, students, and volunteers will be required to document the series of events surrounding the serious occurrence. The documentation can be hand written but must be signed and dated.
- All staff, students, and volunteers will meet for an emergency staff meeting as soon as Christine Gunn/licensee is available.
- Families will be offered the chance to speak with Christine Gunn/licensee to express their concerns. Families will be reminded that they may notify CAS when they feel a child's safety has been compromised.
- When an occurrence is deemed unreportable, families will be provided the chance to speak with Christine Gunn and voice their concerns. They may wish to email her and opt-out from a formal meeting.

### 22. Spare Clothing

Please provide your child with spare clothing for school. Please label all clothing with your child's name. Indoor shoes can be kept at the school during the school year. We will be learning and playing outside everyday so we want everyone to be prepared.

### 23. Toys from Home

Please encourage your children to leave toys at home. They can disrupt their learning activities during their school time. If absolutely necessary, toys may accompany the child to school and remain in their bags during school hours.

### 24. Behaviour Management

Behaviour management will be positive, consistent and developmentally appropriate. Age appropriate limits are set by the staff and positive behaviour is encouraged. Occasionally, breaks from play will be used. Breaks allows children the opportunity to take a step back and consider better options and their peers' feelings as well.

### 25. First Day

Set reasonable expectations for the first two weeks. This is a transitional period and it will take some effort but more importantly consistency. Bring along a familiar toy or blanket. Remind your child how much fun

they will have throughout the day with their friends. Say goodbye to your child and let them know that you will return. Delays in departure can upset your child further. Please remember that separation anxiety is a normal part of child development and that we are prepared to handle crying. Return when you tell your child you will be back. Typically, in two weeks' time, your child will have adjusted and you will be able to drop them off quite easily.

## 26. Parking

Parking is available right outside the preschool entrance door.

Please park in designated parking spots. To ensure the parking lot remains as safe as possible, parents and guardians are required to properly park their car in the designated parking area before a student can be dropped off or picked up.