

Policies, Practices, and Procedures



WHISPERING HILLS DAY CARE SOCIETY
POLICIES, PRACTICES, AND PROCEDURES



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Purpose

The purpose of this document is to outline the specific policies, practices, and procedures related to the operations of Whispering Hills Day Care Society (WHDCS). These policies are in place to uphold the mission of WHDCS and to ensure the health, safety, and well-being of all Educators, families, and children in care in our programs. These policies are in affect at all three programs run by WHDCS and will be adhered to by all personnel, volunteers, families, and any other persons who may be present in our programs.

Acknowledgement

Our curriculum is guided by the concepts, goals, and dispositions outlined in *Flight: Alberta's Early Learning and Care Framework*¹. Therefore, this document contains many words and phrases that draw from this framework.

Our practice and philosophy are also heavily influenced by the Reggio Emilia Approach²

Vision

To build a healthy future with capable community leaders and too stimulates the children with play and social interactions that contribute to their emotional, physical, social, and intellectual development. As well as encourage the creativity within each child. Our Educators accomplish this by maintaining a 50% teacher led and 50% child led program that considers the different development, multiculturalism, abilities, and needs of each child which enables us to encourage, enhance, guide, and address them positively and consistently.

¹ Makovichuk, L., Hewes, J., Lirette, P., & Thomas, N. (2014). *Flight: Alberta's early learning and care framework*. Retrieved from flightwork.ca.

² "The Reggio Emilia Approach is an educational philosophy based on the image of a child with strong potentialities for the development and a subject with rights, who learns through the hundred languages belonging to all human beings and grows in relations with others." Reggio Children Srl, retrieved from www.reggiochildren.it/en/reggio-emilia-approach/.

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Our Mission Statement

It is the mission of Whispering Hills Day Care Society to deliver quality early learning and care to meet the developmental needs of each child that will provide them with experience for later learning and positive relationships.

Our Philosophy

Whispering Hills Day Care Society's programming is founded on children experiencing and learning through play in a holistic, nature-based, and inclusive environment that fosters respect, individual responsibility, and relationship building. Our Educators have a great responsibility to provide a service that offers the most caring, nurturing, educational, and fun atmosphere possible while maintaining a safe, respectful, and supportive environment. This recognizes the connection of the child's physical, emotional, intellectual, creative, spiritual, and social growth, and the importance of the practice of relationships between the family, program(s), and community.

We believe play is an important part in early childhood education and we strive to give the children a balance of opportunities to both direct his/her own activities and have an educated, experienced Educator engage them through experimenting, discovery, feeling, seeing, smelling, touching, hearing, and imagining. We believe positive guidance techniques, such as redirecting, problem solving and giving choices whenever possible, combined with a positive attitude and love are an important part in facilitating a child's character.

Goals & Objectives

Our goal is to stimulate the children with play and social interactions that contribute to their emotional, physical, social, and intellectual development. As well as encourage the creativity within each child. Our Educators accomplish this by maintaining a 50% teacher led and 50% child led program that considers the different development, multiculturalism, abilities, and needs of each child which enables us to encourage, enhance, guide, and address them positively and consistently.

WHDCS, overall objective is to promote optimal development by allowing for equal opportunity for open child choice and Educator directed activities where children can try new activities that they wouldn't otherwise try on their own.

Membership

All parent/guardian(s) with children enrolled in our programs are members of the Whispering Hills Day Care Society. To be a member in good standing all accounts must be kept current. Daycare staff members and/or interested members of the community at large are eligible for membership in the Whispering Hills Day Care Society by applying to the Board of Directors for an honorary membership.

Board of Directors

The Whispering Hills Day Care Society (WHDCS) is a non-profit society administered by an elected volunteer Board of Directors consisting of parents/guardians, professionals, and interested members of

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the public. We recognize that without the generosity of these volunteers our society and programs would not exist. Members are elected once per year at our Annual General Meeting held in March, the commitment is 2 years, and meetings are typically held once per month. The by-laws of the society are available from our main office. If you are interested in becoming a board member, please inquire with our office.

The Role of the Board & The Program Directors

WHDCS Board of Directors is a Policy Board which means they set policy and hire Program Directors to manage the activities. Thus, the program operations including the development and implementation of our curriculum, staffing, management of registrants, and any other activities related to the day-to-day operations of the program(s) are the responsibility of the Program Directors as the sole employees of the Board of Directors. They accomplish this with the assistance of qualified Early Childhood Educators, other paid staff, and volunteers. For more information about the role of the WHDCS Board, please see our By-Laws.

Location and Contact

Main Office

Our Main Office is located at our Multiplex Day Care Site:

2 University Drive, Athabasca, AB T9S 0A3

Office Cell: (780) 675-7946

After Hours Cell: (780) 307-6177

Email: whdaycare@telus.net

Website: www.whisperinghillsdaycare.com

Office Hours: Mon-Fri 8:00 am to 4:00 pm

Multiplex Day Care Site

2 University Drive, Athabasca, AB T9S 0A3

Program Cells: Rosebud: (780) 689-8346

Willow: (780) 940-6541

Email: whdcmulti@gmail.com

Program Hours: Mon-Fri 7:30 am to 5:30 pm

We have our own entrance on the East side of the Regional Multiplex off the staff parking lot. There is a loading area outside in the traffic loop. The door may be locked, please ring the bell to be let inside the facility.

University Day Care Site

1 University Drive, Athabasca, AB T9S 3A3

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Program Cells: Poppy: (780)-519-0483

Blossom: (780)-940-5120

Email: whdcuni@gmail.com

Program Hours: Mon-Fri 7:30 am to 5:30 pm

We have our own entrance on the East side of the Athabasca University. Park in Parking Lot B and follow the yellow sidewalk to our gated playground. There is a doorbell to use to be let into the facility. OR Enter through the University main entrance and proceed following the signs to our door (Room 110). There is a doorbell to use to be let into the facility.

Kinder & Out of School Care Program

Room P3 & P4, Whispering Hills Primary School, 3001 Whispering Hills Drive, Athabasca, AB

Program Cells: Kinder: (780) 689-8356

OSC: (780) 940-7932

Email: whdcosc3@gmail.com

Kinder Program Hours: Mon-Fri 7:30 am - 5:30 pm

OSC Program Hours: Mon-Fri 7:30-8:30 am- 3:30-5:30 pm (7:30 am -5:30 pm on School PD Days)

Access to the program is through the back (East) door of the school, nearest the gazebo and kindergarten playground. Please use the doorbell or call the program cellphone (780-689-8356) to be let into the facility.

Hours of Operation

Our **Office** hours are typically 8:00 a.m. to 4:00 p.m.

Our **University, Multiplex, and Kinder Care** programs operate:

Monday - Friday: 7:30 a.m. - 5:30 p.m.

Out of School Care (OSC):

Monday – Friday: 7:30 a.m. - 8:30 a.m. / 3:00 p.m. - 5:30 p.m.

*On non-school days for which we provide care, OSC & Kinder Care operates 7:30 a.m.- 5:30 p.m.

*Please note that Educators will not be available to provide care or supervision of children prior to 7:30 a.m., even if Educators are on site or just arriving for their workday.

*Please arrive 10 minutes prior to closing to allow time for checking in with Educators, letting your child get dressed/packed up to leave, and time for staff to lock up

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Allowing a few minutes time for your child to arrive and depart the centers helps to facilitate a smooth transition for children, parents/guardians, Educators, and other children in the centers. It also assists in respecting the paid working hours of our Educators and enables them to get to their families and personal commitments in a timely manner. To keep parent fees as low as possible, we need to manage staff time.

- See “Late Pick-up/Early Drop-off Guidelines” for [additional fees](#) and our [late pick-up procedures](#)

Annual Closure Dates

When a day designated as a statutory holiday coincides with a Saturday or Sunday, the program will be closed on the next business day.

All programs will be closed on the following holidays:

- New Year’s Day
- Family Day
- Good Friday
- Easter Monday
- Victoria Day
- Canada Day
- Heritage Day (civic holiday in August)
- Labor Day
- Thanksgiving Day
- Remembrance Day
- Christmas Day
- Boxing Day
- 3 business days between Christmas & New Year’s Day

We will periodically be closed for staff Professional Development Days – these dates are posted on our website. Families will be given no less than 30- days' notice of these dates. See “Professional Development Days” for more details.

Open Door Policy

Whispering Hills Day Care Society believes in maintaining an open-door policy. Parents and guardians are welcome to participate in the daily activities and are encouraged to visit their child at the program(s) when their schedules permit.

We also welcome and encourage parents and guardians to contribute to our program(s) and developing curriculum by engaging in conversations with our Educators, viewing the posted program planning and documentation, volunteering time and skills to the program, and attending special events both during and outside of our regular care hours.

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Commitment to Quality

Whispering Hills Day Care Society strives to provide high quality early learning and care services and, to maintain this standard, will employ several measures to inform our continual improvement. These include monitoring, the use of research-based tools for objective evaluation of our environments and practices, and the subsequent employment of improvement strategies to reflect current best practices in early learning and childcare.

Throughout the year, we send virtual surveys to families, Educators, children (where appropriate), and community members to assess our services, community needs, and inform any necessary changes to our operations (such as opening and closing times). Families who exit our programs are also encouraged to complete an exit survey as part of our on-going evaluation of our programs. Survey results may be shared with our Educators, Board, member base, or community where appropriate.

Each program has a suggestion box which can be utilized anonymously by parents/guardians, Educators, volunteers, and other visitors. Our Program Directors will routinely ask for feedback by prompting questions or concerns in email and telephone correspondence. And, finally, our Open-Door Policy promotes an environment which encourages participation of all families in the program.

Our Board of Directors will engage in strategic planning once per year and participate in the on-going monitoring of the programs in partnership with the Program Directors monthly.

Our Educators' commitment to quality includes participation in the use of research-based evaluation tools, opportunities to participate in decision-making processes, and the development and monitoring of their professional learning plan with the support of the Program Directors. For more information on how WHDCS promotes professional learning please see "Professional Development Days".

An example of a research-based and objective program screening tool is the Child Caregiver Interaction Scale (CCIS) which is used to inform our Educators' performance evaluations.

Educators

Early Learning and Childcare is provided by Educators with Early Childhood Education Certificates/Diplomas from the province of Alberta, and/or who are enrolled in Early Learning and Childcare courses. All Educators and staff maintain current certification in Level C First Aid CPR & AED. The Educators routinely participate in professional learning and reflective practice individually and as a team. Each new employee is evaluated by the Program Directors following a three-month trial period and annually thereafter.

Educators are certified at minimum as Level 1 Early Childhood Educators which means they have at least one post-secondary course in child development. (If a staff is hired without a level in Early Childhood, they have 6 months to complete their level one. During this time, they must not be given unsupervised access to children.) WHDCS will ensure at least 2 Educators at the Multiplex and University sites and at least 1 Educator at the After School Care Program, is certified as a Level 2 (post-secondary certificate) or Level 3 (post-secondary diploma) Early Childhood Educator.

In addition to paid Educators, WHDCS facilitates students of early learning and childcare programs by providing a practicum placement. These placements may be paid or unpaid positions and are arranged through the post-secondary institute at which the student is enrolled. Secondary students in a work

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experience course may also be supported by WHDCS. These placements are arranged through Aspen View Schools.

Any concerns regarding a staff member's conduct should be reported to the Program Directors in accordance with our Problem Resolution Process.

Professional Development Days

The world of Early Childhood Education is constantly evolving. We at Whispering Hills Day Care Society support professional learning by upholding a requirement of 40 hours per year per Educator. For Level 1 and Level 2 Early Childhood Educators learning activities will focus on obtaining a diploma in early learning and childcare and Level 3 certification.

As part of our commitment to quality care, we will periodically host professional development days in which we close for the day in part or for the entire day. Families will be given no less than 30-day's notice of these days and there will be no reduction in fees for the month as these will be regular occurrences which contribute to the quality of care we provide.

On professional development days the Educators will: engage in learning activities such as workshops, special guest speakers, collaborative learning sessions, and more; hold meetings of all staff as well as individual teams; engage in vital team building exercises; spend time completing documentation, program planning, and reorganizing of their materials and play spaces.

Problem Resolution Process

In the event a parent, guardian, staff member, volunteer or community member has a concern regarding a staff member's conduct or the childcare program, the following steps need to be taken:

1. Person with concern (complainant) to contact the Program Directors who will document the issue. The Program Directors will then bring the concern to the involved party(s). This concern may result in disciplinary action at the discretion of the Program Directors in accordance with WHDCS Personnel Policies. The Program Directors will then contact the complainant to inform them of the steps taken to resolve the matter.
2. If the matter is not resolved to the satisfaction of the complainant, they are to arrange a meeting with the President of the Board of Directors for the concern(s) to be placed on the next Board meeting agenda. The Board will make the final decision of recourse.
whdcexecutiveboard@gmail.com
3. If the interested parties are not satisfied with the outcome, a complaint may be lodged with our regional child and family services authority - contact information below.

North Central Alberta Child and Family Services

2nd Floor, Administration Building

5143-50 Street, Box 4742

Barrhead, AB T7N 1A6

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Phone: 780-305-2440

This office handles complaints regarding noncompliance with the Child Care Licensing Act and Child Care Licensing Regulations. All complaints brought to their attention are investigated. Complaints can be made anonymously, however, if it is not done anonymously, the name of the complainant will still not be divulged to the license holder. Written complaints submitted by the parent/guardian of a child enrolled in the program will be responded to in writing by the Regional Licensing office indicating whether the complaint was verified, and that appropriate action has been taken.

In the event a concern arises with one of the Program Directors: Person with concern (complainant) to bring the concern to the Program Director in writing. If the concern is with the Program Director, the Program Director will inform the Board about the documented concern and address the issue independently. If required, the support of another Program Director or a board member to mediate can be requested by either the Program Director or the complainant. If matter is not resolved to the satisfaction of the involved parties, the complainant will bring the concern to the Board of Directors by contacting the President. The Board will then address the concern at the next board meeting or will call an unscheduled meeting to address the concern. The Board's decision is final up to and including disciplinary action in accordance with WHDCS personnel policies.

In the event a concern arises with a member of the Board: the complainant is to bring the concern to the Board in writing. The Board will encourage involved parties to resolve the issue independently, with the support of at least one other Board member to mediate if necessary. If the matter is not resolved to the satisfaction of the parties involved, the Board will then address the concern at the next board meeting or will call an unscheduled meeting to address the concern. If decision making must ensue, those parties involved in the concern may be excluded from all or part of the meeting. Any action taken toward a Board member will be taken according to WHDCS By-Laws.

Board of Directors: whdcsexectiveboard@gmail.com

Registration and Operations

Program Registration

To be placed on our waiting list and accepted into our program(s) each family must complete a registration form. This can be found online on our website. If you require a paper copy of the registration form, please contact our office.

Waiting List

Once you have registered online, your form will be sent to the Program Director(s) and added to the waiting list. Registration does not guarantee a spot in our program(s). When a spot becomes available, the Program Directors review the waiting list and will contact the parent/guardian the month prior to care to discuss enrollment type, payments, and subsidy (if registering for OSC).

Intake Process

Once your registration is accepted an initial interview will be set up by the Program Directors or Team Leads. This initial interview will include a tour of the program(s), review of the necessary paperwork

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(including assistance with Child Care Subsidy applications if required), and a question-and-answer period. Scheduling of further visits with the child to the program is encouraged and will be handled by the Team Lead of the applicable program following the initial interview.

Enrollment Types

- **Full-time Registration:** This option maximizes the benefits of our programs and secures a dedicated space for your child(ren)'s required care days. Full-time enrollment covers all operational days throughout each calendar month. Opting for 3-5 scheduled days a week qualifies as full-time, with a base of over 100 hours of care in a month.
- **Part-time Enrollment:** This is only offered at the Multiplex & University programs. This entails a commitment to a set 1-2 days per week. The schedule remains consistent, ensuring regular engagement in our program(s). In instances where a planned closure, such as a statutory holiday, coincides with a regular part-time enrollment day, that day will be invoiced (included in the monthly rate), mirroring the approach taken for full-time enrollment. This practice is rooted in our rate structure, which is calculated based on average attendance. Furthermore, our employees are remunerated for and may work on these planned closure dates as part of their professional development days.
- **Kinder Care Program:** Exclusively open to kindergarten-registered children, this full-time program operates in collaboration with WHPS Kindergarten teachers. On Kindergarten days, children seamlessly transition between before and after school care. On non-Kindergarten days, they experience full-day sessions in our classroom. Additionally, our all-day program is available on non-school days, including WHPS PD days, breaks, and staff workdays.
- **Out Of School Care Program (ASC/OSC)** is only offering full-time registration options in this program. Children in this program must be registered in Whispering Hills Primary School. *Note: there are currently no funds available in the Alberta affordability grant for children who are not of kindergarten age. Additionally, subsidies for these children follow a significantly different structure than past criteria's of eligibility for children in kindergarten & less (which is no longer available).*

To learn about our rates for each type of enrollment, please reach out to a Program Director at whdaycare@telus.net. We base our rates off the 2025 funding approach from the Government Childcare Branch of Alberta.

We understand that life can be unpredictable, and family schedules may change. To ensure that we can accommodate your needs to the best of our ability, we kindly request that you inform us of any desired changes to your child's enrolment as soon as possible. Changes to enrollment types are requested to be provided to our office by the 15th of each month prior to care and are subject to availability.

Whether you are looking to increase or decrease your child's days of attendance, need to request specific care arrangements, or have any other concerns regarding their enrolment, please email the Program

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Directors. They will be there to assist and work closely with you to ensure your child's well-being and comfort while in our care. Our goal is to understand your needs and, whenever possible, provide support that aligns with your family's situation, this way we can support our operational program plan for the upcoming month.

Respite Care

Our programs provide respite care through appropriate agencies (such as child welfare) for set periods of time. Spaces are regularly held specifically for respite care. Please note, respite care is temporary and is meant to provide support for parents or guardians to be able to register for care on their own following the respite period. For more information about respite care please contact our office.

Payment of Fees

Payment Due Dates

All childcare fees are due at the end of each month, before the next month of care begins. This ensures the continuous provision of high-quality services for all children under our supervision.

To ensure the seamless provision of childcare services, we kindly request each registrant to settle childcare fees in advance, before the care occurs. Payments can be made via cheque or interact e-transfer to whdaycare@telus.net, with cheques made payable to the "Whispering Hills Day Care Society."

Failure to do so may result in the child's removal from the program.

It's important to note that parents/guardians are accountable for payment even on days booked but not attended (e.g., vacation, sick days).

For families applying for Child Care Subsidy (only available for OSC enrollment), the first month's fees must be paid in full unless a conditional approval notice has been presented to the Program Directors. A subsidized credit will then be applied to your account, and subsequent months will reflect the regular subsidized cost.

Please be aware that rates are subject to change, and any adjustments will be communicated in writing at least one month before the effective date. We appreciate your understanding and adherence to these guidelines, fostering a cooperative and supportive childcare environment.

Child Care Subsidy

Child Care Subsidy is available for school aged children (Gr.1 and up) from the Government of Alberta for those families that qualify. Online applications are available [here](#).

When applying, make sure to put your child(ren) in the correct age category & program. Subsidy rates vary based off a child's age, child care program, family income, and hours attended. You will need to update your subsidy when your child moves to a new program, and/or when it expires.

The parent portion of the fee is the total fee minus the amount you receive from subsidy. This amount is due at the time of invoicing one month prior to care. It is important to remember that while we bill you

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for the upcoming month of care, your subsidy is based off the prior month's hours. Child Care Subsidy approvals are estimates, and adjustments may be made by Child Care Subsidy at any time which could result in a credit or further amounts owing on your account. Please read your invoice carefully. For more information about Child Care Subsidy please contact our Program Directors.

Billing Procedure

To be as environmentally friendly as possible and reduce costs we conduct paperless billing. Invoices and statements are sent electronically to the parent/guardians on or as close to the 15th of each month before care, and payment is due before the 1st of the month of care. If, for any reason, a family does not receive an invoice they are still obligated to pay the full fee amount. If you should require a paper copy of your invoice, please request it from the Program Directors.

Parents/guardians will be responsible for reporting any contact information changes. Payment can be made by email transfer to whdaycare@telus.net, via cheque, certified cheque, or money order to "Whispering Hills Day Care Society".

Fees apply to all days scheduled and parents/guardians will be billed for statutory closures and professional development days as part of the quality services we provide. There will not be refunds or credits for sick days or vacations where a child may not be in attendance.

Childcare tax receipts will be sent before the end of February each year.

Custodial Agreements

In the case of split custodial agreements, WHDCS may bill each parent/guardian separately. This arrangement must be confirmed in writing by both parties. If a legal document is available which confirms the amount of the split payments, a copy of the applicable section must be provided to our office. The child(ren) will have one registration and, unless legal documentation prevents this, details of the child's attendance and activities within our program(s) will be shared with both parents/guardians.

When childcare subsidy is in place, the subsidy will be deducted from the invoice of the parent/guardian whose name is attached to the subsidy. The parent portion will be split in accordance with the custodial agreement and the subsidy information will not be shared between parties.

WHDCS will not act as a go between for communication between families.

Third Party Payments

If you are receiving funding from another source for independent welfare, please provide your social workers name, phone number, and the office location to the Director. We will give you a letter to hand to your social worker to arrange payments directly to the Director; the Director will also contact the social worker.

Failure to make Payments

Invoices not paid by 1st of the month may result in the removal of your child(ren) from the program until payment is received or a payment plan is arranged with the Program Directors. Payment plans will be

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designed so fees are paid in full within 2 months of the billing month (e.g., original payment due by May 1, payment plan will require full payment by June 30 for May and June).

In circumstances where a parent/guardian forecasts difficulty in prepaying the month's care, a payment plan may be made at least 1 month prior to care. Any concerns with billing can be directed to the Program Directors.

Following the first failure to make a payment, the parent/guardian will receive a statement of their account. If no arrangements have been made with the Program Directors for a payment plan, a phone call will be placed by the Program Directors as well as a second statement received via email. Failure to make a payment after the second statement will result in the child(ren) being terminated from the program(s) and the account being taken to an external collections agency.

Families with outstanding accounts that have been either written off by our society or have been sent to collections (and not yet paid in full or settled) will not be permitted to return to our programs until their account has been paid in full.

Non-Sufficient Funds Cheques

N.S.F. cheques are subject to a \$35 administration fee. Repeat offenders will be required to pay by certified cheque or another payment type after the second offence.

Termination of Service

Choosing to terminate childcare services can be a significant decision, and we want to make this process as straightforward and supportive as possible for you.

Notice of Termination, we kindly request that you provide written notice of your intent to terminate your child(ren)'s care at our center no later than the 15th the month prior to the desired terminate date. If notice is not received by this date the parent/guardian is still responsible to pay for the upcoming month's childcare. A waiving of this amount is at the discretion of the Society. We understand that circumstances can change. After the above date, we encourage you to reach out to the Program Directors to discuss your reasons for termination and to explore any possible solutions or alternatives. Our goal is to understand your needs and, whenever possible, provide support that aligns with your family's situation, this way we can support our operational program plan for the upcoming month.

WHDCS reserves the right to cancel services at any time if it is in the best interest of the child or program and/or should any account be outstanding more than 30 days and alternate payment arrangements have not been made. In addition, if a pattern of late pick-ups occurs and cannot be resolved within a timely manner to the satisfaction of WHDCS, service may be terminated.

If your circumstances change in the future, and you find yourself in need of childcare services again, please know that we would be delighted to welcome your child back into our care should there be space available. Your family has been an important part of our community, and we are here to try and support you whenever the time is right. Please understand, that should you pull your child(ren) out of our program(s) and wish to reregister, you will be put on the waiting list until there is available space.

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Administrative Records

Whispering Hills Day Care Society keeps up to date records on both the children attending the programs and the employees working for WHDCS.

The child records hold information that was provided by the parents at time of registration as well as documents acquired throughout the child's time in the program. These files include child's daily attendance (e.g., arrival and departure times), child's name, birthdate, and home address; Parent/guardian(s)/Emergency Contacts name, physical home address, mailing address, and telephone numbers; incident reports; medical information such as health care number, allergies, and vaccination status; medical administration forms; developmental assessments and any other document recorded while the child is in attendance.

Employee files include copies of their Child Development Certificates, First Aid Certification, Criminal and Child Intervention Record Checks, and other documents pertaining to their employment with WHDCS.

These files are routinely checked and updated as required. They are also used to respond quickly to emergencies, incidents or accidents involving the child or staff member. If you or your child's information changes you must inform a Team Lead or Program Director immediately. Families with incomplete (including unsigned consents) or outdated registration information will be turned away until the necessary information is obtained.

Portable Records

In addition to the administrative records on file each program must maintain an updated portable record of emergency information including the following information for each child:

- the child's name, date of birth, physical home address and phone number.
- the parent/guardian(s) name, physical home address and telephone numbers (home, work, and cell)
- 2-3 emergency contacts: name, physical address (must be local), and telephone number of someone who can be contacted in case of an emergency. They have permission to pick up the child(ren) in case the program cannot get a hold of parent/guardian(s)
- any other relevant health information about the child provided by the child's parent including the child's health care number, immunization history, and allergies if applicable.

The telephone numbers of the local emergency response service and poison control center are also found with the portable records.

Lillio (HiMama)

We believe parents and guardians are the most important people in a child's life. To keep families engaged and informed on their child's growth and development in our programs, we utilize the software application, Lillio (HiMama). Our Educators use this program, primarily, as a documentation tool to create learning stories and engage families in our curriculum. Lillio (HiMama) is free to download on any device and is one of the many ways our Educators will engage families in their child(ren)'s learning and development. Parents/guardians will be required to complete an updated form with their current email

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address giving permission for our Educators to communicate with you through photographs, learning stories, important messages, and updates of your child's time at the program.

Confidentiality

Whispering Hills Day Care Society, respects and acts responsibly keeping personal information confidential. All information regarding children, parents, staff, or volunteers shall be respected and handled confidentially and shall not be disclosed to or discussed with anyone other than those authorized to receive such information, unless disclosure is authorized by law. In addition, our Educators are available to discuss your child's growth and development during our hours of operation but are not able to discuss these matters outside of our programs.

Freedom of Information and Protection of Privacy (FOIP)

Whispering Hills Day Care Society hereby swears to collect, use, and disclose personal information, and/or information about the children and families in our care for the following purposes:

- To generate statistical and aggregated data that does not identify parents/guardians or children personally.
- To meet legal and regulatory requirements and to disclose to associated Provincial Governing bodies
- To manage, market and develop the business operations of Whispering Hills Day Care Society
- To evaluate parent/guardian credit worthiness or to collect accounts, and, to provide yearly childcare receipts.
- To provide services and more information about Whispering Hills Day Care Society
- For other purposes, as may be determined by Whispering Hills Day Care Society acting responsibly and/or otherwise authorized or required by law.

Parent/guardians may revoke consent to use of this information as stated above at any time in writing to the Program Director. Failure to consent may prohibit the child from accessing the services offered by Whispering Hills Day Care Society.

In the best interest of the child, Whispering Hills Day Care Society abides by the Freedom of Information and Protection of Privacy Act and the Children First Act of Alberta.

Photograph Policies

Whispering Hills Day Care Society realizes that parents/guardians do not always get to see some of the fun and priceless moments of their children's day in the program that the staff enjoy and experience on a regular basis. And so, all members of WHDCS including staff, members of the Board and parents/guardians will adhere to the following Photograph Policy.

Photos of the program, children, families, and staff will be taken with cameras belonging to WHDCS for the purpose of the program's displays, licensing reports, HiMama, to enhance the indoor environment and support the children's social/emotional development. Families can request photos of their child(ren) up to a month after termination, and the photos will be electronically shared with them via USB provided

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by them. Alternatively, these photos may be shared via Google Drive. If using the cloud option, the folder will stay active for a period of 30 days before WHDCS will delete the files.

Photos of the program, children, families, and staff will only be taken using device's that belong to, and stay at, the program. Photos and videos will NOT be taken using personal cell phones or cameras belonging to staff and parents/guardians, webcams or other devices that are not belonging to WHDCS. Nor will members of the public be permitted to take photographs of the program or children while they are in attendance in our programs.

Photographs taken of children, families or staff and acquired by WHDCS containing identifiable images of children, families or staff will not appear on any social media or publicly anywhere on the internet including our website or advertisements, unless written consent is obtained.

Photographs of the programs and activities with non-identifiable features of children and families may be posted on the Whispering Hills Day Care Website and our social media pages and/or used for advertising and presentations for WHDCS or for educational purposes.

Each parent/guardian will be required to sign photography consents located on the WHDCS Agreements Forms.

Technology Policies

Purpose:

These Technology Policies have been developed to create specific regulations about the use of technological devices such as the Internet, social media sites, and cameras. This policy is not intended to interfere with the private lives of our staff members or impinge their right to freedom of speech. This policy is instead designed to ensure that WHDCS's image and branding are maintained, as is the health and safety of the staff and children under our care.

The following users are covered by this policy:

1. Full-time, part-time, and casual employees of WHDCS
2. Volunteers, interns, summer students, and other non-paid workers
3. Parents/Guardians, family friends and relatives in the program's at WHDCS

Program Cell Phones:

The program cell phones shall be charged, left on with sound and vibrate settings turned on, and always carried by an Early Childhood Educator when leaving the facility. This includes trips to the playground, indoor gym, when going for nature walks and field trips.

The program cell phones may be used by Educator's in the following ways:

- To take photographs for documentation
- To back up photographs to their Google Drive (while on-site in our wi-fi range)
- To contact parents/guardians and Program Directors

The program cell phones shall not be used in the following ways:

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- To make personal calls
- To access the internet outside of the use listed above.

The program cell phone numbers shall be given to parents/guardians of the children in care as well as all staff members for the purpose of communication while outside of the room.

Program Computers

The office desktop computers are to be used by administrative staff (Directors & Team Leads) only unless permission has been granted by the Program Director for a staff member to utilize this computer for programming purposes.

The program lap top computers are to be used in the following capacities by program Educators:

- to sign in and out children
- for research, documentation, program emails, HiMama, worksite checklists and forms, programming for the children, professional development, and educational purposes

The program devices shall not be used for personal reasons including email, social media, web surfing or other activities not related to the program.

Educators may use the devices to show a short video clip or play sound clips if the following criteria has been met:

- The video or song have been pre-viewed by the staff from start to finish to ensure it does not contain any inappropriate material including but not limited to profanity, sexual connotation, and violence.
- The video or song are relevant to the program and the children's interests.
- The justification of this video or song use has been approved by the Program Directors

Movie Days

On special days (holidays, PD Days, etc.) the Program Directors may approve the viewing of an age-appropriate, children's interest led movie. A permission form for will be sent out prior to the day of the movie with the date, time of playing, and name of the movie. For any parent/guardian(s) that do not approve the movie, a room with separate activities and supervision will be provided. Staff will follow the indoor supervision policies required in both classrooms.

Website/social media

Website and Social Media pages (i.e., Facebook, Instagram) may be run for the Society and managed by a Board member as well as the Program Directors of WHDCS. WHDCS does not use the website and social media as a replacement of already established communication methods with parents. The website and social media pages are an extension of the childcare services provided by WHDCS and shall not be used for personal communication for staff, board members or parents/guardians. Social Media pages shall be used for the sharing of information relating to the childcare service. This includes photographs, video/media packages, childcare related news posts, child activity updates, parenting and/or childcare articles, fundraising and local childcare initiatives. Information, photographs, and videos posted on the

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WHDCS social media pages will be subject to the WHDCS Freedom of Personal Information and Photograph Policies and will not have any identifiable features of the children unless prior consent has been given by the individual child's parent or guardian in writing. All inappropriate posts or content shall be removed from the pages immediately and the user will be reported and blocked from the site.

Family Video Surveillance

To ensure the safety and security of all children, staff, parents, and visitors, as well as the security of our childcare Centre, Whispering Hills Day Care University and Multiplex Day Care Centre are equipped with a 24-hour video surveillance system. Security cameras have been installed in the indoor playrooms & in front of the entrance of each center

Video surveillance devices are not a guarantee for a person's individual safety or protection and will not replace the physical supervision of children and staff. However, video surveillance serves as a useful and timely investigation tool in case of incidents or other concerns. We may conduct video surveillance of any portion of our premises at any time, the only exception being private areas of washrooms. Our video/security cameras have been positioned in appropriate places within and around the childcare facilities and are used to help promote the safety and security of people and property.

The following list is just some of the many benefits of having security cameras installed in childcare Centre

- Security cameras keep children and Early Childhood Educators safe.
- Program Directors can better monitor the entire facility and supervise/observe staff's interactions with children, parents and with other staff members effectively.
- Centre cameras are a tool to help provide peace of mind to our parents and our staff members if an incident occurs when we need to investigate and/or get licensing involved.

The privacy of all children, families, and staff in our facility is important to us at Whispering Hills Day Care Society. Our 24-hour video surveillance system/security cameras are only for internal purposes. ONLY the Program Directors and Licensing Officers are allowed to view our security cameras or view video footage at any of the program locations.

No audio is recorded during the recordings.

Video is recorded for 31 Days then overwrites. The recordings are kept in a secure location and are accessible only by the Program Directors of WHDCS.

A video surveillance/recording consent form is to be agreed on and signed prior to your child(ren) enrolling at our daycare center and are a condition of enrollment on our agreement's forms.

Attendance Policy

Attendance Record and Parent/guardian(s) Responsibilities:

The Whispering Hills Day Care Society does not assume responsibility for the health and safety of the child until the child(ren) is signed into the program by a staff.

The parent/guardian(s) is responsible to remove outdoor clothing, place belongings in the locker, and put indoor footwear on. At the time of pick up, the parent/guardian(s) must dress the child in outdoor

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clothing and footwear, collect belongings/tidy up their locker, and sign any incident reports or forms the staff have for their child(ren) **please note: incident reports must stay on site*. It is especially important that the parent/guardian(s) alert staff before dropping off or picking up their child.

Whenever the child is removed from or returned to the program, the time removed, and the time returned must be recorded (e.g., doctor appointments). This ensures the Educators are aware of which children are in the program at any given time, particularly in the case of an emergency.

Drop off Procedures

To ensure the smooth operation of our childcare center, maintain optimal child-to-staff ratios, and enhance the overall safety and well-being of the children in our care, we have established the following drop-off policy:

Drop-Off Time: Parents are encouraged to drop off their children within the designated drop-off window, which is between 7:30am and 9:00am. This timeframe has been carefully selected to align with our operational needs and to uphold appropriate child-to-staff ratios.

Advance Notice: To facilitate efficient planning and to guarantee the availability of necessary resources, we kindly request that you provide notice of your child's attendance for the day before 9 am. This advance notice allows us to ensure proper staffing, materials, and activities are prepared for the day.

Late Drop-Off Confirmation: If you need to drop off your child after 9 am on the same day, we require a confirmation call to our childcare center. Please contact your Child's Centre to confirm the late drop-off. This helps us manage any adjustments needed in staffing and ensures the smooth integration of your child into the daily activities. Parents or guardians are responsible for ensuring their child returns to the group if they have temporarily left the facility, including during playground and nature walks. Parent/guardian(s) are responsible for bringing their child(ren)'s belongings to the center if the staff are unable to carry additional backpacks while away with the class.

Emergency Drop-Off

For unforeseen circumstances requiring emergency drop-offs outside of the regular drop-off hours, please contact us as early as possible to discuss the situation and make appropriate arrangements.

OSC Protocol

Educators of the Out of School Care program will notify the parent/guardian(s) via telephone if the child does not show up when expected (i.e., missed the bus, or not did not show up after classes). A voicemail will be left if available and an email or HiMama message will be sent if the Educators cannot reach the parent/guardians after 2 attempts.

Please alert the staff if your child will not be attending after school care on their regularly scheduled days (i.e. went home sick from school, picked up early, etc.)

Communication & Adherence to Policy

This drop-off policy is crucial for maintaining a safe and organized environment for all children in our care. Your cooperation in adhering to the designated drop-off times and providing timely notice is greatly appreciated.

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If you have concerns or need help with drop-off arrangements, feel free to contact our center staff, Team Leads, or the Program Directors. We are here to work collaboratively with you to ensure the best possible experience for your child.

The Educators of WHDCS are not responsible to take any child to appointments outside the program (e.g., doctor or dentist).

Pick Up Guidelines

- No child may be picked up by anyone other than the parent/guardian(s) unless the person claiming the child is listed on the Registration Form or a changed pick-up arrangement has been communicated to the daycare, see below:
 - The parent/guardian(s) must telephone or advise the Educators in person of the changed pick-up arrangement.
- The person claiming the child must be over 18 years old unless they are the legal parent/guardian of the child.
- If the person claiming the child is not listed on the Registration Form:
 - The parent/guardian(s) must telephone or advise the Educators in person of the changed pick-up arrangement AND a signed note must also be provided (a text or email from the parent/guardian is acceptable).
- If the Educators are not certain of the identity of the adult designated to pick up the child, then picture identification will be required before the child is released.
- Please note that in cases of separation/divorce, the Educators cannot prevent either parent from picking up the child unless a copy of the legal custody order is in the files.
- If an Educator suspects the child is, or will be, in danger upon removal from the program the emergency procedure for “unfit pick up” will be implemented. See “WHDCS Emergency Preparedness Plan” for more information on this procedure.

Late Pick-up/Early Drop-off Guidelines

To allow time for parents/guardians to check in with Educators and get their child dressed to leave at the end of the day we ask that you **arrive to pick up your child at least 10 minutes prior to closing time**. Please phone the program and advise the Educators if you are unable to pick up your child on time.

Please note: if you arrive to the program to pick your child up on time but fail to leave the facility prior to closing time it is still considered a late pick-up as our Educators are required to stay until all children and families have left the premises.

If children have not been picked-up by 5 minutes after closing, and the program has not been advised of the parent's tardiness, the following procedure will be employed:

- Parent/guardian(s) will be phoned at home and at work and asked to pick-up the child.
- The Program Director(s) will be notified.
- In the event the parent/guardian(s) cannot be located, the emergency contact(s) named on the registration form will be phoned and asked to claim the child.
- If neither the parent/guardian(s) nor the emergency contact can be reached:

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- o Emergency Social Services (Child Protective Services) will be phoned and asked to take custody of the child.
- o Educators will not take legal responsibility for the child or shelter him/her outside the program for reasons of legal liability.
- o Should it be necessary to contact Emergency Social Services, parent(s) will be informed that their child can be located through Emergency Social Services and/or the RCMP.

Please observe our program opening time. You may not enter the facility or leave your child(ren) before our opening time. At times, there may be Educators within the facility, but they are not yet working.

In the case of either a late pick-up or early drop-off a charge of \$20 for every 15 minutes (or part of 15 minutes) will apply, for example if a child is picked up 20 minutes late the charge will be \$40, per program of late pick up. This is to cover our Educators' overtime as well as the administration of these fees. Please respect our Educator's time.

In the event there are repeated late pick-ups or early drop-offs (2 or more) the Program Directors will arrange a meeting to discuss a solution. If a solution cannot be met it will result in a termination of services and the removal of your child(ren) from our program.

Program Policies

Program Content

We, at Whispering Hills Day Care Society, believe a child learns more through play than by any other means. Our Educators develop the programming collaboratively with the children and their families. Thus, each program is unique to those children, families, and Educators participating within it.

The framework describes [the] role of Educator as a co-learner, a co-researcher, and a co-imaginer of possibilities. The prefix “co” reflects our belief in the importance of [the Educator] co-constructing knowledge with children, their families, and colleagues, rather than only transmitting knowledge to the learners or leaving the learners to construct knowledge on their own.

Our philosophy is rooted in holism and is put into practice through the recognition of each child’s physical, emotional, intellectual, creative, spiritual, and social growth. To achieve this, in accordance with *Flight*, our programs provide responsive environments both indoors and outdoors which provide time, space, materials, and the opportunity for participation of each child.

For example, we have many varied learning centers such as a dramatic playhouse (for imagination), water table, block play (for large and small motor movements), arts and crafts center (for freedom of self-expression), book/quiet area, and more. Experiences in cooking, neighbourhood field trips, nature walks, special guests, and physical activities complement the different learning centers. Children learn to make their own decisions and assume responsibility by choosing at which center they will spend their time. There is a balance between child-directed and Educator-directed activities to provide opportunities for the child to reach their fullest potential.

The children choose activities that are interesting to them throughout the day. The Educators in the room provide a variety of planned experiences in direct response to their observations of and participation in

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children's play. These planned activities are interest based, and child guided. The Educators' complete observations of children's play and use these observations in partnership with the family, child, and their co-Educators to identify interests and provide them with provocations to extend their play and learning. Occasionally, we do request items from home to support the children's development and learning such as family photos, items for show and tell, etc. Parents and guardians are encouraged to participate in generating ideas and offering observations and insights to support the programming.

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Consent Forms

Our Educators plan for a variety of activities and treats for special or themed days – some of which require parent/guardian consent. We understand that every family has different views on what is and is not acceptable for their child(ren), and we ask that if you are ever unsure about an activity that you let your child(ren)'s Educator know your concerns. A parent/guardian can ask to have their signature removed from the consent form at any time.

By signing the consent form, they are acknowledging that their child does not have any food or skin allergies, nor have any history of allergic reactions to any products that they are aware of (known allergies are posted in each classroom for Educators).

Each of our sites will periodically ask parent/guardians to resign the permission form for their child(ren) to participate in the following, but not limited to, activities:

✓ Sunscreen

We ask that families provide their child(ren) with sunscreen for our Educators to apply – this is on the agreement form that parent/guardian(s) are asked to sign as part of their enrollment agreement. However, if a child(ren)'s sunscreen is not brought in, has run out, or expired, we have daycare sunscreen that parents must agree to before it is applied.

Currently the daycare provides **water resistant Coppertone Sunscreen for Kids, SPF 50**. It is free of octinoxate, dyes & PABA. It is rated for adults and children over 6 months of age.

✓ Lotion & Vaseline

We ask that families provide their child(ren) with fragrance free lotion for their child(ren) if they need it for dry skin or eczema, and lip chap for chapped lips. Please make sure that if it is medicated that an Educator is aware of it, and that the proper Medication Forms are filled out. If a child comes to us requesting lotion because their hands or lips are dry, the daycare has fragrance free lotion and Vaseline that we can provide (Vaseline can be used as lip chap using a single use Q-Tip).

✓ Face Painting, Temporary Tattoos

Face paint and tattoo art is based off the child(ren)'s interests (i.e. superheroes, animals). Educators will not paint or apply anything on a child's skin that they deem inappropriate.

Any face paint or tattoo materials used by the daycare is non-toxic and hypo allergenic.

✓ Hair Play

Hair Play benefits children by fostering social skills, language development, and fine motor skills. It encourages interaction, communication, creativity, and cooperation. Role playing helps children develop problem solving abilities and helps them learn about real-life situations.

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Hair play includes but is not limited to – children using brushes, combs, elastics, clips, hats, scrunchies, and water spray in a mannequins', their own, an Educators', or a classmates' hair. Temporary hair color chalk (non-toxic) may also be used.

It does not include hair cutting, the addition of soaps, shampoos, or hairsprays, or the use of any permanent dye.

Educators are aware of the risk of lice – and will routinely clean and disinfect brushes, combs, and hair accessories between uses. These activities will not be provided for free play if there has been a recently confirmed case of lice in the center.

✓ **Nail Polish**

The coloring and decorating of nails can help with the development of fine motor and hand-eye coordination skills, as well as color and pattern recognition. This activity evokes a child's creativity, self-expression, and encourages social interaction through open ended dramatic play (i.e. superheroes with color related superpowers, grown-up role play).

Any nail polish or markers used by the daycare is non-toxic and kid friendly and would be applied in a well-ventilated space. Educators do not clip children's nails.

✓ **Edible Treats**

Please check with Educators before bringing in any food or treats for your child(ren)'s class to share. They will know of any allergies present in their classrooms, and can provide you with appropriate times for sharing. Any food items that are brought into the daycare to be shared must be: restaurant or store bought and sealed to ensure that the food was prepared and stored according to food safety standards.

For special occasions (i.e. Trick or Treating, Valentine's Day, Birthday Treat Bags) where there may be many treats coming from multiple sources, our Educators encourage children to take those treats home for consumption.

Sometimes a less healthy snack is offered by the daycare for a themed activity or holiday (i.e. popsicles or ice-cream, pudding, cookies, cupcakes). These are generally provided after last snack – and children are always encouraged to finish their healthy snack/packed lunch first.

*Our daycare provides healthy snacks in case a child ever runs out of food in their lunch (i.e. apple sauce, crackers, granola bars). These are generally only given to a child if they run out of food – not because they do not like something in their lunch.

Inclusion

We welcome all families, irrespective of their gender, race, ethnic origin, home language, disability, age, nationality, national origin, LGBTQIA2S+ community, religious beliefs, marital status, and/or social class. WHDCS is committed to providing diversity and equality to all individuals and community members.

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Whispering Hills Day Care Society resolves to provide care and ensure access for all children regardless of abilities and free from prejudice as stated in our Societal Philosophy. With trained and dedicated Educators, we provide the best care to meet the needs of each individual child in an inclusive environment and, when required, will seek out training for Educators to better meet those individual needs.

We provide care and early learning opportunities based on each child's individual developmental level of understanding and physical abilities including but not limited to language barriers; developmental delays; challenging behaviours; and physical disabilities. The environment is set up to meet the needs of each individual child and ensure independent access of all play materials. We will access community supports to the best of our ability and will work closely with families to ensure continuity of care between all members of each child's support group. We will assist families in seeking out referrals to access additional support within the community when necessary. Additional supports and individualized programming will be carried out within the inclusive environment during play experiences with peers. We have accessed the GRIT (Getting Ready for Inclusion Today) training before, as it is a great program that helps give our center the knowledge and confidence needed to work with family's strengths so that children who need the support can actively and meaningfully engage in the classroom and life scenarios.

Enhanced Ratio Agreements

Whispering Hills Day Care Society strives to have a valid Enhanced Ratio Agreement (I.e., Inclusive Child Care) in place with the Government of Alberta as long as such a contract is available and there is an identified need for enhanced ratio within our programs.

This contract will be utilized to build on the capacity of our Educators to meet the needs of all children in an inclusive environment. Through this contract an inclusive childcare worker shall be on staff for a limited time, in accordance with the contract, to provide support for individually identified children, outside of ratios, to allow other Educators to access professional learning, and to work with a supporting external agency to address the individual needs of those children identified with diverse needs and/or facing challenges in personal situations. The purpose is to eliminate barriers to successful inclusion of the child in daily program activities. These barriers may include but are not limited to displaying a challenging behaviour; speaking English as a second language; struggling with mental health in the family; or being diagnosed with a developmental challenge, special need, or disability.

Developmental Screening

Whispering Hills Day Care Society uses the Ages and Stages Questionnaire (ASQ) and Ages and Stages Questionnaire: Social Emotional (ASQ:SE) tool for screening and evaluating (reflecting on the findings) children's development and creating a support plan where appropriate. As such, at least one Educator working for the society shall be trained to use this tool and will act as a mentor to untrained Educators in completing these questionnaires. It is preferred that all early childhood Educators are given the opportunity to be trained in the proper use of this tool; the Program Directors shall facilitate these learning opportunities in accordance with the Society's professional learning policies. All parents/guardians are encouraged to complete their own questionnaire and will be permitted to view and obtain a copy of the questionnaire at any time. If there are any questions about the screening tool or

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concerns that come from the evaluation of the screen, WHDCS will advise parents/guardians to have further screening completed through Athabasca Community Health Services (call 780-675-2231).

Nap Time (Day Care Programs Only)

From approximately 12:00 p.m. to 2:00 p.m., there is a quiet time for all children (11:30 a.m. to 1:30 p.m. at the infant center). Those children who nap may sleep for as long as they wish. Older children may also lie down, or they can choose to participate in quiet activities. Younger infants and toddlers will be provided more opportunities to nap in consultation with those individual child(ren)'s parents or guardians. To facilitate these varied nap times, Educators will plan break times to maintain proper ratio in accordance with the Early Learning Child Care (ELCC) Act and Regulation.

Lunch and Snack Times

Food/Meal Service: **We will not be providing meal service for families at this time.** Families will be required to provide 2 snacks and a lunch for their child to enjoy in our programs. Staff will communicate with families if a child needs more. All food is to be supplied in an enclosed lunch container and with appropriate hot/cold storage for the day. Staff will assist children with accessing and managing their food. Families will be responsible for taking the lunch kit home each day to wash out the interior and containers. WHDCS can provide some suggestions for healthy lunch and snack options, including portions, to ensure children will have energy during the day.

All children are seated while eating and drinking and no beverages are provided to children while napping. All infant formulas are to be provided by the parent/guardian(s) along with appropriate equipment items and must be properly labelled and given directly to staff for proper preparation and storage. Parent/guardian(s) are responsible for washing infant and water bottles over the weekends. Children self-feed and are encouraged to serve themselves when developmentally appropriate.

At least one staff member at each program holds an Alberta Food Handling Certificate

We are at nut friendly facility, we will continue to monitor the situation closely, and if circumstances change in the future, we will revisit our nut policy accordingly pre-program based where the nut allergies are located.

At the Out of School Care program, we provide supplementary snacks on all regular school days which are available for children to take independently. We do not provide meals on the All-Day Care days – such as school P.D. days and school breaks – or during Summer Care. On these days, Parents and Guardians are responsible for providing their child with a morning snack, lunch and afternoon snack that is healthy.

Bottle Plan

We understand that when children first start at daycare it can be a rough transition, particularly at nap time. If a child is used to laying down for nap with a bottle, we will discuss starting a Bottle Plan with their parent/guardian(s) to start weaning their child off the bottle on their bed.

To stay consistent with home, and to help the child settle into the daycare routine easier, an Educator will give the child their bottle at naptime and stay with them while they drink it to ensure no choking, removing it from the bed once the child is finished, or is falling asleep.

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When the child has settled into the daycare routine a bit more, the Educator will start to offer the bottle at the lunch table before nap. They will start to offer it less at the bed, and more so at the table or in the Educator's lap beside their bed- helping the child with a natural transition away from drinking on their bed. This is an open-communication process with parent/guardian(s)- Educators are encouraged to ask for feedback and tips throughout the Bottle Plan, possibly working with the family to introduce a comfort item such as a pacifier, stuffy, or blanket to remove the need for the bottle. Our goal is to have no bottle on the bed after 2 months from the start date, preferably 1 month.

Celebrations/Events

The Society and programs hold special events and celebrations throughout the year. These are based on the children's interests as well as community and family celebrations and are held within each program. Families are always invited to join in these special events and are encouraged to share any information on any occasions they celebrate throughout the year. These events can include winter celebrations, monthly birthdays, family picnics, and cultural events. A newsletter or invitation is sent to the parent/guardian(s) with more details on these special occasions as they occur.

Outdoor/Environment Policies and Procedures

Guidelines for Outdoors

It is our belief that fresh air and an opportunity for physical activity are necessary for a child's healthy development. We believe in solidifying the child's connection with the natural world to promote a healthy, active lifestyle and an appreciation and attitude of care for the environment. The children typically go outside in the morning and again in the afternoon to explore the playground and abundance of nature surrounding our facilities.

Our society aims to provide at least 90 minutes of outdoor/gross motor play per day. The children will go outside an average of 3-5 hours every day unless the weather including the wind-chill is colder than -20 Celsius, in which case the Educators may reduce the amount of time spent outside using sound judgement, including determining if the children are dressed appropriately. We also generally avoid going outside when the UV index is at its highest or there is severe weather.

Children must be provided with appropriate outdoor wear each day:

- Proper winter dress includes winter jacket, ski pants or snowsuit, hat or hood that covers the ears, boots, and mittens (preferably waterproof).
- In the wet and muddy seasons children should have extra mitts, socks, and pants, rubber boots, and splash pants.
- Proper summer dress includes shorts and a hat to protect them from the sun. In addition, in the summertime parents/guardians need to provide sunscreen and appropriate clothing for the weather so that Educators can still take children outside for walks regardless of the weather.
- Educators will apply child safe sunscreen as provided by the parent/guardian and bug spray at the program or as provided by the parent/guardian for the appropriate uses.

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*A note on children being properly dressed outdoors:

We use natural consequences as a method of child guidance within our programs. If a child is refusing to wear items of outdoor wear (within reason) the Educators will prompt them to choose to carry the item outside. This will give them the option of discovering the natural consequence: if I do not wear my outdoor clothing, I will be cold and then will put the item on. Additionally, children tend to become warm very quickly in comparison to adults as they exert energy outdoors. This means, you may find your child outdoors without mittens (with mittens always available) or without their jacket during a time when you believe they should be wearing these items. Our Educators use best judgement and encouragement to allow children to follow their body's signals indicating when they are too warm or too cold. If a child is very warm after exerting themselves, they may remove their jacket and when they become cool again, they will always have the option of putting the jacket back on. If you have concerns or questions about this practice, please contact our office.

All outdoor play structures comply with the CSA Standards. The outdoor play area is free of toxic plants.

Educators will use the following guidelines to determine if outdoor activities are appropriate for children:

Air Quality Health Index

Excellent 0 – 19:	The air quality is ideal for most individuals; enjoy your normal outdoor activities.
Fair 20 – 49:	The air quality is generally acceptable for most individuals. However, sensitive groups may experience minor to moderate symptoms from long-term exposure
Poor 50 – 99	The air has reached a high level of pollution and is unhealthy for sensitive groups. Reduce time spent outside if you are feeling symptoms such as difficulty breathing or throat irritation.
Unhealthy 100 – 149	Health effects can be immediately felt by sensitive groups. Healthy individuals may have trouble breathing and throat irritation with prolonged exposure. Limit outdoor activity.
Very Unhealthy 150 – 249	Health effects will be immediately felt by sensitive groups and should avoid outdoor activity. Healthy individuals are likely to experience difficulty breathing and throat irritation; consider staying indoors and rescheduling
Dangerous 250+:	Any exposure to the air, even for a few minutes, can lead to serious health effects on everybody. Avoid outdoor activities.
Air Quality Index will be sourced from:	
<ul style="list-style-type: none"> • Current Conditions: Environment Canada - Air Quality Health Index Athabasca, Alberta, Canada Air Quality Index AccuWeather 	

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Temperature:

- **Extreme Heat** -Temperatures of 34C or above. Outdoor activities are restricted. Children will stay indoors.
- **Heat Warning** - Temperature of 29C or above Outside activities permitted. Special accommodation may be provided for children with medical conditions. Limit outside activities to a maximum of 30 minutes. Proper hydration and UV protection is required.
- **Moderate Heat Risk** - 25C & above Outside activities permitted. Proper hydration and UV protection is required.
- **Low Heat Risk** - 24C & below No restrictions. Proper hydration and UV protection is required.
- **Extreme Cold** - Temperature of -25C or colder including the windchill Outdoor activities are restricted. Children will stay indoors.
- **Moderate Cold** - Temperature of -15C to -25C including the windchill Outside activities permitted. Special accommodation is to be provided for children with medical conditions. Limit outside activities to 30 minutes.
- **Low Cold Risk** - Warmer than -10C including the windchill Outside activities permitted.

Temperatures and Weather Warnings will be sourced from:

- **Athabasca, AB - 7 Day Forecast - Environment Canada (weather.gc.ca)**

Precipitation:

Outside activities will still occur when it is raining or snowing, unless Weather Alerts indicate that outdoor activities present an elevated risk. During Weather Warnings, Educators should be aware of the surroundings and be ready to move indoors if conditions turn inclement or a Weather Alert is issued.

Field Trips and Program Visitors

The children and Educators at our University Day Care Site and the Multiplex Day Care Site regularly go on neighborhood walks including select posted Muskeg Creek Trails directly adjacent to Athabasca University or may visit the other day care site weather permitting. The Kinder & Out of School Care Program participates in neighborhood walks surrounding Whispering Hills Primary School including but not limited to the Cornwall area. Off-site walks will only be taken to areas within walking distance of the program and after the Program Director(s), Team Lead(s), or designate has completed a walkthrough of the area and approved the area for an off-site walk or field trip.

When each program is on a neighborhood walk or field trip, Educators will record the walk area including the time they left, the time they expect to return, and their program cell phone number at the front for all parents/guardians and Educators. A map of regularly visited areas will be posted at each program for reference.

Educators will bring the program backpack containing first aid supplies, the program cell phone, and portable records each time they leave the facility.

At least two Educators (or more if ratio requires) including one level 2 or 3 Educator must be present to leave the facility with the children.

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Parent/guardian(s) are advised of any planned field trips beyond our neighbourhood walks and are required to sign a consent form including transportation approval if bussing is required. Additional volunteers may be required to accompany the group above the required ratio for the program to ensure adequate supervision. Educators will review field trip guidelines with both the children and volunteers that will be accompanying us on the trip. Educators and volunteers will ensure the children are always in sight and that they are actively engaged in the children's activities. If a parent/guardian does not permit their child to participate on a field trip they may be requested to find alternative care as all Educators and children in the specified program will be attending the trip. The Early Childhood Educators (ECE) will be responsible for ensuring all children have signed consent forms and portable records and are always accounted for. The level 2 or 3 Educators or designate will carry the program cell phone and backpack containing these portable records & emergency numbers, signed consent forms, and the first aid kit. Children will be returned to the facility at the end of the field trip, they will not be left at any other location unless stated and agreed upon on the consent forms.

Special guests are invited into the programs to enrich the activities and experiences with Director approved stories, activities, and songs.

Volunteering parent/guardian(s) who intend to attend a field trip will be required to comply with Whispering Hills Day Care Society's Policies, Practices, and Procedures, as well as sign the Oath of Confidentiality for Volunteers form.

Child Guidance Philosophy

Our child guidance policy is based on developmentally appropriate communication methods and best practices. This philosophy is guided by practices from the Access, Support, and Participation (ASaP) model applied and developed by Getting Ready for Inclusion Today (GRIT), and the practice of relationships and role of the Educator described in *Flight*. This policy is in place to promote positive self-esteem, respect, independence, and responsibility for one's actions.

Educators use active listening and I-messages to ensure each child is heard and understands the situation. Educators use verbal communication, physical cues (such as hand signals) and visuals in the room to support and guide children and promote prosocial skill building. Additionally, we have a variety of resources such as social stories, posters, fidget toys and cushions, and other sensory objects, and the environment is designed to support children who require quieter areas to play as well as those who may require more active play.

We use logical and natural consequences when dealing with challenging behaviours. Punishment, such as time outs and removal of privileges, is not a method used in our programs. Our purpose is to focus on the positive behaviour of the children rather than the negative behavior.

Children will be encouraged to use their words, hear each other's words or to recognize their facial expressions, and to offer hugs or help to correct the situation (ex. return the toy and ask for a turn, help rebuild a structure, etc.) to develop a sense of empathy and responsibility. Any form of child guidance must be reasonable in the circumstance.

When required, Educators record behaviour observations to help inform them on what is happening for the child and their challenging behaviour. We work with parents/guardians to ensure the best support is given to those children who may develop or display challenging behaviours. Families are consulted about

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their child's likes, dislikes, hopes, fears, beliefs, cultures, and traditions so that a bridge between home and the program is established. We encourage continuity between home and the program when dealing with challenging behaviours in children.

Approaches not used:

- Physical punishment: striking, shaking, shoving, spanking, restraint, or any other form of aggressive contact.
- Verbal or Physical degradation or emotional deprivation
- Withdrawal or threaten withdrawal of necessities such as: food, clothing, shelter, or activity.
- Belittling and degrading statements or any other form of verbal abuse.
- Time outs, confinement, or isolation

NO FORM OF ABUSE WILL BE TOLERATED FROM STAFF OR PARENTS/GUARDIANS DIRECTED TOWARD CHILDREN OR STAFF OF WHDCS.

Examples of Child Guidance Practices

Infants/Toddlers (0 to 36 months):

- Adults will model acceptable behaviour.
- Child guidance will be caring and consistent.
- Praise appropriate behaviours.
- Educators will recognize children's need for individual attention or quiet one to one activity and will observe children's demeanors throughout the day.
- Natural consequences should be immediate, predictable, reasonable, and consistent.
- Acceptable consequences include but are not limited to redirecting and providing alternatives.
- Respond to needs promptly by encouragement, comfort, new props, additional space, etc.
- Speak directly to the child(ren) requesting specific behaviour.
- Allow the child an opportunity to respond appropriately. Give support if necessary.
- Set limits and expectations.
- Biting and hitting are developmentally appropriate behaviours in this age group and Educators will involve parent(s) in problem solving.
- Educators will use visuals, social stories, and sensory objects to support the development of self-regulation skills.

36 months (3 years) and over:

- Child guidance will be firm, caring, and consistent.
- Praise appropriate behaviours.
- Explain why certain behaviours are inappropriate.
- Educators encourage independent problem solving between children.
- Use natural consequences with loving/helpful attitude.
- Give children choices.
- Consequences of inappropriate behaviours must be natural and respect the child's spiritual,

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emotional and physical well-being.

- Natural consequences should be immediate, predictable, reasonable, and consistent.
- Acceptable consequences include but are not limited to redirecting and providing alternatives.
- Educators will recognize children's need for individual attention, quiet one to one activity and observe children's moods, problems etc.
- Children will be taught to express feelings verbally.
- Respond to needs promptly by encouragement, comfort, new props, additional space, etc.
- Speak directly to the child(ren) requesting specific behaviour.
- Allow the child an opportunity to respond appropriately. Give support if necessary.
- Set limits and expectations.
- Biting and hitting are developmentally appropriate behaviours in this age group and Educators will involve parent(s) in developing an action plan.
- Educators will use visuals, social stories, and sensory objects to support the development of self-regulation skills.
- Educators use language which promotes positive self-talk.

School-aged:

- Child guidance will be firm, caring, and consistent.
- Respond to needs promptly by encouragement, comfort, new props, additional space, etc.
- Speak directly to the child(ren) requesting specific behaviour.
- Allow the child an opportunity to respond appropriately. Give support if necessary.
- Set limits and expectations.
- Educators will encourage independent problem solving between children.
- Educators will involve parent/guardian(s) in developing an action plan.
- No form of Bullying or other discriminating behavior will be tolerated.
- Educators use language which promotes positive self-talk.

Removal of a Child:

We may consider the removal of a child over factors such as: behavioral issues, health concerns, non-compliance with center policies, or endangering the safety of themselves or others. WHDCS will always try to accommodate children's needs to the best of our abilities, whether that be implementing a Behavior Intervention Plan, Professional Development for our Educators, or possibly bringing in external professionals (e.g., child psychologists or social workers), to help support a child in the program. All avenues will be through collaboration and discussion with the child's parent/guardian(s)

After a behaviour plan has been put in place, and all possible avenues have been explored, if a child's behavior is not in the best interest of the classroom a decision to remove the child from the program may be made.

Extreme Behaviours & Termination of Care:

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The centre reserves the right to terminate without notice.

The repetition of a child failing to control their behavior, despite the joint efforts of the Educators and parents/guardians, and the occurrence of extreme behaviours, the centre reserves the right to terminate without notice any services for children who have been found to:

- physically endanger or threaten the life of another child or employee
- willfully damage or remove the property belonging to the centre, an employee, or another child
- continuous bullying or racist behavior
- engage in extreme behavior that is hindering the care and supervision of other children

We as a program will do everything in our power to ensure all children can attend our programs- however, the safety of our staff and other children is absolute.

Biting Policy

Biting is, unfortunately, a behavior seen in many children aged 0-3 and can less commonly occur in children over age 3. Some children and many toddlers communicate through this behavior. However, biting can be harmful to other children and to staff. This biting policy has been developed with both ideas in mind.

Our goal is to help identify what is causing the biting and resolve these issues. If the issue cannot be resolved, this policy protects the children that are bitten. If a biting incident occurs, which can be for many reasons such as, tension, stress released, cause and effect, testing boundaries, speaks a different language or no words to express themselves. Parents will be contacted if a bite occurs.

Why a child may bite

- **Teething:** Babies and toddlers may bite to alleviate the discomfort and pain associated with teething. Biting can provide pressure on the gums, which might temporarily relieve the discomfort.
- **Exploration:** Young children often use their mouths to explore their environment. Biting might be a way for them to learn about textures, tastes, and the physical world around them.
- **Communication:** Children who have not yet developed advanced language skills might resort to biting to communicate their needs, frustrations, or desires. They might bite when they're hungry, tired, or want attention.
- **Expression of Emotions:** Children might bite to express emotions like anger, frustration, or excitement. They might not yet have the verbal skills to convey these emotions effectively.
- **Social Interaction:** Some children may bite in social situations to get a reaction from others. This could be a way of testing boundaries or seeking attention, even if it's negative attention.
- **Imitating:** Children often imitate the behavior of those around them, including adults and peers. If they see someone else biting, they might try it themselves.
- **Sensory Stimulation:** Biting might offer sensory input that is satisfying or soothing to some children. The act of biting down can provide sensory feedback that they find enjoyable.

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- **Lack of Self-Control:** Young children are still developing self-control and emotional regulation. Biting might occur when they are overwhelmed by emotions and haven't yet learned healthier ways to cope.
- **Exploration of Boundaries:** Biting can also be a way for children to test boundaries and see how others respond to their behavior. They may be curious to see how far they can push limits.
- **Attention-Seeking:** Children might bite if they believe it will get them attention from caregivers or peers, even if it's negative attention.

Steps When Biting Does Occur:

Our Educators strongly disapprove of biting. The Educator(s) job is to keep the children safe and help a child that bites learn different, more appropriate behavior. We do not use techniques to alarm, hurt, or frighten children such as biting back or washing a child's mouth out with soap.

For the child that was bitten:

1. The Educator will comfort the child. First aid is given to the bite. An ice pack or cool cloth will be provided, and the area is to be cleaned with soap and water and covered with a bandage if needed.
2. The Educator will immediately notify the team lead, at which time parents are notified if needed (if the bite is severe (i.e. bruising, broken skin)).
3. An Incident Report will be completed, documenting the incident.
4. Parents may request a conference with the Site Lead and Program Director(s) to discuss any concerns/questions.

For the child that bit:

1. The Educator will tell the child "ouch that hurts our friend, you can bite this (give an alternative) and show the child how he/she hurt their friend.
2. The child may be removed from that play to reflect on what happened and will be reintroduced to the group once their bodies have calmed down.
3. The parents are notified on Lillio (Himama) or by text message.
4. An Incident Report will be completed, documenting the incident.

When Biting Continues:

1. If an Educator is available, the child will be shadowed to help prevent any biting incidents.
2. The child will be observed by the classroom Educator to determine what is causing the child to bite (teething, communication, frustration, etc.) The Team Lead and/or Program Directors may also observe the child if the classroom staff is unable to determine the cause.
3. The child will be given positive attention and approval for positive behaviour.
4. The child will be provided with a teething ring or other appropriate teething toy.
5. The Program Director(s) will ensure that Educators have adequate resources and training necessary to keep the children active and engaged in supervised activities.
6. The Program Director(s) will evaluate the biting log to determine the cause of the biting and make suggestions to the parent/guardian(s) and Educators to stop the biting. The Director(s) will

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provide literature to the parent/guardian(s) and determine if the Educator(s) needs more training. The Director(s) will document all the information.

7. The Director(s) will schedule a meeting with the parent/guardian(s) of the child who is biting to develop a cohesive and compatible plan for both home and the center. The meeting will discuss if this is happening at home as well, has there been changes that might have occurred in the child's routine/daily life recently, what does the parent/guardian do when/if this occurs outside the center, etc. With this information, we can work as a team to create and agree on a plan that both sides can implement, and gives us more of the opportunity to support the child moving forward.

When Biting Becomes Excessive:

1. If a child bites through-out the day, more than 2 times in which a child's skin has been broken, an Educator will alert the Program Directors for approval before calling the parent/guardian(s) to pick up the child for the remainder of the day (no refund).
2. After all preventative steps have been tried by the Educators, if the child continues to bite routinely the Director may require that the child be suspended from enrollment until the program is better equipped to provide further support-such as behavior intervention from a specialist, or an additional staff member is able to work with the child.
3. If the child returns to the center, continues to bite, and is endangering the other children, the child may be terminated from the program.

Working with External Agencies and Supports

To provide the best support for families and children in care, Whispering Hills Day Care Society will make all efforts to connect with community resources when necessary.

We will maintain information on community resources and services for children and families accessing our programs. This information will be provided to families at the front entrance of each childcare program in the form of pamphlets and posters, on our website, and upon request.

We will work with various community organizations and participate in partnerships and coalitions with community organizations and professional groups working with families with young children in the Athabasca area.

When able to, WHDCS will break barriers for families who experience difficulty accessing community resources and services. We will facilitate the delivery of supports and services within the childcare program so the parent/guardian may continue to work and have access to these supports for their child. We will act as a liaison between the external agency and family to ensure continuity of information between all parties.

All agencies working with WHDCS will sign an oath of confidentiality of information obtained during professional dealings with Whispering Hills Day Care Society, in accordance with the Society's privacy policies.

Families working with WHDCS, and external agencies will sign a document for the consent to release specific information and to whom. These agreements will be subject to WHDCS privacy policies.

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When necessary, WHDCS will consult with community organizations, cultural groups and representatives, and other human services agencies to ensure programming is inclusive and responsive to the diverse needs of our member base.

Interprofessional Education (IPE)

Whispering Hills Day Care Society recognizes the scope of work our Educators are involved in. As such, our involvement with external agencies, community partners, and regional supports will extend beyond direct support for families and children and will provide indirect support through interprofessional education (IPE). By engaging in IPE, where possible, Educators and administrators at WHDCS will gain an understanding of relevant health, safety, and social service practices to inform their work with children and families in Athabasca. By collaborating with local, regional, and provincial agencies, WHDCS will be better equipped to support the needs of families in our area as well as the needs of our community.

Supervision Policies and Procedure

Indoor Supervision

Educators maintain room awareness and position themselves to see the whole room as well as the area they are directly supervising– they can always see where the children are and what they are doing. The Educators move their bodies around the room and are actively engaged in play and conversation with the children to ensure the best/most effective supervision. One Educator will be in each area of the room where children are playing, at no time should the Educators be sitting or standing together in the room.

Each program has a cellphone for Educators to call if assistance is needed from the Program Directors.

Educators complete head counts regularly to ensure the number of children matches the number on the attendance whiteboard, clipboard, and timesavr. A clipboard containing the day's attendance and headcount checklist must be kept in the assigned place in the room, filled out multiple times throughout the day, and taken when leaving the room- including to go outside or to the indoor gym.

Supervision during Transitions

The Educators complete a head count to make sure all children are accounted for before leaving the room and before leaving the field house or the playground to ensure all children are accounted for and are always safe. This is recorded on the designated clipboard containing the day's attendance and head count checklist.

The last Educator in the room/area will do a complete check of the room before leaving even after completing the final headcount.

One Educator will oversee checking the playground or field house/gymnasium for any potential hazards or potential dangers before the children enter the space. The playground checklist will be filled out by this Educator at the time of arrival to the playground/field house/gymnasium.

Outdoor Supervision

There needs to be at least two Educators when leaving the facility with children (or more if needed to maintain ratio) including at least one level 2 or 3 Educator. The Educators will use the whiteboard or door sign to record where the group is going so they can be located if parent/guardian(s) or the program needs to locate them. Educators must take the backpack containing portable records, first aid supplies, and the

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program cell phone when leaving the facility with children. This cell phone must be charged, on vibrate and ring, and, on the Level 2 or 3 Educator or designate always when outside of the facility.

The Educators must always be aware of where the children are and what they are doing. The Educators must position themselves appropriately (body position facing the children, moving around as the children do) to provide the best/most effective supervision. Educators will be interacting and engaged in play/conversation with the children at their level during active supervision.

Educators will complete multiple headcounts on outings with the children including but not limited to prior to leaving the facility, while walking, upon arrival to the play area, during play, prior to leaving the area (including a sweep of the area completed by the last staff person to leave), while walking back, and upon arrival to the day care. The headcount checklist must be filled out when headcounts are administered prior to leaving and upon arrival to each place.

Groups must always stay together when on an off-site walk/field trip. No Educator shall be left with a group of children alone while off-site. If two groups are formed during the day, two separate attendance sheets are to be filled, a level 2 or 3 Educator needs to be with each group and all steps above apply to each group.

Field Trips

Parent/guardian(s) are advised of any planned field trips beyond our neighbourhood walks and are required to sign a consent form, including transportation approval if bussing is required. Additional adults may be required to accompany the group above the required ratio for the program to ensure adequate supervision. Educators will review field trip guidelines with both the children and volunteers that will be accompanying on the trip. Educators and volunteers will ensure the children are always in sight and that they are actively engaged in the children's activities. Outdoor supervision policies and procedures are to be followed.

If a parent/guardian does not permit their child to participate on a field trip they may be requested to find alternative care as all Educators and children in the specified program will be attending the trip.

Educators are responsible for ensuring all children have signed consent forms at drop off, and to take a photo of the child on the daycare cellphone before leaving on the fieldtrip. This picture can be used as the most recent description of what the child looks like and what they were wearing should they become separated from the group and our Missing Child Procedures are implemented. Children should have the daycare brightly colored bandanas on their sleeves for easy supervision recognition (these are to be returned to the daycare if accidentally taken home, and the daycare will wash them after each use).

The level 2 or 3 Educator(s), Team Lead, or designate will carry the program cell phone and backpack containing the portable records & emergency numbers, signed consent forms, and the first aid kit on them for the entirety of the fieldtrip. Children will be returned to the facility at the end of the field trip, unless another location is stated and agreed upon on the consent forms.

Incident Reporting Procedure

Educators will fill out an Incident Form (Injury & First Aid, or Behavior) for each child involved whenever an incident should occur at the program. Incidents include, but are not limited to, physical disputes between children; accidental injuries a child may obtain (i.e. a scraped knee or fall); behavior that caused

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something to break (i.e. destruction of WHDCS property). Educators will sign this form and present it to the parent/guardian(s) to review and sign as soon as possible. The incident report must always stay on site. Once it has been signed by the Educator and parent/guardian it will go to the Program Director(s) to review and sign. This report will then be filed in the child(ren)'s administrative files. If families would like a copy of the form, a photocopy can be made of the signed original (their signature must be on it before copying).

If any type of head injury should occur an incident report is to be filled out and the parent/guardian(s) and Program Director(s) are to be contacted immediately while the child is monitored for concussion symptoms. The Program Director(s) or designate will then determine whether it is deemed reportable based upon the twelve types of critical incidents (see below).

Any large cuts, bruises, bumps, rashes, splinters, blisters or notable injuries should be photographed by a WHDCS phone and sent on Lillio (HiMama) to the parent/guardian(s) before pick-up, so they are aware of the injury's appearance and/or severeness.

If there are five or more Incident Reports of the same nature with the same child within a month, the Program Director(s) will become involved and investigate further. They will then help center staff implement a plan to avoid the reoccurrence of more incidents (redirection strategies, increase supervision, change of classroom layout, a sit down with parent/guardian(s), implement a Behavior Intervention Plan, set up a professional development training, etc.)

First Aid for Splinters & Tick Removal

Staff with their certified First Aid may remove splinters from children if the splinter is attainable with tweezers and then treat/clean the wound afterwards as a cut. They will not cut the child's skin further for easier access to the splinter. If they cannot get it, they will monitor it, and alert parent/guardian(s) via Lillio/Himama and at pickup. Staff should try to take pictures of the splinter before and after removal (for Lillio/Himama), as well as document what the splinter is made of in the incident report.

Ticks are an arachnid that survive on blood by biting and digging into the flesh. They are common across Canada, and are often found in wooded areas, tall grass, or leaf litter – though they can be found anywhere. Ticks have been known to carry diseases like Lyme Disease, and any time one is removed from a person, that person should monitor for symptoms.

All our center's emergency backpacks/first aid kits contain a tick removal kit for First Aid certified staff to use in the case of a tick being found on a staff member or child(ren). The steps to remove a tick that's biting is as follows³:

1. Use tweezers to grasp the tick by the head as close to the person's skin as possible.
2. Pull upward without twisting until the tick releases its hold. If you cannot remove the tick or if its mouthparts stay in the skin, the person should seek medical attention.
3. If the tick is removed, wash the area with clean water.

³ 'First Aid & CPR' Manual by Canadian Red Cross

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4. If the area becomes infected or the person develops a fever or rash, the person should seek medical attention.

Any tick removed will be kept in a container or sealed bag to be brought along to the medical appointment so it can be tested for diseases.

A tick bite, as well as other questionable insect bite, will be documented in Lillio (Himama) as well as in an incident report.

Serious Accident/Incident or Illness

If there is a serious illness or accident/incident, an Educator with a valid First Aid Certificate will apply first aid appropriate to the situation and/or Call 911. If required, an ambulance will be called, and the parent/guardian(s) will be contacted by a Program Director or designate immediately. Then the Program Director will contact our Licensing Officer and Regional Child Care Office (Child Care Connect) to inform them about the situation. The proper paperwork will be filled out and sent to the licensing forthwith in the manner required.

*WHDCS is not responsible for any cost incurred as a result of obtaining medical assistance for the injured child, (i.e., ambulance) the cost will be paid for by the parent/guardian(s). Health care will only be given to a child when the written consent of the child's parent/guardian(s) has been obtained (i.e. medication forms) or the health care provided is basic first aid. It is at the discretion of the Program Director if a medical slip is required for re-admission to the program.

Reportable Critical Incidents

All incidents should be assessed as to whether it is considered a 'reportable incident.' The twelve critical incidents to be reported are posted at each program and include:

- death
- serious injury
- allegation of abuse
- missing/lost child
- young persons involved in a crime
- child removed from program without permission
- emergency evacuation
- unexpected program closure
- intruder on premises
- illness/injury requiring emergency medical services and hospitalization
- error in administration of medication
- child left on premises after hours.

If an incident is reportable the Program Director(s) or designate is to be informed and the parent/guardian(s) and our Licensing officer is to be contacted. Following a reportable incident, the

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Program Director(s) or designate and the Educators involved will file the Critical Incident to Child Care Connect (Alberta Licensing) not more than 48 hours following the incident.

If you ever have any complaints or concerns in this regard that you would like investigated by Licensing, you can contact them at Child Care Connect.

General Email: cs.childcareconnect@gov.ab.ca

Toll-Free Number: 1-844-644-5165

Program Directors will then do a Follow Up: review and document camera surveillance (time, location, staff and children present, etc.), have staff involved fill out a recollection report of the incident; and contact the parent/guardian(s) for an update on the child's condition (i.e. doctor's diagnosis/recommendations, police reports, etc.)

WHDCS reports on all 'reportable incidents' at the end of each calendar year using the Incident Reporting Annual Summary and Analysis Report found on the Alberta Human Services Website.

Missing Child Procedure

The following information is a general response to a missing or abducted child:

If a child is not accounted for at any time, the Educators are to notify the Program Directors or designate immediately, and proceed with the following:

- Assign Educators to stay with the children who are left.
- The other Educators are to complete a search of the immediate surroundings. Any area that a child could potentially hide should be searched as well as the outdoor areas of the facility.
- If the child is found during this initial search the Director or designate will contact the child's parent/guardians and Child Care Licensing to report the incident and a report needs to be filed with Child Care Licensing.
- If the child is not located after all potential hiding spots and immediate outdoor areas have been searched, the Facility Director or designate will contact the child's parent/guardians, Child Care Licensing and the RCMP.
- Begin the lock down procedure. All exits should be monitored by employees letting no one in or out of the facility/area.
- The child's information and picture should be brought out and shown to authorities upon arrival. The following information should also be written down: a description of the clothing the child is wearing that day; the time in which the child was noticed to be missing; if child abduction is suspected were any suspicious vehicles or persons located around the facility? If so, give a description of the person or vehicle.
- The Facility Director or designate will always remain onsite until the child has been found or until otherwise directed by authorities.
- Directly following this a Critical Incident Report needs to be filed with Child Care Licensing.

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Health, Illness, and Safety Related Policies and Procedures

Potential Health Risks

The Whispering Hills Day Care Society strongly believes that we will all work together to help prevent all potential health risks and outbreaks by using the following procedures:

- Proper and frequent hand washing with warm soapy water (after playing with sand, paints, glue, or outside; wiping of noses; sneezing; toileting; as well as before and after eating)
- Proper toileting/diapering hygiene
- Cleaning and disinfecting frequently used surfaces, toys, and equipment
- Safe food handling procedures
- Staying home if ill

Parents/guardians are required to keep their child at home if unwell to help prevent the spread to other children and staff. Children are to be kept home if they are displaying any of the following symptoms:

- fever over 100.4 degrees (38 degrees Celsius)
- diarrhea
- vomiting (2 or more episodes within a 24-hour period)
- undiagnosed rash/skin condition
- open or oozing blisters
- communicable disease
- obviously infected discharge (thick and colored, e.g., greenish-yellow discharge from the nose)
- lethargy and irritability
- persistent pain
- cough (frequent bouts, especially if choking or vomiting) sore throat, or shortness of breath

Common diseases we see children being sent home for:

- Has a continuous runny nose. Severe runny noses can indicate that the child may be infectious or too ill to be at the centre
- Head lice
- Hand, Foot, and Mouth (HFV)
- Pinkeye
- Strep throat
- Ringworm
- Whooping cough
- Croup
- Chicken pox
- Roseola
- Impetigo

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- Irritable, continuous cry, and/or requires more attention than an employee can provide without affecting the health and safety of other children in the centre

If a child is observed to have these symptoms the Educator involved will contact the Director(s), who will give the go ahead to notify parent/guardian(s) to withdraw the child from the program as soon as possible. If parents are unable to pick up their child within 2 hours of receiving the phone call the emergency contacts will be called so that child is removed from the program immediately. Educators will keep the ill child away from other children until they are removed. They will stay with the child in a designated area and monitor until a parent/guardian(s) arrives.

WHDCS will follow Alberta Health Services guidelines and restrictions regarding communicable diseases and outbreak prevention. It will be at the Director's discretion when the child may return to the centre. Generally, a child may return to the program when:

- The child has been symptom free for a period of not less than 24 hours
 - Please note: if they were sent home the previous day, they will not be allowed to return the next day, as it is within 24 hours.
 - If they require medication to be symptom free (i.e. ibuprofen to lower a fever) that is not symptom free
- They can fully participate in all activities (including outdoor activities) without being lethargic, irritable, or symptomatic
- If given antibiotics for a contagious illness, that child must be on the antibiotics for a minimum of 24 hours (or doctor recommended time) before returning – and be able to participate in all activities
 - Parent/guardian(s) should always let staff be aware of any antibiotics or medications their child is given prior to care
- They meet the requirements as outlined by AHS, or as stated in our illness/disease policies below

Illness Log Form

When a child is ill at the center the Educators will use an Illness Log Form and record the following:

- name of the ill child
- date/time the child was observed to be ill
- name of Educator who identified the child was ill
- action taken (observed, monitored, sent home, etc.)
- time the parent was initially contacted (and how: via Lillio, email, text, etc.)
- name of Educator who contacted the parent
- time the child was removed from the program
- date the child returned to the program

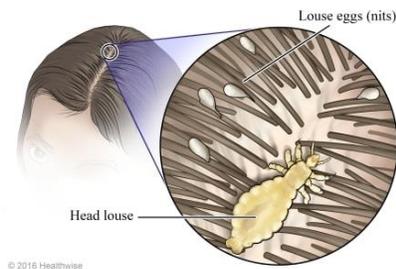
Policies for Common Illness/Diseases:

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The following are WHDCS's procedures for common illnesses/diseases. We have created our policies based on AHS guidelines⁴. Parents can find more information on these illnesses on MyHealth.Alberta.ca or by calling Health Link at 811.

Head Lice:



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Head lice is common in children and can spread anytime a child's head comes into contact with the head or hair of someone who has lice (lice cannot fly or jump). Lice are tiny insects that live close to the scalp- they are often tan to greyish white (about the size of a sesame seed) and are commonly found at the hairline, behind ears, and at the base of the neck. They lay and attach their eggs (nits) close to the scalp and are often mistaken for dandruff, but you cannot pick them off as easily. Lice can live on the scalp for 4-6

weeks before itching starts. They are not dangerous or spread diseases.

Staff will check children for lice if:

- Children are itching their scalps frequently, or complaining of an itchy head
- They notice movement or see bugs in a child's hair
- If a classmate, or household member has lice
- Up to 11 days after a child has been treated for lice (to monitor if any of the eggs (nits) survived the treatment and have hatched).

If a staff member finds live lice in a child's hair, it will be caught (in a small plastic tube or bag, as well as photographed), and the parent/guardian(s) will be notified in Lillio (Himama) as well as called to pick up their child within 2 hours. If 2 or more live lice are found, the child will need to be picked up immediately. Until the child(ren) are picked up, they will be kept away from other children, and given a designated area to play in.

Parent/guardian(s) are expected to treat children with lice with over-the-counter, AHS approved treatment, and to check their scalp for active lice 12 hours after treatment (or whatever is recommended on the treatment used) and retreat if needed. It is recommended that they check their household, and treat anyone who shares a bed, combs/brushes, or other soft surfaces with the child who has lice. If no live lice are present, and the nits have been removed (to the best of their abilities), children can return to the center.

⁴ 'Healthy Child Care, Healthy Child – A guide to Promoting Health and Preventing Illness in Early Learning and Child Care Settings' - Government of Alberta <https://open.alberta.ca/dataset/b42cb295-97f2-4409-bf31-6105901ae8e2/resource/6ca1a9c6-2eb9-4b92-859b-36ae761f2d50/download/zz-2011-healthy-child-care-healthy-child-09-2011.pdf>

'Guide for Outbreak Prevention & Control in Child Care Facilities' - Alberta Health Services

<https://www.albertahealthservices.ca/assets/healthinfo/flu/hi-flu-control-in-child-care-facilities.pdf>

'Health and Safety Guide for Operators of Child Care Facilities' - Alberta Health Services

<https://www.albertahealthservices.ca/assets/wf/eph/wf-eh-health-safety-guidelines-child-care-facilities.pdf>

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If lice are found in one of our centers, staff will:

- check all children and staff present
- Send all bedding, clothing, and outdoor wear home with families to be cleaned
- Wash all fabric toys, bedding, clothes, etc., in the classroom (and seal items that cannot be washed in a plastic bag for 14 days (about 2 weeks)- ex: hair toys, puppets, costumes)
- Vacuum carpets
- Send out a notice to families to let them know that there is a case of lice in their center(s)

Hand, Foot, & Mouth (HFM):

Hand-foot-and-mouth is a common and highly contagious disease caused by the enterovirus. It is most common in children but can also occur in adults. It usually starts with a mild fever, fatigue, poor appetite, and a sore throat. In a day or so, a rash, sores, or blisters can start forming in or around the mouth and on the hands, feet, and sometimes the buttocks and legs. They may be painful and make it hard to eat, hold things, sit, or walk depending on where they are located. Not everyone who has the infection has symptoms. It spreads through contact with stool, coughs, sneezes, and runny noses. The illness usually does not last more than a week or so.

Staff will check children for HFM if:

- A child has a rash, spots, blisters, and/or other symptoms
- If a classmate, or household member has symptoms or confirmed diagnosis

If a spot(s) or rash is noticed, a Director will become involved, and communication will be opened with parents asking if they were aware of it, how long it has been present, and if there have been any other symptoms or diagnosis with a doctor.

As per our Potential Health Risk Policy, staff can send home children with Director approval if they have undiagnosed symptoms- and families may be asked to be checked by a doctor to confirm that it is not HFM or other contagious illness before being allowed to return to the center.

Children with HFM blisters cannot return to the center until all blisters have drained, dried, and are healing. They must have no lingering symptoms.

If there is HFM at the center, staff will follow AHS Outbreak Prevention protocol.

Pink Eye (conjunctivitis):



Eye with healthy conjunctiva



Inflamed or irritated conjunctiva

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Pink eye is a redness and swelling of the mucous membrane that lines the eye and eyelid (the whites of your eyes). It can sometimes cause swelling of the eyelids, an itching or burning feeling of the eyes, tearing, and clear or slightly thick, whitish discharge. It can also lead to swollen and tender areas in front of the ears. Children who have it may also have an ear infection, cold, or flu.

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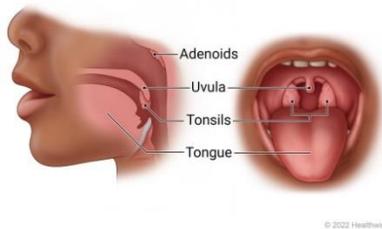
Pink eye can happen from exposure to an irritant (wind, sun, allergies, chemicals, etc.) or be a viral or bacterial infection. Depending on the cause, it can be very contagious and should always be checked by a doctor.

If a pink eye is noticed in a child, a Director will become involved, and communication will be opened with parents asking if they were aware of it, how long it has been present, and if there have been any other symptoms or diagnosis with a doctor.

As pink eye can be very contagious, the child will likely be sent home until a doctor's note can be provided saying that they are well enough for care. If it is a bacterial infection and antibiotics are prescribed, the child must be on the antibiotics for at least 24 hours before returning to the center.

Staff will only apply eye drops if prescribed, and a medication form filled out.

Strep Throat:



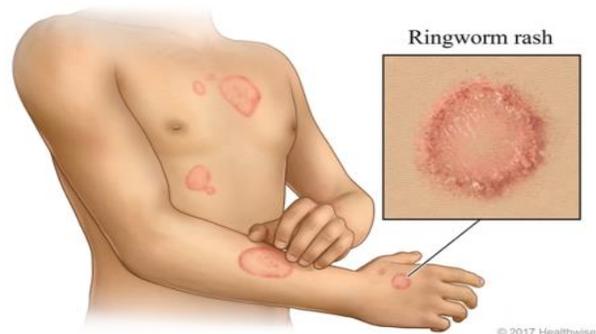
Strep throat is a contagious bacterial infection (cause by streptococcal bacteria) in the throat and tonsils. The throat and tonsils can become irritated and inflamed, making it painful to swallow due to a severe sore throat. Other symptoms may include swollen tonsils and enlarged lymph nodes, white or yellow spots on the tonsils, red spots on the roof of the mouth, headaches, belly pains, and fever.

Any child sent home with suspected strep throat must provide a doctor's note saying they were tested. If negative, it must also state a date that the child is well enough to return to care. If the note is a confirmation of strep throat, that child must be on antibiotics for a minimum of 24 hours before returning to care.

*If strep throat is not treated with antibiotics, it can be contagious for weeks, even if symptoms go away. Antibiotics can also help prevent the infection from spreading to other areas of the body and causing complications.

Ringworm:

Ringworm is a fungus infection of the skin (not caused by a worm). It is a round, scaly rash that can spread over a wide area (normally in warm, moist areas of the skin, ex: skin folds). It can spread by touch, sharing towels, clothing, and sports equipment. It is treated with cream, unless widespread- then your child may need pills. If the rash comes back or becomes bacterially infected it will need antibiotics.



If a rash is noticed on a child, a Director will become involved, and communication will be opened with parents asking if they were aware of it, how long it has been present, and if there have been any other

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symptoms or diagnosis with a doctor. If it looks like ringworm, the area will be covered to prevent it from spreading to others, and the parent/guardian(s) will be notified to pick up their child and have the rash checked out by a doctor. The child(ren) may return to care if a doctor's note can be provided saying that the rash is not ringworm/contagious.

If the rash is diagnosed as ringworm, the Director will require a doctor's note saying when it is safe for the child to return to care, with details on how the rash is to be treated (cream, antibiotics, etc.) If it is a bacterial infection and antibiotics are prescribed, then the child will need to be on the antibiotics for a minimum of 24 hours before returning to the center.

If ringworm is found in one of our centers, staff will:

- check all children and staff present
- Send all bedding, clothing, and outdoor wear home with families to be cleaned
- Wash all fabric toys, bedding, clothes, etc. in the classroom (sealing items that cannot be washed in a plastic bag for 14 days- i.e. puppets, costumes)

Whooping Cough:

Whooping cough (pertussis) is a contagious disease caused by a bacterial infection of the throat (pharynx). It irritates the throat and causes severe coughing; you may make a noise that sounds like a "whoop" when you try to take a breath after coughing, hence the name. Early symptoms of whooping cough are similar to a common cold (runny nose, fever, mild cough, and apnea in babies), but can later turn into "whoop" coughing fits and exhaustion. The coughing can become so severe that it causes vomiting or injury to the ribs. It can also lead to pneumonia if not treated properly with antibiotics and rest.

Whooping cough spreads quickly and easily through tiny drops of fluid containing the bacteria being released into the air when someone with the disease coughs, sneezes, laughs, etc. Household members and those in close contact may be prescribed antibiotics before they have symptoms, so they do not get sick.

Any child sent home with a suspected whooping cough must provide a doctor's note saying when they are fit to return to care. Generally, with confirmed cases of Whooping Cough, a child should be excluded until 5 days after their antibiotic treatment has been completed, and they must be well enough to be able to participate in all activities.

If there is Whooping Cough at the center, staff will follow AHS Outbreak Prevention protocol.

Croup:

Croup (barky cough) is a common respiratory infection that causes swelling in the windpipe (trachea) and voice box (larynx). This constriction can make it difficult to breathe, and lead to a harsh, barking cough. Symptoms may also include cold symptoms; a raspy, hoarse voice; a crowing or high-pitched noise (called stridor) when breathing in, a sore throat, fever, and trouble breathing. Croup cough attacks can be scary

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for both the child and the grownup, as it appears the child is fighting to breathe. It is also generally worse at night.

Because croup is caused by a virus, antibiotics will not help your child get better (unless also fighting a bacterial infection, i.e., an ear infection).

If a child has had croup, they can return to care at the discretion of the Director – generally once cold symptoms have gone; they can breathe easily without coughing fits or stridor; and their symptoms do not affect their play. A doctor's note may be requested if symptoms return or are lingering, to ensure that it is not something else.

Chickenpox:

Chickenpox (varicella-zoster virus) is an extremely contagious illness that causes an itchy rash and red spots or blisters (pox) to form all over the body. Symptoms generally start with a fever, lack of appetite, headache, cough, and sore throat, followed by a rash and blisters (pox) a couple of days later. The spots can continue to appear for 5-7 days, and blisters usually take up to 6 days to crust over.

Chickenpox is contagious 2-3 days before the rash forms and will continue to be contagious until no new blisters appear, and the existing blisters have scabbed over. The virus can spread from sneezing, coughing, sharing food or drinks, or from touching the fluid from a chickenpox blister.

Staff will check children for Chickenpox if:

- A child has a rash, spots, blisters, and/or other symptoms
- If a classmate, or household member has symptoms or confirmed diagnosis

If a rash or blister (pox) is noticed, a Director will become involved, and communication will be opened with parents asking if they were aware of it, how long it has been present, and if there have been any other symptoms or diagnosis with a doctor.

As per our Potential Health Risk Policy, staff can send home children with Director approval if they have undiagnosed symptoms- and families may be asked to be checked by a doctor to confirm that it is not Chickenpox or other contagious illness before being allowed to return to the center.

Children with chickenpox cannot return to the center until no new pox has formed (generally 5-7 days) and all existing blisters(pox) have crusted over and are healing. They must have no lingering symptoms.

If there is Chickenpox at the center, staff will follow AHS Outbreak Prevention protocol.

Roseola:

Roseola (roseola infantum) is a contagious viral illness that is most common in children 6 months to 2 years old. It starts with a sudden high fever that can last for 2-3 days (sometimes up to 8). The fever ends just as suddenly, and is followed by a rosy, pink body rash (chest, face, neck, and arms). The rash is not itchy and generally only lasts for a day or so. A child may be fussy and irritable, have a sore throat, stomach-ache, vomiting or diarrhea – but in most cases they behave normally. Fever seizures may occur with this illness because of the rapid increase in a child's body temperature. Roseola is spread from fluid

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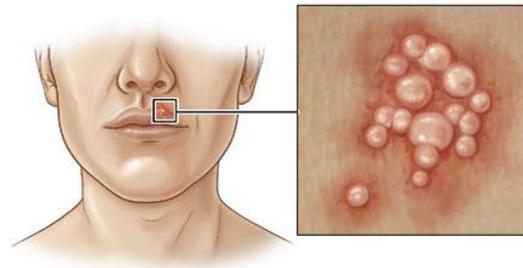


droplets from infected people talking, laughing, sneezing, coughing, etc. It is mostly spread from infected people who do not show symptoms.

A child may return to the center once they are symptom free, and there has been no fever for 24 hours. If the rash is persistent, the Director may require a doctor's note to ensure that it is not something else contagious.

Cold Sores:

Cold sores (not to be confused with canker sores – which are not contagious) are clusters of small blisters on the lip and skin around or inside the mouth caused by the herpes simplex virus. Often before the blister forms there is a tingling, burning, or itching in that spot. Once the blister is formed, it can become red and inflamed, and can break open, weeping a clear fluid before scabbing over.



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If a cold sore is noticed, a Director will become involved, and communication will be opened with parents asking if they were aware of it, how long it has been present, and if there have been any other symptoms or diagnosis with a doctor. If there are other symptoms, families may be asked to be checked by a doctor to confirm that it is just a cold sore and not some other contagious illness before being allowed to return to the center. It is common for cold sores to reoccur – so we do try to be aware of children who are prone to outbreaks.

A child may be asked to stay home if the cold sore is oozing fluid, and they may return once it has drained out and started to crust over.

If there is a child with a cold sore in one of our centers, staff will:

- Encourage frequent hand washing
- Not allow the sharing of things children put in their mouths (toys, utensils, cups, etc.)
- Clean and disinfect toys regularly
- Encourage the child to keep their hands away from their mouth/sores

Outbreak Management

An “Outbreak” is considered a time when two or more employees, contractors, visitors, and/or children display the same or similar symptoms (cough and fever, for example) within a set period (usually 48 hours).

The Program Director(s) must report all suspected Outbreaks to the local Health Unit and their recommendations will be followed precisely. During an outbreak, we are responsible for submitting attendance lists daily to Alberta Health Services who will follow up with families and assess the situation.

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Whispering Hills Day Care Society will discontinue the use of communal play equipment (e.g., water play tables, sand play tables, sensory tables (e.g., confetti, paper, etc.), playdough, and other materials that cannot be readily cleaned until the outbreak is over.

The Program Director(s) will give written notice to all parents/guardians within twenty-four (24) hours if a communicable disease breaks out in the program. Parent/guardian(s) shall be required to notify the program within twenty-four (24) hours if a communicable disease breaks out in their home. If a child is suspected of having a communicable disease in the program, the Program Director(s) or designate will contact the parents/guardian(s) to have the child immediately removed. The parent/guardian(s) will be asked to take the child for a medical examination to confirm suspected illness.

In the case of an Outbreak the child may not return to the program until all symptoms have ceased for a period of not less than 48 hours.

Administration of Medicine

If a child requires medication while in care, the parent/guardian(s) must complete a Medication Record Form (Over-the-Counter, Short, Long Term) before Educators can administer the medication. This form must indicate:

- Child's name
- Date the form was signed, as well as medication start and end date
- Name of medication (*as it is written on the prescription/container*)
- Dosage of medication
- Last time of dosage and by whom
- Time the medication is to be given to the child (short term & over-the-counter need exact times based off the medication's directions (i.e. every 4, 6, 8 hours)- **not to be** "as needed")
- Symptoms that need to be present for the medication to be administered
- Special instructions for the administration
- Signature of staff who went over the form/medication with parent/guardian (staff must be certified in first aid)
- Signature of parent/guardian

Medications must be in their original container, clearly labeled with the physician's name (if prescribed), child's name, date of issue, when it was last given, dosage amount, and instructions for administration.

**If the medication instructions and the instructions given by the parent/guardian on the Medication Record Form do not match, the medication will NOT be administered.*

The Educators will document the: date, medication, time, dosage administered, and the initials of the person who administered the medication on the Medication Record Form at every administration.

Non-prescribed or over-the-counter medications will only be used at the discretion of the Director(s) in scenarios like teething (i.e. Children's Tylenol, Advil, Motrin) or when doctor prescribed for things like allergies (i.e. Benadryl, ointments, eyedrops for dry eyes). This medication will not be used for any other potential health risk symptoms like fever, pink eye, sore throat, etc. The dosage and time of these

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medications will strictly adhere to the medications' instructions unless stated otherwise in a doctor's note.

Please note unless the medication is prescribed otherwise WHDCS will not be administering over-the-counter medication for any longer than 2 consecutive days (48 hours). If there are other symptoms that are concerning, the use of over-the-counter medication may be denied by a Director until a doctor's note can be attained. *(This medication policy has been approved by our licensing officer Melanie Lubemsky, November 2024.)*

Medications are kept in a locked lock box (or locked container in fridge if needed) and any emergency medication - i.e., epi-pen, inhaler, insulin - is stored in a place that is inaccessible to children but easily accessible to the Educators. When finished, all medication will be given back to the parent for proper disposal.

Medication will be signed in to the center by staff, and out by the parent/guardian(s). This will document the changing of hands for medications that needs to go home daily, so parent/guardian(s) always know who has the medication. This will also help us to monitor any medications left on site.

Special Health Situation

If a child requires special health considerations (i.e., feeding tube, epilepsy) WHDCS will ensure that Educators are trained in the proper medical instruction to handle the day-to-day care of the individual. This training is documented in the Educators file and the child's file.

Care for Essential Service Workers in Event of Program Closure

In the event a program closure is sustained due to a staffing shortage the Program Director(s) may open one facility to provide care for essential service workers. This will be dependent on the availability of Educators to ensure ratio is met and keeping in mind the cohorts of children from separate programs.

The provision of care for essential service providers will be completed with the support and consultation of Child Care Licensing and Alberta Health Services.

Parents and guardians must confirm their attendance and their job position with the Program Director(s) at least the night before this type of care is provided. Parents and guardians who are not deemed to be essential service workers will be denied care in these instances.

The Federal Government [defines essential workers](#) as "critical to preserving life, health and basic societal functioning." This includes:

- first responders
- health-care workers
- critical infrastructure workers
- hydro and natural gas workers
- workers who are essential to supplying society with critical goods, such as food and medicine

WHISPERING HILLS DAY CARE SOCIETY

POLICIES, PRACTICES, AND PROCEDURES



Smoke Free Environment

Whispering Hills Day Care Society programs are all located in non-smoking buildings and follow provincial laws and regulations. No staff member, parent/guardian or other persons shall smoke where childcare is being provided.

Hand-Washing Procedure

Each Educator and/or volunteer will follow the Hand-Washing Procedure for themselves and children: before and after preparing, serving, or eating snacks and meals; after using the washroom or diapering; after wiping or blowing noses or coughing; after playing outside, in the sand, or other sensory table; and as needed whenever hands become soiled.

- Wet hands under warm water
- Apply Soap and lather thoroughly.
- Rub soapy hands together for at least 20 seconds, washing: palms, spaces between fingers, backs of hands and wrists, fingers, fingertips, and thumbs
- Rinse under warm running water
- Pat hands dry with a paper towel.
- Turn off tap with paper towel.

For infants and toddlers, Educators will wash using the 'hand over hand' method.

All children will use one-time use paper towels to dry their hands to prevent cross contamination.

Sanitization within the Facility

The Educators will ensure that regular disinfecting of furnishings, equipment and play materials is noted on a daily/weekly/monthly checklist. Surfaces are disinfected with a bleach solution of 100 ppm before and after meal/snack times as well as before/after diaper changing each child.

Diaper Changing Procedure

Diaper changing can result in the contamination of the environment and hands with disease-causing microorganisms found in feces. To prevent the spread of illness in our day care programs, the following procedure is to be followed:

- Wash hands and organize needed supplies.
- Place a disposable covering (paper towel) on the diaper changing table.
- Educators must use single use gloves, put them on now.
- Hold the child away from your body and lay the child on the paper towel.
- Prevent falls by fastening child with safety belt or ensuring that an appropriate guard is in place on the table, a child should never be left unattended on a change table
- Remove the soiled diaper (and soiled clothes if necessary) and discard disposable diaper in a plastic -receptacle OR put soiled re-usable diapers and/or soiled clothes, without rinsing, in a plastic bag to be given to parents.
- Clean child's bottom with the child's own pre-moistened disposable towelette or a dampened, single-use disposable towel. Discard soiled towelette/towel in a plastic-lined receptacle.

WHISPERING HILLS DAY CARE SOCIETY

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- If applying ointment, use a disposable wooden applicator or Q-tip.
- Remove the disposable covering (paper towel) from beneath the child.
- Diaper and dress the child. Only use diapers belonging to that child. If diapers are not available and the child is not toilet trained, a phone call should be placed to the parent/guardian for permission to temporarily use diapers and/or wipes that have been donated to or purchased by the childcare program.
- Remove and dispose of gloves in the plastic-lined receptacle.
- Wash the child's hands with soap, warm running water and use paper towels to dry.
- Return the child to the activity area. Clean and disinfect the diapering area, all equipment or supplies that were touched and soiled (including crib or cot if needed.)
- Wash your hands using soap, warm running water, and paper towels.

Protocol for Handling Suspected Child Abuse

Child abuse is defined as any act of maltreatment by a parent or guardian that results in injury or harm. Child abuse includes but is not limited to neglect, emotional injury, physical abuse, and sexual abuse.

You are obligated to report suspected child abuse regardless of advice or direction not to report.

The protocol for handling suspected child abuse is as follows:

- DON'T approach the parent or guardian with your suspicions if you believe the child(ren) is being abused.
- Document suspicions and share this documentation with the Program Director(s).
- Contact our local Child and Family Services Authority at 780-675-2243 or our region's main office at 780-305-2440 or call the Child Abuse Hotline at 1-800-387-5473
- Provide as much detailed information as possible about the child and your suspicions.
- Continue to observe and record suspicions. No one aside from an intervention worker from Child and Family Services should interview the child.
- Follow up with an intervention worker who may come to the facility to interview the child.

Reports of abuse are confidential. See WHDCS Code of Ethics and job descriptions for further information on confidentiality in our programs.