

**PARENT HANDBOOK
KODOMOEN CHILDCARE CENTRE**

Parent Handbook

Introduction

Kodomoen Childcare Centre (hereinafter called Kodomoen) is a non-profit child care centre, established in 2012, which has been licensed by the Ontario Ministry of Education.

Kodomoen has taken over Hakobune Daycare, a Japanese-speaking Christian daycare, which provided child care services for 20 years in downtown Toronto. "Hakobune" means Noah's Ark in Japanese, and Kodomoen (which means "kindergarten") is continuing the same vision and mission of supporting families who are interested in and/or desire to educate their children in the Japanese language and culture.

Age Range, and Hours of Operation

- a. Kodomoen is a full-time daycare which provides care for children up to 8 hours a day.
- b. We are licensed for 24 children, ages 30 months to 5 years.
- c. Kodomoen opens Monday to Friday, 8am to 4pm with flexibility during emergencies.
- d. The holidays in which we are closed:

New Years

Family Day

Good Friday and Easter Monday

Victoria Day

Canada Day

Civic Holiday

Labour Day

Thanksgiving

Christmas (usually 2 weeks)

Boxing Day

- e. The activities off premise:

Walks around the neighbourhood and surrounding community

Annual Field Trip to Toronto Centre Island

Fees

- a. For details, please refer to the list provided at the end of this information sheet.
- b. The payments are welcome a week before or a week after the first day of each month.
- c. A payment already made is irreversible. Any discrepancies will be adjusted at the next payment time.
- d. There is an administration fee for first time registrants, which is \$80 (as of Jan 2020) for each individual student and is valid for one year (from the enrolment date). The administration fee will be applied if enrolment has expired for a year.
- e. A discount will be applied in case of admission of two or more brothers or sisters from the same family members, whose minimum attendance is 3 days a week. The discount rate is 30% off the regular fees of the oldest sibling.
- f. The fee is subject to change, and when there is an increase, we will notify parents.

Snack and Lunch

Kodomoen provides a snack and hot meal lunch for children. We provide nutritious snacks that include the four food groups recommended by the Canada Food Guide. Some children bring their own water-bottle with water or unsweetened tea. Lunch is nutritionally balanced, also using the guideline set out by Canada's Food Guide. It is Japanese based cuisine. The menu is posted on the information board outside the classroom. If your child has severe allergies, you may bring your own snack and lunch, provided it is nut-free. Please speak to the principal at the time of enrolment.

Additional Information:

Our procedure for attendance: We will have an attendance board for arrival and pick-up of each child. We ask parents to drop off their child(ren) no earlier than 5 minutes before the centre opens. If you need special arrangements of time, please speak to the principal or supervisor. For pick up times, please be sure to be ready at the arranged time. We ask parents to call ahead if they are going to be late. We appreciate the many different reasons for being late at pick-up, but we will make note if it becomes a regular occurrence. A late fee will be charged for those who are frequently late. Please speak to the principal or supervisor for further information, if required.

Key fobs are required to enter the church building: A key fob is available at the Knox Church reception office. An application form must be filled out along with a \$20 deposit. \$20 will be returned when the key fob is returned to the office.

Parking is available on the north side of the building, on Harbord St. You may park for a short period of time, during drop-off and pick-up. If an extended period of parking is needed, please go to the Knox Presbyterian church office, located beside the entrance, and they can assist in the procedures for parking.

In Inclement Weather, such as a snow storm, we will be emailing all families to notify parents of any closures. If you are not able to come for your scheduled day due to weather, please contact the centre.

What to Pack For Your Child :

- Extra Clothes
- Diapers and Wipes
- Diaper Cream (Optional)
- Water Bottle (Water or Unsweetened Tea)
- Washcloth
- Bib (Optional)
- Sunscreen, hat (Summer)
- Snow pants, mitts, tuque/hat, boots (winter)

*Please label all your child's belongings, as we are not responsible for any lost or stolen items.

Program Statement

Name of Child Care Centre: Kodomoen Childcare Centre

Purpose

This policy statement is intended to strengthen the quality of programs and experiences that lead to positive outcomes in relation to children's learning, development, health and well-being.

Vision

- To create a home away from home for all children, fostering a nurturing, caring environment, with a family-like atmosphere.
- To empower children to become independent and joyful learners, guided by the Biblical principles of love and mutual respect.

Mission

- To instill the golden rule from the Book of Matthew 7:12 "So in everything, do to others what you would have them do to you."
- To provide a loving, caring environment where children can share and enjoy mutual friendship and feel safe to thrive in all areas of development, through Japanese language and culture.

Policy

Kodomoen Childcare Centre (hereinafter called Kodomoen) is a Non-Profit child care centre, established in 2012, which has been licensed by the Ontario Ministry of Education.

Kodomoen has taken over Hakobune Daycare, a Japanese-speaking Christian daycare, which provided child care services for 20 years in downtown Toronto. "Hakobune" means Noah's Ark in Japanese, and Kodomoen (which means "Kindergarten") is carrying the same mission of supporting families who are interested in and/or desire to educate their children in the Japanese language and culture.

Kodomoen Childcare Centre is committed to follow the Ministry Policy Statement on Program and Pedagogy as well as to offer a stimulating learning environment that is designed to meet your child's physical, spiritual, social, emotional and intellectual needs.

Subsection 55 (3) of the Child Care and Early Years Act, 2014 (CCEYA) authorizes the Minister of Education to issue policy statements regarding programming and pedagogy for the purpose of guiding licensees of child care and early years programs and services in developing their programs and services. Under this authority, the Minister has named How Does Learning Happen? (HDLH) as the common provincial framework to guide programming and pedagogy in licensed child care settings.

HDLH is a professional learning resource that provides a common framework to help licensees focus on knowledge from research, theory and practice on what's most important for children. It encompasses a broad range of program philosophies and approaches, and may look quite different when put into practice in a variety of settings. The program-related requirements from Ontario Regulation 137/15 align with HDLH and help licensees put the ideas and approaches of the pedagogical framework into practice.

Taken from <http://www.edu.gov.on.ca/childcare/programCCEYA.pdf>

Goals and Approaches

The human life is the gift from God the Creator, no matter how his/her living conditions and circumstances are different from each other. This means children should be cherished and respected by peers and adults alike. Through this lens, we reflect our belief that **children are competent, capable, curious and rich in potential, who demonstrate their personal ability to reach their unique potentials.** Most importantly, the personality and talents of each child should be respected as much as Jesus Christ the Lord cherishes and loves each of them. The centre's program is structured with such godly worth of children in mind.

Our goals are outlined, using the following elements in the CCEYA:

The program statement shall describe the goals that guide the licensee's program for children at a child care centre it operates or at a home child care premises it oversees, and the approaches that will be implemented in the program to,

- (a) promote the health, safety, nutrition and well-being of the children;*
- (b) support positive and responsive interactions among the children, parents, child care providers and staff;*
- (c) encourage the children to interact and communicate in a positive way and support their ability to self-regulate;*
- (d) foster the children's exploration, play and inquiry;*
- (e) provide child-initiated and adult-supported experiences;*
- (f) plan for and create positive learning environments and experiences in which each child's learning and development will be supported;*
- (g) incorporate indoor and outdoor play, as well as active play, rest and quiet time, into the day, and give consideration to the individual needs of the children receiving child care;*
- (h) foster the engagement of and ongoing communication with parents about the program and their children;*
- (i) involve local community partners and allow those partners to support the children, their families and staff;*
- (j) support staff, home child care providers or others who interact with the children at a child care centre or home child care premises in relation to continuous professional learning; and*
- (k) document and review the impact of the strategies set out in clauses (a) to (j) on the children and their families.*

1. Goal: Promote children's overall health, nutrition, and well-being s.46(a)

HDLH: Well being addresses the importance of physical and mental health and wellness. It incorporates capacities such as self-care, sense of self, and self-regulation skills. (p. 7)

Approach:

At Kodomoen, we strive to promote children's overall well being, which includes physical, emotional, spiritual, and intellectual elements. Children a better chance of developing self-regulation skills, if they are physically healthy. Therefore, we believe a safe and healthy environment will promote physical and mental health, and wellness. Ways in which this is done is:

- Annual health inspections ensure that we are following the rules and recommendations of Toronto Public Health, receiving a Green Pass
- Requirements of the Fire Code made under the *Fire Protection and Prevention Act, 1997*, where applicable
- Nutrition: Lunch and Snack Menus are carefully planned and posted, milk and water are available

- Allergies are known and food restrictions are communicated between parents and staff
- Policies and Procedures such as Health Policy which includes sanitary practices, Anaphylaxis Policy, Sleep Supervision Policy, Emergency Management, and Serious Occurrences are in place to support children their well being.
- Staff monitor and document children's health and well-being and communicate concerns immediately with families.

At Kodomoen, staff encourage children to practice self-care and sense of self throughout the day. Staff will provide on-going activities to challenge children at their developmental levels and by supporting children in learning concrete strategies to deal with emotions both good and bad. Some of the teaching tools for self-regulation will include: guiding children in the act of putting away their belongings, and serving themselves water when thirsty.

2. Goal: Fostering children's exploration, play and inquiry s.46(b, c, d, e)

HDLH: Engagement suggests a state of being involved and focused. When children are able to explore the world around them with their natural curiosity and exuberance, they are fully engaged. Through this type of play and inquiry, they develop skills such as problem solving, creative thinking, and innovating, which are essential for learning and success in school and beyond. **Expression** or communication (to be heard, as well as to listen) may take many different forms. Through their bodies, words, and use of materials, children develop capacities for increasingly complex communication. Opportunities to explore materials support creativity, problem solving, and mathematical behaviours. Language-rich environments support growing communication skills, which are foundational for literacy. (p. 7, 8)

Approach

Staff play a key role in facilitating children's exploration, play and inquiry. The first and foremost key is that each staff uses a warm, responsive, and inclusive approach, building positive relationships with children, families, colleagues, and communities. We warmly welcome and send off each child upon arrival and pick up. We thoughtfully use our tone of voice and body language throughout the day, to convey kindness and respect. In doing so, we believe we can foster a sense of safety and belonging for each child and allow them to engage and express themselves in a meaningful and joyful way.

At Kodomoen, there is one classroom with children of different ages. We aim to encourage the children to interact and communicate in a positive way and support their ability to self-regulate, as they learn to take turns, share, and cooperate. We also allow for a smaller group time, where children can explore and play with others close in age and engage in age appropriate activities.

The staff use the emergent play-based curriculum where children's natural curiosity, inquiry, and sense of wonder is capitalized upon. Children's interests are included to shape and form the direction of the curriculum. This is coupled with the yearly events in the Japanese calendar, as we promote the culture of Japan. Doing so allows for both child-oriented and adult-supported activities.

3. Goal: Plan for and create positive learning environments and experiences in which each child's learning and development will be supported. This includes incorporating indoor and outdoor play, as well as active play, rest and quiet time, into the day, and give consideration to the individual needs of the children receiving child care. s. 46 (f, g)

HDLH: Pedagogical documentation helps to find meaning in what children do and what they experience. It is a way to value children's experiences and include their perspectives; a way to make

children's learning and understanding of the world around them visible to the children themselves; a process for educators to co-plan with children and with families.

Environment as the Third Teacher: From the aesthetics of the space, to the type of furnishings and materials available, to the organization of time, the environment communicates a powerful message and contributes to shaping the actions that can be taken within it...Children thrive in indoor and outdoor spaces that invite them to investigate, imagine, think, create, solve problems, and make meaning from their experiences. (p. 20 – 22)

Approach:

In regards to documentation, a weekly observation binder is used to record children at play. We will document skills of children according to *Excerpts From Elect* a resource set out by the government of Ontario. It covers domains of learning including social, emotional, communication/language/literacy, and cognitive. Regular conversations with staff and parents will also be recorded, in order to come up with meaningful planning. With this documentation, we will be able to observe areas of development, as well plan future activities for further inquiry and skill building.

Weekly overview plans are created and posted on the parent information board, to guide the activities and play of children. It may be subject to change over the week, as children's interests and curiosities change. As observations are made, staff will evolve the activities to incorporate the emerging interests shown by the children.

The program room itself is a brightly lit, large space, with different learning environments to allow children to explore and play. The environments include:

- Building area with blocks and other connecting toys
- Dramatic centre
- Quiet area furnished with books and soft seating
- Sensory table
- Table top experiences for cognitive toys and science exploration
- Large floor area to play with different materials

The outdoor area is adjacent to the building, on the ground floor. It is a fenced enclosure with a sandbox, and large grassy area to run and play games. There is a path running through the middle, where children can play with riding toys. We have the option of shade, using large umbrellas in strategic spots throughout the space.

The schedule allows for uninterrupted play, as well as various experiences, including outdoor and indoor time for children to investigate, imagine, create, and solve problems. Children will be able to be exuberant in play or quiet and reflective. Their individual needs for rest and play are considered and respected throughout the course of the day. Snacks and meals are provided, following Canada's Food Guide, and made with Japanese twists.

A Typical Day at the Centre:

8:00	Early arrival, self-directed activities
9:00	Regular arrival, self-directed activities, snack
9:45	Exercise, outside or gymnasium/Group time, adult supported activity(Group 1)
10:45	Group time, adult supported activity/Outside or Gymnasium (Group 2)
11:40	Washroom and getting ready for lunch
11:45	Lunch – followed by quiet indoor play, diapering, and washroom
12:15	Nap time or quiet activities (Children who nap will do so until 2:15pm)
1:15	Washroom, Afternoon group experience
2:00	Japanese language Studies followed by snack

2:45	Outside or Gymnasium
3:45	Self-Directed Activities, clean up
4:00	Pick up, dismissal
5:00	Late pick up and dismissal

4. Goal: Staff to form trusting relationships with not only the children, but also their families. Foster the engagement of and ongoing communication with parents about the program and their children s. 46 (h)

HDLH: A shared view of families as competent and capable, curious, and rich in experience informs our relationships with families and has a significant impact on children... Creating an environment that welcomes families into the space, inviting their perspectives and providing opportunities for families to participate in meaningful ways (that they are most comfortable with) on an ongoing basis, supports their sense of belonging. (p. 18)

Approach

Our registration package is our first step in allowing parents to communicate with Kodomoen. We ask parents to give a detailed account of the background of the child, from health, to home life, to communication skills.

Our parent handbook is another way we communicate with parents in our centre. It gives an overview of our centre, and allows parents and families to understand Kodomoen and its vision and mission.

The staff foster the engagement of and ongoing communication with parents about the program and their children through daily verbal communication. Health checks are made in order to relay the information to parents. A daily log is written and communicated to parents via a daily log book, to see their highlight of the day, meals, toileting, and general mood.

An attendance book is sent home monthly, with a section for parents to write concerns and questions, in order to communicate with parents. (Separate from the daily log book.) This allows for dialogue and gives parents the opportunity to respond or further inquire about the daily log.

Every year we have a Christmas concert for the families, showcasing the children. During this time, we invite family and friends to see their children perform songs and dances, as well as have a community lunch, where the Kodomoen community share a meal. By holding such events, families have the opportunity to connect, and feel a sense of belonging.

5. Goal: Involve local community partners and allow those partners to support the children, their families and staff s. 46 (i)

HDLH: Opportunities to engage with people, places, and the natural world in the local environment help children, families, educators, and communities build connections, learn and discover, and make contributions to the world around them. (p. 19)

Approach

Staff will engage in and with the community is by going on walks. There are some residential area, where children can enjoy the neighbourhoods and local establishments. Margaret Fairly Parkette is another play space, to enjoy the naturalized playground they offer to give opportunities of exploration, inquiry, and play.

Kodomoen is located in a Knox Presbyterian Church, and a great relationship with the church staff allows the children at the centre to experience a fun “Canadian” tradition, Halloween. Every October, the children dress up and walk around the building, where church staff are waiting to give out candy.

This helps Japanese families familiarize themselves with events that are not always present in their culture. We will plan other events to strengthen the positive connection that exists.

Another way we involve the community is to have local community helpers visit the centre, for instance, the fire department. As children learn about these community helpers, their view of the world expands, and their connections to them. There will be opportunities to extend these partnerships by also inviting the local police department, and other local community members to visit the centre.

We will encourage families to connect with the broader Japanese community by posting events around the city, on our parent information board, as well as have local Japanese newspapers available for families to take.

Holding food drives each year allows families in the centre to make contributions to the world around them.

6. Goal: support staff, who interact with the children at Kodomoen, in relation to continuous professional learning, as well as document and review the impact of the strategies set out in this program statement on the children and their families s. 46 (j, k)

HDLH: A solid understanding of child development is essential for educators to apply the pedagogical approaches...when educators have an understanding of child development – of what has come before and what may come next – they are able to provide experiences that challenge children to stretch just beyond what they know and can do. (p. 17)

Approach

There will be an on-going staff monitoring checklist obtained on a regular basis.

There will be an annual review of all policies and procedures for the centre.

There will be a performance appraisal annually, to have each staff evaluate and reflect on professional performance.

Kodomoen will share information about professional learning opportunities, such as the Continuous Professional Learning courses offered by the College of Early Childhood Educators, at George Brown College.

Staff will be provided dedicated time to engage in collaborative inquiry using *How Does Learning Happen?*, share teacher stories, and engage in reflective dialogue in reviewing the impact of program strategies.

Glossary

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

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

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

- Child Care and Early Years Act, 2014 (CCEYA)
- How Does Learning Happen? (HDLH)
- Excerpts From ELECT (ELECT)

Program Statement Policies and Procedures

Purpose

This policy sets out how the program statement will be implemented. These policies sets out how the approaches communicated in the program statement will be put into practice by the licensee and are referred to in licensing documents as the Program Statement Implementation Policy.

The Program Statement Implementation Policy also sets out the list of prohibited practices identified in section 48 of Ontario Regulation 137/15 and the measures that will be used to deal with any contraventions of the policy or commission of the prohibited practices.

Policy

Kodomoen Childcare Centre is to providing quality care for each child, as we reflect the view that children are competent, capable, curious and rich in potential. Our program statement outlines our goals and approaches to guide our children to learn and grow to their full potential.

Staff, Volunteers, and Students will follow and implement the approaches set out in the program statement. Our program statements outlines specific details on implementation of approaches. The Program Statement will be reviewed annually by staff, volunteers, and students, as well as when updates are made.

It is expected for staff to implement these approaches on an on-going basis, and through peer mentoring and reflective practice, remind volunteers and students to do the same. For example, to be approachable, kind, and caring in their interactions with children.

Documentation and on-going communication will parents and caregivers will illustrate how the approaches are implemented. For example, photographs of events posted on the parent board.

As evidence of implementation, our daily practices, program plans and playroom environments are aligned to the Program Statement.

Prohibited Practices

As outlined in our Prohibited Practices Policy, none of the following practices are to be observed in the program:

- (a) corporal punishment (which may include but is not limited to, hitting, spanking, slapping, pinching);
- (b) physical restraint of children, including but not limited to confining to high chair, car seat etc. for discipline or in lieu of supervision unless for the purposes described in the regulation (to prevent self-harm, harm to others and only until risk of harm/injury is no longer imminent);
- (c) locking the exits of the child care centre for the purpose of confining the child, or confining the area or room without adult supervision, unless such confinement occurs during an emergency;
- (d) use of harsh, degrading, measures or threats or derogatory language directed at or used in the presence of a child that would humiliate, shame or frighten the child or undermine their self-respect, dignity or self-worth;

(e) depriving the child of basic needs including food, drink, shelter, sleep, toilet use, clothing or bedding; or

(f) inflicting any bodily harm on children including making children eat or drink against their will.

Staff will confirm that these practices are not allowed and do not occur in the program.

Contraventions to prohibited practices are taken seriously at Kodomoen, and individuals who are found to be in violation of any of the above mentioned (a) – (f) practices will be subject to corrective action, up to and including termination of employment, volunteer, or student assignment.

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

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

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

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

Purpose

This provision forbids physical punishment and other harmful disciplinary practices to protect the emotional and physical well-being of children. It sets out clear direction regarding prohibitive practices to support the overall well-being of children. These practices are never permitted in a child care centre.

Young children benefit from an affirming approach that encourages positive interactions with other children and with adults, rather than from a negative or punitive approach to managing unwanted behaviour.

Policy

None of the following practices are to be observed in the program:

- (a) corporal punishment (which may include but is not limited to, hitting, spanking, slapping, pinching);
- (b) physical restraint of children, including but not limited to confining to high chair, car seat etc. for discipline or in lieu of supervision unless for the purposes described in the regulation (to prevent self-harm, harm to others and only until risk of harm/injury is no longer imminent);
- (c) locking the exits of the child care centre for the purpose of confining the child, or confining the area or room without adult supervision, unless such confinement occurs during an emergency;
- (d) use of harsh, degrading, measures or threats or derogatory language directed at or used in the presence of a child that would humiliate, shame or frighten the child or undermine their self-respect, dignity or self-worth;
- (e) depriving the child of basic needs including food, drink, shelter, sleep, toilet use, clothing or bedding; or
- (f) inflicting any bodily harm on children including making children eat or drink against their will.

As the CCLM states, prohibited practices are never permitted in a child care centre. Furthermore, no **employee** or **volunteer** of the licensee, or **student** who is on an educational placement with the licensee shall engage (i.e. implement) any of these practices.

Staff will confirm that these practices are not allowed and do not occur in the program.

Usually, as a more than adequate disciplinary measure, the teacher will simply redirect the child to another activity and demonstrate appropriate behaviour at the same time.

Contraventions to prohibited practices are taken seriously at Kodomoen, and individuals who are found to be in violation of any of the above mentioned (a) – (f) practices will be subject to corrective action, up to and including termination of employment, volunteer, or student assignment.

Administrative Penalty – Permit of a Prohibited Practice

A director or inspector, under the Act, may issue a \$2,000 penalty to a licensee who has contravened subsection 48(1) of O.Reg.137/15.

See Manual subsection 13.2 for information on administrative penalties.

Offence – Permit or Engage in any Prohibited Practice

Every person who contravenes or fails to comply with section 48 of O.Reg.137/15 is guilty of an offence. This includes, employees, volunteers and students.

See Manual subsection 13.6 for information on offences.

Strategies for Fostering a Positive Environment

Research from diverse fields of study shows that children who attend programs where they experience warm, supportive relationships are happier, less anxious and more motivated to learn than those who do not. Experiencing positive relationships in early childhood also has significant long term impacts on physical and mental health, and success in school and beyond.

Within the components of staff, environment, program, parent involvement, and evaluation, there are strategies that can be pursued to create a positive space for the centre. Some examples are outlined below.

Staff, Volunteers, and Students

- Establishing a positive relationship with the children (i.e. secure attachments)
- Encourage the children to learn how to socialize in a safe, caring, mutually encouraging atmosphere.
- Having reasonable expectations and communicating them to children in age appropriate ways
- Planning and implementing engaging activities for children to explore and learn (Specifically pertains to staff and volunteers)
- Maintaining professionalism among colleagues

Environment

- Ensuring health and safety standards are met
- Appropriate use of space: inviting space and engaging areas of learning

Program

- Planned daily routine with limited transition times
- Variety of developmentally appropriate activities

Communication with Parents

- On-going information sharing with parents
- Opportunity for parent meeting to share resources

Evaluation

- Regular review of guidelines and regulations
- On-going discussion regarding specific situations

Examples of Prohibited Practices Prevention Strategies

ACCEPTABLE	UNACCEPTABLE
<ul style="list-style-type: none"> • Start with prevention • Reasonable adult expectations, a consistent daily routine, and a developmentally appropriate environment and program can prevent many behavioural problems. 	<ul style="list-style-type: none"> • Do not blame the child for behaviour which is the result of inappropriate expectations, daily routine, environment or programs.
<ul style="list-style-type: none"> • Anticipate problems and intervene positively before the happen. 	<ul style="list-style-type: none"> • Do not wait for problems to occur.
<ul style="list-style-type: none"> • Use positive language; redirect behaviour by focusing on what the child may, can or should do. (i.e. "Blocks are for building.") 	<ul style="list-style-type: none"> • Do not limit directions to what the child cannot or must not do or give over-generalized directions (i.e. "Share.")
<ul style="list-style-type: none"> • Provide care and respect by encouraging and praising desired behaviour 	<ul style="list-style-type: none"> • Do not reinforce unacceptable behaviour through direct or indirect attention.
<ul style="list-style-type: none"> • Allow the child choices when possible; if a choice is not possible then state that clearly (i.e. "It's time to go inside") 	<ul style="list-style-type: none"> • Giving a choice when there is no choice available. (i.e. "Do you want to go inside?")
<ul style="list-style-type: none"> • Forewarn the child of changes in routine or activities (i.e. An upcoming field trip or that it is almost time to go outside) and explain the expectations for behaviour. 	<ul style="list-style-type: none"> • Do not confuse or upset the child by abruptly changing routines or activities and not explaining why or what will happen next.
<ul style="list-style-type: none"> • Use misbehaviour as an opportunity to teach the child problem-solving skills; to help the child identify problems and feelings, to think of alternative ways of behaviour, to understand consequences and to make decisions. 	<ul style="list-style-type: none"> • Do not view misbehaviour as an interruption or as developmentally inappropriate (all normally developing children test limits).
<ul style="list-style-type: none"> • Set reasonable limits clearly and consistently. 	<ul style="list-style-type: none"> • Do not set unreasonable, excessive limits which adults enforce inconsistently.
<ul style="list-style-type: none"> • Promote independence as children understand and follow limits. They will learn to set their own limits and gradually be able to handle situations themselves with little or no guidance. 	
<ul style="list-style-type: none"> • Set a good example: children learn from watching others. Staff should be respectful, polite and caring each day. 	

Glossary

Prohibited Practice:

- (a) corporal punishment (which may include but is not limited to, hitting, spanking, slapping, pinching);
- (b) physical restraint of children, including but not limited to confining to high chair, car seat etc. for discipline or in lieu of supervision unless for the purposes described in the regulation (to prevent self-harm, harm to others and only until risk of harm/injury is no longer imminent);
- (c) locking the exits of the child care centre for the purpose of confining the child, or confining the area or room without adult supervision, unless such confinement occurs during an emergency;
- (d) use of harsh, degrading, measures or threats or derogatory language directed at or used in the presence of a child that would humiliate, shame or frighten the child or undermine their self-respect, dignity or self-worth;
- (e) depriving the child of basic needs including food, drink, shelter, sleep, toilet use, clothing or bedding; or
- (f) inflicting any bodily harm on children including making children eat or drink against their will.

Sanitary Practices (Health Policy)

Purpose

The main objective of the policy is to minimize the spread of illness and disease. It is not the responsibility of the centre to care for sick children.

Policy

The Kodomoen Childcare Centre health policy outlines the government regulations by the provincial Child Care Early Years Act (CCEYA) as well as the recommendations of Toronto Public Health. The policy also contains guidelines to ensure the smooth operation of the centre and the well-being of the children.

Immunization

Diphtheria, tetanus, polio, measles, mumps and rubella (German measles) are six serious childhood diseases. All enrolled children and staff (employees) must be immunized against these diseases unless they are legally exempt.

Reasons for immunization exemption include appropriate medical reasons, reasons of religious belief, or reasons of conscience. A notarized affidavit must be submitted to the centre in order to legally exempt any child from the immunization requirement.

The yellow record of immunization must be shown to the Supervisor/Director at the time of registration. It is the parent's responsibility to inform staff when another immunization has been received.

Environmental Health Expectations

Respiratory Etiquette:

Respiratory etiquette procedures (covering mouth with the inside of one's elbow when coughing or sneezing) should be practiced by staff, children, parents or guardians, and visitors to reduce the opportunity for transmission of any communicable disease.

Persons with respiratory illness should not be on site at all if possible, or wear a mask if they must be on premise.

Hand Hygiene:

Hand hygiene is an important element of infection control at Kodomoen Childcare Centre.

During any outbreak, hand hygiene is to be reinforced and practiced by staff, children, parents or alternates, and visitors.

Hands should be cleaned frequently. At a minimum, practice hand hygiene:

- before eating lunch or snacks
- before and after food preparation
- after using the toilet
- after sneezing or coughing
- after wiping a child's nose (or a child wiping their own nose)
- before and after using shared computers, sports equipment, toys, etc.
- upon entering and leaving the property

Where alcohol-based sanitizers are provided, the following precautions are recommended:

- Hand sanitizing is used when hands are not visibly soiled. (When visibly soiled, hand washing with soap and running water must be performed.)
- dispensing should occur only under the direct supervision of staff
- the sanitizer product should be kept in a secure location; exposure to open flames must be avoided during and immediately after application.

Glove Use:

Gloves are an excellent barrier device for reducing the risk of communicable diseases, when used properly.

They are to be used when:

- it is anticipated that hand will be in contact with mucos membranes, broken skin, tissue, blood, body fluids, secretions, excretions, or contaminated equipment and environmental surfaces.

Gloves must be appropriate for the type of activity and single-use only.

Hand hygiene must be practiced before and after the use of gloves.

Gloves must be promptly discarded into a waste receptacle after each use.

***Note that the use of gloves does not replace the need for hand hygiene**

Diapering and Toileting

Parents will need to provide diapers and wipes for their own child. Guidelines outlining the procedure of diapering are posted above the changing tables in the washroom, and must be followed.

When a child reaches the approximate age of two, a toilet training plan can be set up with staff.

Diapering Sequence:

Before getting the child:

1. Put diapering supplies within reach.
2. Place fresh paper beside the changing table.
3. Wear disposable gloves for protection (clean hands before and after you use gloves)

Changing the diaper:

1. Put the child on the changing table.
2. Remove soiled diaper and put in plastic bag (to be disposed of into garbage).
3. Clean child from front to back with wipes.

4. Put a clean diaper on the child.
5. Remove disposable gloves and discard into waste receptacle.
6. Wash child's hands.
7. Pick child up and get him/her settled without touching anything.

Cleaning Up:

1. Throw the used paper in the garbage.
2. Clean and sanitize the surface of the changing table.
3. Wash hands thoroughly.

Sanitary Procedures

These procedures are necessary to protect the health of both children and staff at Kodomoen Childcare Centre.

Washroom:

- Disinfectants/sanitizing solutions are used, the contents must be changed in regularly in order to retain their disinfecting quality.
- Ensure the recommended duration for disinfectants are used.
- Faucets, sinks, toilet seats, toilet bowl rim, and toilet handle must be disinfected after a group of children have used it and as it needs it throughout the day along with the garbage can lid.
- Washroom floors should be free of paper towels, toilet paper before child and/or teacher leaves the room.

Activity Rooms:

Toys:

- Toys must be in good condition, and will be inspected regularly to ensure its' safety. Any toy that has been mouthed or contaminated by body fluids must be put through the dish washer before it is used again.
- Playdough: Homemade playdough must be thrown out after use. Unused homemade playdough may be stored up to a week. Store bought playdough must be discarded according to manufacturer's recommendations.
- GAK must be refrigerated and may be kept for up to two weeks.
- Sensory bin: When there is dry materials, it will be cleaned and disinfected after they are dumped and before replenishing. When liquid is used, it will be drained, cleaned, and disinfected daily.
- Schedule for washing toys to be done weekly.
- When washing toys, use the commercial dish washer in the north kitchen of Knox Presbyterian Church.
- Toy bins and shelves are to be washed and disinfected as needed. Pest control must be monitored regularly.

Other

- Sleeping sheets/blankets to be washed.
- Cots to be disinfected daily.
- Table surfaces must be washed with disinfectant solution prior to and after serving snack and lunch. At other times, the tables should be washed regularly or as needed.
- Chairs should be wiped off if needed after serving food, monthly or as needed.
- Carpets must be steam cleaned regularly (min. 2 times a year) to prevent infection.
- Floors will be swept daily and mopped minimum of twice a week, and as needed.

Pest Control

Pests such as mice, rats, and cockroaches “pose a potential health risk as they are known to carry disease and can trigger or worsen asthma symptoms in individuals.” (Guidance Document: Infections Prevention and Control in Child Care Centres, Toronto Public Health)

Every effort is made to maintain the centre to be pest free.

Preventative measures include:

- Cleaning all rooms regularly.
- Knox Presbyterian Church is conducting regular inspections of the premises of the building, interior and exterior. They will inform us of any pest problem.
- Ensure clutter and accumulation is reduced inside and outside the facility.
- Ensure food and sensory play materials (i.e. rice) are stored in labelled plastic containers with tight fitting lids.
- Monitoring for pest activity such as live or dead rodents/vermin and/or their faeces
- Notify/consult the church immediately if any pest activity is observed. Record the date and location, as well as details of what was observed.

Management Of Illness and Outbreaks

Kodomoen Childcare Centre will strive to implement and maintain the highest standards of health and safety for our children and staff. Limited immune defense and ready transmission of infection, however, make young children in a group care setting susceptible to communicable diseases.

On arrival at the centre, the staff will initiate a brief medical check with the parent, to ensure that the child is healthy enough to participate in all aspects of the program. This will be recorded on the attendance sheet.

In case of illness, if a child will not be attending on the day, parents are to contact the daycare by 9 a.m. with details of the illness. It is important to know the specific illness or symptoms the child has, so that staff can be aware of potential symptoms developing in other children. In the best interest of all

children in the daycare, a child should be kept at home should any of the following symptoms be evident:

- a cold which hinders day-to-day function
- sore throat
- ear ache
- discharge from eyes or ears
- swollen neck glands
- fever (38 degrees Celsius or higher)
- vomiting
- diarrhea
- unexplained rash or skin eruption
- contagious diseases

If a child becomes ill while at the centre, he/she will be isolated from other children immediately, with supervision. Parents will be notified to pick child(ren) up.

Identifying An Outbreak

A suspect outbreak exists when there is an increase in the baseline incidence indicating there is a higher than expected number of children and staff who are experiencing similar symptoms of illness. To determine whether or not an outbreak exists:

- Review your surveillance data from the daily log book
- Identify any similar symptoms of illness in children and/or staff
- Check records for any absences due to illness
- Review and eliminate other possibilities for symptoms (i.e. new medication, diet changes, etc.)

For example, call Toronto Public Health (TPH) if two or more people have the same symptoms on the same day. The Communicable Diseases Surveillance Unit (CDSU) is 416-392-7411.

Provide the following information:

- Date and time of the first case
- Date and time of the most recent case
- Total number of children and staff per room
- Total number of ill children and staff per room
- Signs or complaints of symptoms of illness (i.e. vomiting, diarrhea, fever)
- The control measures that you have implemented to date

TPH can provide us with a form if needed. The TPH staff will review the information and determine whether or not an outbreak must be declared.

If an outbreak is declared, the centre will proceed with the following:

1. Communicate necessary information to the families of the children who attend the centre. TPH will provide a letter outlining the events.
2. Notify parents or emergency contacts to pick up ill children as soon as possible
3. Isolate ill children and staff until they are taken home
4. Prepare a line list of ill children and staff by recording:
 1. Name

2. Date of birth
 3. Gender
 4. Individual symptoms
 5. Date and time children and staff became ill
 6. Type of room (preschool)
5. Contact Toronto Public Health (CDSU) 416-392-7411
 6. Obtain permission from parents to submit specimen samples to the Public Health Laboratory
 7. Contacting ill staff and parents of ill children who were at home during the time before the outbreak was declared, to inform them of the outbreak and to determine if they are experiencing the same signs and symptoms (to add to line list).
 8. Enhance environmental cleaning and disinfection procedures

Enhanced Environmental Cleaning and Disinfection Procedures

If an outbreak is declared, Kodomoen Childcare Centre will follow the guidelines and recommendations set out by TPH and the policies above, as well as implement some general procedures which include:

- Reviewing and reinforcing hand hygiene, as well as ensuring that there are adequate supplies (i.e. Tissue paper and disposable gloves)
- Increasing the frequency of cleaning and disinfecting toys and surfaces
- Suspending communal activities such as the sensory bin, playdough, or cooking activities
- Reinforcing in staff, children, and parents the importance of hand hygiene
- Cancelling any scheduled meetings from outside visitors
- The use of personal protective equipment (PPE, such as gloves)
- Reinforcing diaper routines, including the proper use of gloves and disinfecting the change table with appropriate disinfectant after each use.

Declaring the Outbreak Over

As outlined by the Guidance Document from TPH, “the outbreak will be declared over when the child care centre is clear of new cases that meet the case definition for the period of communicability of the causative agent plus the incubation period.” (*Guidance Document: Infection Prevention and Control in child care centres*)

The centre will follow the recommendations and guidelines set out by TPH, and once TPH declares the outbreak over, the centre will communicate this to the families. Further recommendations to prevent future outbreaks will be followed.

Additional Recommendations

Wading Pools:

- Wading pools are filled with fresh water and sanitized/disinfected after each use.
- Children who are not fully toilet trained should wear diapers designed for swimming.
- Wading pools are stored in such a way that they don't collect rain water (to prevent mosquitoes, etc.).

- Children should be within arm's reach of a staff person.

For water/sensory tables:

- The water tables are filled with fresh water and sanitized at the end of each day the water table is in use.
- Children with cuts, sores etc. on their hands should not be permitted to use a communal water/sensory table.
- Cups and other open vessels should not be used so that children are discouraged from drinking water in the sensory table.

Glossary

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

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

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

- Child Care and Early Years Act, 2014 (CCEYA)
- Toronto Public Health (TPH)

Sleep Supervision Policy and Procedures

Purpose

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

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

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

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

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

Policy

General

- All children will be provided with the opportunity to sleep or engage in quiet activities based on their needs.
- Children under 18 months of age will be provided time to sleep based on their individual schedules and will be assigned to a crib.
- Only light, breathable blankets will be used for infants.
- All children 18 months and older will be provided time to sleep for a period of no more than two hours each day and will be assigned to a cot.
- Where children are sleeping in a separate sleep room or area, their names will be listed on the nap room door, as well as the staff information wall, so that staff can immediately identify which children are present in the room/area.

Placement of Children for Sleep

- Children over 18 months of age who sleep will be placed on individual cots for sleep.
- Each child will be provided with 2 beddings, one to spread under and one to spread over the child during rest time.

Consultation with Parents

- All parents of children who regularly sleep at the child care centre will be advised of the centre's policies and procedures regarding sleep at the time of their child's enrolment and/or any time the

policies and procedures are revised, as applicable. This information will be available to parents in the Parent Handbook.

- Staff will consult with parents about their child’s sleeping arrangements at the time of enrolment and at any other appropriate time (e.g. when a child transitions to a new program or room, or at the parent’s request).
- Written documentation will be kept in each child’s file to reflect the sleep patterns identified by their parent, and updates to the documentation will be made whenever changes are communicated to the child care centre.
- All sleep arrangements will be communicated to program staff by the principle or supervisor after meeting with the parent/guardian.
- Parents will be advised by the supervising staff of any significant changes in their child’s behaviours during sleep and/or sleeping patterns.
- Staff will document their observations of changes in a child’s sleep behaviours in the daily written record and nap record book.
- Any changes in sleep behaviours will result in adjustments being made to the child’s supervision during sleep time, where appropriate, based on consultation with the child’s parent.

Direct Visual Checks

- Direct visual checks of **each** sleeping child (i.e. every child placed for sleep in a crib or cot) will be conducted to look for indicators of distress or unusual behaviours. Direct visual checks will be documented by staff in the nap record book.
- Direct visual checks are not required for children engaging in quiet activities, but these children will be supervised at all times.
- The frequency of direct visual checks and the steps to complete them will depend on the typical sleep patterns of each child and their age, as identified in the sleep supervision procedures provided in this policy.
- Staff will ensure that all sleep areas have adequate lighting available to conduct the direct visual checks of sleeping children.

Procedures

Age Group	Frequency of Direct Visual Checks*
Toddler	30 minutes
Preschool and/or Kindergarten (where applicable)	30 minutes

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

Procedures for Completing Direct Visual Checks

1. Staff must:

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

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

a) Where the child wakes up, staff must:

- i. attend to the child's needs;
- ii. separate the child from other children if the child appears to be ill;
- iii. document the incident in the nap record book and in the child's symptoms of ill health record, where applicable.

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

- i. perform appropriate first aid and CPR, if required;
- ii. inform other staff, students and volunteers in the room of the situation;
- iii. contact emergency services or, where possible, direct another individual to contact emergency services;
- iv. separate the child from other children or vice versa if the child appears to be ill;
- v. inform the supervisor/designate of the situation; and
- vi. contact the child's parent;

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

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

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

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

3. Staff must:

- i. adjust blankets as needed;

Procedures for Completing Direct Visual Checks

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

Additional Sleep Supervision Procedures

Consider including additional procedures, as applicable, e.g. procedures to remove any pillows or stuffed toys from a crib once a child falls asleep, the frequency of direct visual checks for children who sleep intermittently, how to ensure there is sufficient lighting for direct visual checks, procedures for overnight care, procedures for children who do not regularly sleep during rest periods, other recommendations as per the Joint Statement, on Safe Sleep, etc.

- Children with stuffed animals will be monitored carefully, to ensure that the child's face is not covered.
- For children who do not sleep, there will be cots provided for them in the program room, where they can read a book, or do other quiet activities.
- We ask caregivers to provide two blankets at this time. One for lying down on top of, and one for covering the child. (Due to the centre being part-time, we daily disinfect each cot, in lieu of assigning one cot per child, and using cot sheets.)
- A staff member is present in the sleep room while the children rest. The lights and curtains will be lowered, to create a comfortable rest environment. Each child will be alternating in position of rest (feet, head, feet head) in order to minimize the spread of disease. Staff supervising the rest room will have a communication device, such as a cell phone to make sure they are able to call for assistance if needed. Once a child is awake, they will join the other children in the program room. Any child that remains sleeping will be woken up at 2:30pm, as we do not want any sleep disruptions in their regular routine at home.
-

Glossary

Adequate lighting: The lights and curtains will be lowered, to create a comfortable rest environment.

Direct Visual Check: A mechanism for monitoring sleeping children whereby an individual is physically present beside a child to look for signs of distress, discomfort or unusual behaviours (e.g. change in skin colour, change in breathing, signs of overheating) and react as required.

Electronic Monitoring Device: A device used to observe a sleeping child from a distance. Such devices may capture images, video, and/or sound to keep track of a child's sleeping patterns, but cannot be used in place of direct visual checks.

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

Parent: A person having lawful custody of a child or a person who has demonstrated a settled intention to treat a child as a child of his or her family (all references to parent include legal guardians, but will be referred to as “parent” in the policy).

Staff (Employee): An individual employed by the licensee (e.g. program room staff).

Supervision of Students and Volunteers Policy

Purpose

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

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

This policy is intended to fulfill the obligations set out under Ontario Regulation 137/15 for policies and procedures regarding volunteers and students for child care centres.

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

Policy

General

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

Additional Policy Statements

As we are a Japanese speaking child care centre, one requirement is that the student or volunteer is proficient in the Japanese language.

Student and Volunteer Supervision Procedures: Roles and Responsibilities

The licensee/designate must:

- Ensure that all applicable policies, procedures and individual plans are reviewed with students and/or volunteers before they start their educational placement or begin volunteering, annually thereafter and when changes occur to the policies, procedures and individualized plans to support appropriate implementation.
- Ensure that all students and/or volunteers have been trained on each child's individualized plan.
- Ensure that a vulnerable sector check (VSC) and annual offence declarations are on file for all students and/or volunteers in accordance with the child care centre's criminal reference check policy and procedures and Ontario Regulation 137/15.
- Ensure that expectations are reviewed with students and/or volunteers including, but not limited to
 - how to report their absence;
 - how to report concerns about the program;
 - have a regular schedule established, of when they will be present at the centre.

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

The supervising staff must:

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

Students and/or volunteers must:

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

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

Additional Procedures

- During outings: Students and volunteers are to follow the instructions of the designated staff and supervisor during activities off premises. They are to assist in the supervision of the children, and report any accidents, or unusual behaviours to the designated staff or supervisor.
- If children are involved in observations or school assignments, they must obtain permission from the parents in writing, before they begin.

Glossary

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

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

Student: Individual who is enrolled in an education program/school and is completing a placement.

Volunteer: An individual who participates in the child care program and interacts with children in care but is not paid by the licensee (e.g. parents assisting on an occasional or recurring basis with child care programming, such as excursions, field trips, etc.).

Waiting List Policy

Purpose

Kodomoen Childcare Centre realizes the importance of creating a policy for parents waiting for their child to be enrolled in the centre. We aim to create a policy that is transparent, consistent, and fair.

Policy

When a parent emails or calls, expressing interest in enrolling their child, we will ask them to provide:

1. Date of call or email
2. Child's full name
3. Age
4. Child's date of birth (unborn children may have their expected month and year of birth)
5. Expected start month
6. Indication of full-time or part-time (and which days of the week)

We ask parents to email or call to inform staff of any information changes, as soon as possible.

Wait List Management

Kodomoen does not charge a waiting list fee of any kind.

To ensure that families are able to access Kodomoen's programs in the shortest time possible, the following practices will be implemented:

1. The date of registration (either by phone or email) will be the date reflected for the list priority
2. We will call 3-4 weeks before the desired month of enrollment, to confirm if the family is still interested in enrolling their child. We will indicate at this time (either by email, phone, or directly), what the availability is. We will indicate an individual's position by issuing a number, i.e. "You are number 3 on our list. This means that there are two other families ahead of you." Due to confidentiality, we will not be disclosing by name who else is on the list, and what number they are on the wait list.
3. If a call is not returned, the child will remain in the same priority on the waitlist. We will wait a week, and if the call is not returned, we will call a second time. If the call is not returned after a week, the child will be put at the bottom of the wait list. If a space is refused, the next family in order of sequence will be contacted.

Parent Issues and Concerns Policy and Procedures

Purpose

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

Policy

General

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

All issues and concerns raised by parents/guardians are taken seriously by Kodomoen Childcare Centre and will be addressed. Every effort will be made to address and resolve issues and concerns to the satisfaction of all parties and as quickly as possible.

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

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

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

Confidentiality

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

Conduct

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

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

Concerns about the Suspected Abuse or Neglect of a child

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

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

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

For more information, visit

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

Escalation of Issues or Concerns:

Where parents/guardians are not satisfied with the response or outcome of an issue or concern, they may escalate the issue or concern verbally or in writing to Kodomoen Childcare Centre.

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

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

Contacts:

Toronto Public Health: 416-338-7600

Police, Fire, Ambulance: 911

Ministry of Environment: 416-325-4000

College of Early Childhood Educators: 416-961-8558

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

Kodomoen Childcare Centre: 416-599-2426, or kodomoencc@gmail.com

Procedures

Nature of Issue or Concern	Steps for Parent and/or Guardian to Report Issue/Concern:	Steps for Staff and/or Licensee in responding to issue/concern:
<p>Program Room-Related</p> <p>E.g: schedule, sleep arrangements, toilet training, indoor/outdoor program activities, feeding arrangements, etc.</p>	<p>Raise the issue or concern to</p> <ul style="list-style-type: none"> - the classroom staff directly or - the supervisor or licensee. 	<ul style="list-style-type: none"> - Address the issue/concern at the time it is raised or - arrange for a meeting with the parent/guardian within two business days. <p>Document the issues/concerns in detail. Documentation should include:</p> <ul style="list-style-type: none"> - the date and time the issue/concern was received; - the name of the person who received the issue/concern; - the name of the person reporting the issue/concern; - the details of the issue/concern; and - any steps taken to resolve the issue/concern and/or information given to the parent/guardian regarding next steps or referral.
<p>General, Centre-or Operations-Related</p> <p>E.g: child care fees, hours of operation, staffing, waiting lists, menus, etc.</p>	<p>Raise the issue or concern to</p> <ul style="list-style-type: none"> - the supervisor or licensee. 	<p>Provide contact information for the appropriate person if the person being notified is unable to address the matter.</p>

Nature of Issue or Concern	Steps for Parent and/or Guardian to Report Issue/Concern:	Steps for Staff and/or Licensee in responding to issue/concern:
Staff-, Duty parent-, Supervisor-, and/or Licensee-Related	<p>Raise the issue or concern to</p> <ul style="list-style-type: none"> - the individual directly or - the supervisor or licensee. <p>All issues or concerns about the conduct of staff, duty parents, etc. that puts a child's health, safety and well-being at risk should be reported to the supervisor as soon as parents/guardians become aware of the situation.</p>	<p>Ensure the investigation of the issue/concern is initiated by the appropriate party within [insert number] business days or as soon as reasonably possible thereafter. Document reasons for delays in writing.</p> <p>Provide a resolution or outcome to the parent(s)/guardian(s) who raised the issue/concern.</p>
Student- / Volunteer-Related	<p>Raise the issue or concern to</p> <ul style="list-style-type: none"> - the staff responsible for supervising the volunteer or student or - the supervisor and/or licensee. - <p>All issues or concerns about the conduct of students and/or volunteers that puts a child's health, safety and well-being at risk should be reported to the supervisor as soon as parents/guardians become aware of the situation.</p>	

Glossary

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

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

Administration of Drugs and Medication Policy

Purpose

These procedures require that drugs or medication be safely administered according to established routines.

Policy

According to regulations, all medication administered in Kodomoen Childcare Centre must be prescribed. This can take the form of:

1. Container of prescription medication prepared by a pharmacist. The container must include the child's name, the doctor's name, the name of the medication, the date the prescription was issued, and the prescribed dosage.
2. The medication is non-prescription and is contained in the original packaging. The parent must provide a written statement from a licensed physician specifying the child's name, the doctor's name, the name of the medication, the date which the prescription (for the non-prescription drug) was issued and the prescribed dosage.
3. The medication is needed on a regular basis, eg, Ventolin masks for asthma sufferers, etc. a doctor's letter is on file and must be renewed annually.

Please Note:

- a) The medication can be administered only when the instruction clearly indicate the times when the medication should be administered, or indicated on the authorization form filled out by the parent.
- b) Parents must complete an authorization form to permit Kodomoen staff to administer the medication.
- c) Parents should take the medication container home when the child is finished with it.
- d) All medicine is kept in a locked container in the fridge.

Dispensing Procedure:

1. Medication must be dispensed in the office.
2. Read the label carefully to ensure medication is for the appropriate child.

3. Check that the date of the medication is current and note its duration. (No more than a year old) If it is not current (i.e. expired) a doctor's note is required with new instructions for administration.
4. Make sure the prescription label has clear instructions for the administration for the medication.
5. Give the exact dosage with the appropriate spoon or syringe provided.
6. Medication is always dispensed to one child at a time.
7. Return the medication to the appropriate place.
8. Sign the medication authorization form documenting dosage, time and date of administration.
9. After the medication is finished, file the medication form in the child's file in the office.

The Use Of Ventrolin Masks, etc. The Following Must Take Place:

The staff who may have to administer this type of prescribed medication must receive training by an appropriate person (parent) in the proper technique and use, and when are the appropriate times to administer the prescribed medication.

1. For those prescribed medications that may be needed quickly, e.g. puffers for asthma attacks, these may be kept in the rooms close at hand but must be inaccessible to children.

Error in Dispensing Procedure:

A dispensing error can in some instances result in a serious harm to the child. For example, an allergic reaction may occur which can lead to anaphylactic shock. The child may initially experience itching, rash, swelling around the eyes or anywhere on the body. These symptoms can progress to breathing difficulties which would require immediate medical attention. In this situation, call 911.

If there is an error in the dispensing procedure, the following action should be followed directly.

1. Closer and constant observation of the child should begin immediately. Inform the supervisor/director. Inform the Supervisor/Director, if the supervisor/director is unavailable a staff will be assigned on a one to one basis to supervise and observe the child for any changes in behaviour and to record reaction/observations. A record of the incident will be noted on the Accident Report form.
2. a) Check the child's file for any known allergies.

b) Call the child's doctor giving full details of the incident. Ask the doctor about any follow-up in event of error. For example, should the child be given the correct dosage

and when, and any other further instructions, such as giving him/her milk, induce vomiting, etc.

c) If unable to reach the child's doctor or at the doctor's request telephone the Hospital for Sick Children **Ontario Poison Centre 416-813-5900**.

d) As a third resource especially if there is no immediate success with b) or c), telephone the pharmacist listed on the medication container and give full details of the incident to the pharmacist. Ask about any follow-up in an event of an error, eg. Should we give the correct medicine and when? Ask for any further instructions.

3. After calling the doctor, immediately call the parents/guardian informing them of the specific details of the incident and your follow-up to date.
4. If a child is administered another child's medicine in error, parents of the each child must be informed of the details of the incident and your follow-up to date.
5. Give a copy of the accident report to the parents/guardian on arrival at Kodomoen Childcare Centre and one copy to the child's file.

If deemed a Serious Occurrence by the supervisor/director, a report must be made to the program advisor, through the Child Care Licensing System (CCLS). A report must also be made to Toronto Public Health within 24 hours, and a written report handed in within 7 days.

This policy will be reviewed annually with staff, and any staff at time of employment will also go over this policy.

Glossary

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

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

Volunteer: Individual who freely offers to take part in an enterprise or service.

Student: Individual who is studying at a school or college

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

- Child Care and Early Years Act, 2014 (CCEYA)
- Vulnerable Sector Screening Check (VSS Check)

Emergency Management Policy and Procedures

Purpose

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

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

Policy

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

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

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

For situations that require evacuation of the child care centre, the **meeting place** to gather immediately will be located at: St. Vladimir Institute, one building south of Knox Presbyterian Church

If it is deemed 'unsafe to return' to the child care centre, the **evacuation site** to proceed to is located at: St. Vladimir Institute

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

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

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

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

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

Additional Policy Statements

Monthly fire drills are implemented and recorded. Fire routes are posted on the wall near the entrance of the program room.

Emergency Situation	Procedures: Phase 1: Immediate Emergency Response Roles and Responsibilities
<p>Lockdown When a threat is on, very near, or inside the child care centre. E.g. a suspicious individual in the building who is posing a threat.</p>	<ol style="list-style-type: none"> 1) The staff member who becomes aware of the threat must inform all other staff of the threat as quickly and safely as possible. 2) Staff members who are outdoors must ensure everyone who is outdoors proceeds to a safe location. 3) Staff inside the child care centre must: <ul style="list-style-type: none"> • remain calm; • gather all children and move them away from doors and windows; • take children’s attendance to confirm all children are accounted for; • take shelter in closets and/or under furniture with the children, if appropriate; • keep children calm; • ensure children remain in the sheltered space; • turn off/mute all cellular phones; and • wait for further instructions. 4) If possible, staff inside the program room(s) should also: <ul style="list-style-type: none"> • close all window coverings and doors; • barricade the room door; • gather emergency medication; and • join the rest of the group for shelter. 5) Last staff leaving will immediately: <ul style="list-style-type: none"> • close and lock all child care centre entrance/exit doors, if possible; and • take shelter. <p>Note: only emergency service personnel are allowed to enter or exit the child care centre during a lockdown.</p>
<p>Hold & Secure When a threat is in the general vicinity of the child care centre, but not on or inside the child care premises. E.g. a shooting at a nearby building.</p>	<ol style="list-style-type: none"> 1) The staff member who becomes aware of the external threat must inform all other staff of the threat as quickly and safely as possible. 2) Staff members who are outdoors must ensure everyone returns to their program room(s) immediately. 3) Staff in the program room must immediately: <ul style="list-style-type: none"> • remain calm; • take children’s attendance to confirm all children are accounted for; • close all window coverings and windows in the program room; • continue normal operations of the program; and • wait for further instructions. 4) Supervisor or Church Staff must immediately:

	<ul style="list-style-type: none"> • close and lock all entrances/exits of the child care centre; • close all blinds and windows outside of the program rooms; and • place a note on the external doors with instructions that no one may enter or exit the child care centre. <p>Note: only emergency services personnel are allowed to enter or exit the centre during a hold and secure.</p>
<p>Bomb Threat A threat to detonate an explosive device to cause property damage, death, or injuries E.g. phone call bomb threat, receipt of a suspicious package.</p>	<p>1) The staff member who becomes aware of the threat or church staff must:</p> <ul style="list-style-type: none"> • remain calm; • call 911 if emergency services is not yet aware of the situation; • follow the directions of emergency services personnel; and • take children’s attendance to confirm all children are accounted for. <p>A. Where the threat is received by telephone, the person on the phone should try to keep the suspect on the line as long as possible while another individual calls 911 and communicates with emergency services personnel.</p> <p>B. Where the threat is received in the form of a suspicious package, staff must ensure that no one approaches or touches the package at any time.</p>
<p>Disaster Requiring Evacuation A serious incident that affects the physical building and requires everyone to leave the premises. E.g. fire, flood, power failure.</p>	<p>1) The staff member who becomes aware of the disaster must inform all other staff of the incident and that the centre must be evacuated, as quickly and safely as possible. If the disaster is a fire, the fire alarm pull station must be used and staff must follow the centre’s fire evacuation procedures.</p> <p>2) Staff must immediately:</p> <ul style="list-style-type: none"> • remain calm; • gather all children, the attendance record, children’s emergency contact information any emergency medication; • exit the building with the children using the nearest safe exit, bringing children’s outdoor clothing (if possible) according to weather conditions; • escort children to the meeting place; and • take children’s attendance to confirm all children are accounted for; • keep children calm; and • wait for further instructions. <p>3) If possible, staff should also:</p> <ul style="list-style-type: none"> • take a first aid kit; and

	<ul style="list-style-type: none"> • gather all non-emergency medications. <p>4) Designated staff will:</p> <ul style="list-style-type: none"> • help any individuals with medical and/or special needs who need assistance to go to the meeting place (in accordance with the procedure in a child’s individualized plan, if the individual is a child); and • in doing so, follow the instructions posted on special needs equipment or assistive devices during the evacuation. • If individuals cannot be safely assisted to exit the building, the designated staff will assist them to the main floor and ensure their required medication is accessible, if applicable; and • wait for further instructions. <p>5) If possible, the site designate must conduct a walk-through of the child care centre to verify that everyone has exited the building and secure any windows or doors, unless otherwise directed by emergency services personnel.</p>
<p>Disaster – External Environmental Threat An incident outside of the building that may have adverse effects on persons in the child care centre. E.g. gas leak, oil spill, chemical release, forest fire, nuclear emergency.</p>	<p>1) The staff member who becomes aware of the external environmental threat must inform all other staff of the threat as quickly and safely as possible and, according to directions from emergency services personnel, advise whether to remain on site or evacuate the premises.</p> <p>If remaining on site:</p> <p>1) Staff members who are outdoors with children must ensure everyone who is outdoors returns to their program room immediately.</p> <p>2) Staff must immediately:</p> <ul style="list-style-type: none"> • remain calm; • take children’s attendance to confirm all children are accounted for; • close all program room windows and all doors that lead outside (where applicable); • seal off external air entryways located in the program rooms (where applicable); • continue with normal operations of the program; and • wait for further instructions. <p>3) Supervisor or Church Staff must:</p> <ul style="list-style-type: none"> • seal off external air entryways not located in program rooms (where applicable); • place a note on all external doors with instructions that no one may enter or exit the child care centre until further notice; and • turn off all air handling equipment (i.e. heating, ventilation and/or air conditioning, where applicable).

	<p>If emergency services personnel otherwise direct the child care centre to evacuate, follow the procedures outlined in the “Disaster Requiring Evacuation” section of this policy.</p>
<p>Natural Disaster: Tornado / Tornado Warning</p>	<ol style="list-style-type: none"> 1) <i>The staff member who becomes aware of the tornado or tornado warning must inform all other staff as quickly and safely as possible.</i> 2) Staff members who are outdoors with children must ensure everyone who is outdoors returns to their program room(s) immediately. 3) <i>Staff must immediately:</i> <ul style="list-style-type: none"> • remain calm; • <i>gather all children;</i> • <i>go to the basement or take shelter in small interior ground floor rooms such as washrooms, closets or hallways;</i> • take children’s attendance to confirm all children are accounted for; • <i>remain and keep children away from windows, doors and exterior walls;</i> • keep children calm; • conduct ongoing visual checks of the children; and • wait for further instructions.
<p>Natural Disaster: Major Earthquake</p>	<ol style="list-style-type: none"> 1) Staff in the program room must immediately: <ul style="list-style-type: none"> • remain calm; • instruct children to find shelter under a sturdy desk or table and away from unstable structures; • ensure that everyone is away from windows and outer walls; • help children who require assistance to find shelter; • for individuals in wheelchairs, lock the wheels and instruct the individual to duck as low as possible, and use a strong article (e.g. shelf, hard book, etc.) to protect their head and neck; • find safe shelter for themselves; • visually assess the safety of all children.; and • wait for the shaking to stop.

- 2) Staff members who are outdoors with children must immediately ensure that everyone outdoors stays away from buildings, power lines, trees, and other tall structures that may collapse, and wait for the shaking to stop.
- 3) Once the shaking stops, staff must:
 - gather the children, their emergency cards and emergency medication; and
 - exit the building through the nearest safe exit, where possible, in case of aftershock or damage to the building.
- 4) If possible, prior to exiting the building, staff should also:
 - take a first aid kit; and
 - gather all non-emergency medications.
- 5) Individuals who have exited the building must gather at the meeting place and wait for further instructions.
- 6) Designated staff will:
 - help any individuals with medical and/or special needs who need assistance to go to the meeting place (in accordance with the procedure in a child's individualized plan, if the individual is a child); and
 - in doing so, follow the instructions posted on special needs equipment or assistive devices during the evacuation.
 - If individuals cannot be safely assisted to exit the building, the designated staff will assist them to the foyer, just outside the program room, and ensure their required medication is accessible, if applicable; and
 - wait for further instructions.
- 7) The site designate must conduct a walkthrough of the child care centre to ensure all individuals have evacuated, where possible.

Immediate Emergency Response Procedures for Other Emergencies

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Additional Procedures for Immediate Emergency Response

In case of evacuation in the afternoon, 1 - 2 staff are to go to the nap room assist the staff on nap duty. They will wake up and carry children out the north exit. Church staff will also check the room to see if assistance is needed.

Phase 2: Next Steps During the Emergency

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

List of Emergency Contact Persons:

All Emergencies: Call 911

Local Police Department: Toronto Police Headquarters, 40 College St. (416) 808-2222

Ambulance: 911

Local Fire Services: 911

Site Supervisor: Shizuka Hosein (Murai)

Licensee Contact(s): 416-599-2426

Child Care Centre Site Designate: Shizuka Hosein (Murai)

[insert others:] Masato Murai, Principal

Knox Presbyterian Church, Coordinator: Wendy Rogalski (416) 921-8993

Taxi Service: Beck Taxi 416 - 751 - 5555

Poison Control: **416 813 5900**

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

8a) Procedures to Follow When “All-Clear” Notification is Given	
Procedures	<ol style="list-style-type: none"> 1) The individual who receives the ‘all-clear’ from an authority must inform all staff that the ‘all-clear’ has been given and that it is safe to return to the child care centre. 2) Designated staff who have assisted individuals with medical and/or special needs with exiting the building will assist and accompany these individuals with returning to the child care centre. 3) Staff must: <ul style="list-style-type: none"> • take attendance to ensure all children are accounted for; • escort children back to their program room(s), where applicable; • take attendance upon returning to the program room(s) to ensure that all children are accounted for; where applicable; and • re-open closed/sealed blinds, windows and doors. 4) The supervisor will determine if operations will resume and communicate this decision to staff.
Communication with parents/guardians	<ol style="list-style-type: none"> 1) As soon as possible, Kodomoen staff must notify parents/guardians of the emergency situation and that the all-clear has been given. 2) Where disasters have occurred that did not require evacuation of the child care centre, principal or supervisor must provide a notice of the incident to parents/guardians by email and written letter.

	3) If normal operations do not resume the same day that an emergency situation has taken place, the principal or supervisor must provide parents/guardians with information as to when and how normal operations will resume as soon as this is determined.
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8b) Procedures to Follow When “Unsafe to Return” Notification is Given	
Procedures	<ol style="list-style-type: none"> 1) The individual who receives the ‘unsafe to return’ notification from an authority must inform all staff of this direction and instruct them to proceed from the meeting place to the evacuation site, or the site determined by emergency services personnel. 2) Staff must take attendance to confirm that all children are accounted for, and escort children to the evacuation site. 3) Designated staff who have assisted individuals with medical and/or special needs with exiting the building will assist and accompany these individuals to the evacuation site. 4) The supervisor will post a note for parents/guardians on the child care centre entrance with information on the evacuation site, where it is possible and safe to do so. 5) Upon arrival at the evacuation site, staff must: <ul style="list-style-type: none"> • remain calm; • take attendance to ensure all children are accounted for; • help keep children calm; • engage children in activities, where possible; • conduct ongoing visual checks and head counts of children; • maintain constant supervision of the children; • keep attendance as children are picked up by their parents, guardians or authorized pick-up persons; and • remain at the evacuation site until all children have been picked up.
Communication with parents/guardians	<ol style="list-style-type: none"> 1) Upon arrival at the emergency evacuation site, Kodomoen staff will notify parents/guardians of the emergency situation, evacuation and the location to pick up their children. 2) Where possible, supervisor will update the child care centre’s voicemail box as soon as possible to inform parents/guardians that the child care centre has been evacuated, and include the details of the evacuation site location and contact information in the message.

Additional Procedures for Next Steps During an Emergency

E.g. documenting children’s accidents/injuries, providing water and/or snacks, etc.

Any injuries that occurred will be documented, and procedures will be followed (i.e. reporting to CCLS, etc) If snacks/food is needed, staff will go to closest grocery to pick up necessary provisions. Disposable cups will be in the backpack.

Phase 3: Recovery (After an Emergency Situation has Ended)

<p>Procedures for Resuming Normal Operations E.g. where, applicable, reopening the child care centre, contacting the Ministry of Education Program Advisor, responding to media and community inquiries, contacting the insurance company, informing the caterer, temporarily relocating, etc.</p>	<p>Principal or supervisor will communicate with parents, via email when it is safe to resume operations, and when the centre will reopen. The supervisor will be in contact with the program advisor. In regards to media, we will refrain from responding to any media until we have contacted a lawyer for advice.</p>
<p>Procedures for Providing Support to Children and Staff who Experience Distress</p>	<p>The principal will be available to provide support and guidance in regards to staff who may be in distress. We will also be in contact with the city, for guidance and resource help. Where needed, we will direct families to counselling services.</p>
<p>Procedures for Debriefing Staff, Children and Parents/ Guardians Include, where, applicable, details about when and how</p>	<p>Principal and/or Supervisor must debrief staff, children and parents/guardians after the emergency.</p> <p>A meeting will be held as soon as possible, if needed, to provide a debrief of events and steps for the future. The meeting location would be announced near the date planned. If it is possible to use the church building, it will be done in one of the rooms available.</p>

the debrief(s) will take place, etc.	
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Glossary

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

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

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

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

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

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

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

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

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

Serious Occurrence Policy and Procedures

Purpose

The purpose of this policy and the procedures within is to provide clear instructions for staff, students and volunteers to follow for how to identify, respond to and report a serious occurrence. It ensures that there is a plan to deal with any serious incidents that may affect the health, safety and well-being of children and those working directly with children, and that these serious incidents are reported, tracked and followed up on.

This policy requires that an annual review be conducted of serious occurrences that took place over the last calendar year for an opportunity to reflect on the incidents that took place and consider approaches that will be implemented to minimize the chance that the incidents will occur again in the future.

This policy is intended to fulfill the obligations set out under Ontario Regulation 137/15 for policies and procedures with respect to serious occurrences for child care centres.

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

Policy

Identifying a Serious Occurrence

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

Reporting a Serious Occurrence

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

Posting a Serious Occurrence Summary (Notification Form)

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

- All serious occurrence summaries will be retained for 3 years from the date they are created or last updated (whichever date is most recent).

Annual Analysis of Serious Occurrences

- An annual analysis of all serious occurrences that occurred in the previous calendar year will be completed by the supervisor (the form available in Appendix C may be used for this purpose).
- The annual analysis will be used to identify issues, trends and actions taken.
- The analysis and record of actions in response to the analysis will be kept on file for Ministry of Education review and retained for 3 years from the date the analysis and record of actions were created.

Concerns about the Suspected Abuse or Neglect of a Child

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

Additional Policy Statements

Debrief Staff, students, and volunteers after a serious occurrence:

- Once a serious occurrence is declared over, a meeting will be held within one week, to debrief staff, students, and volunteers of the incident, including any follow up instructions Toronto Health may have.

Supports that will be provided to children and families after a serious occurrence:

- Any questions or concerns will be directed to the Principle and supervisor. Each serious occurrence will be handled on a case by case basis. Depending on the serious occurrence, if further assistance is needed, such as counselling, the supervisor will consult the famil(ies) involved as well as the Principle on how to proceed.

Measures that will be implemented to prevent initial incidents or recurring of serious occurrences:

- As already required, there will be a daily check of children, and any abnormal markings recorded.
- Staff will review the serious occurrence policy annually.

- Regular staff meetings will be held to include discussion of preventative measures of incidents, and recurring of serious occurrences.

Incidents that are not reportable serious occurrences, and how to handle such incidents:

- Examples of Incidents that are **not** Serious Occurrences
- A child with a pre-existing seizure disorder had a seizure at the child care centre. The licensee was aware of the condition, had a plan in place to respond and followed the plan to appropriately respond to the incident. The child did not require emergency medical attention: The Principle or supervisor will contact the parents/guardians to notify them of the incident, and ask for the child to be picked up early.
- A child fell on the playground and sustained a cut that required a few stitches: An accident report will be filled in by staff or supervisor, and the follow up report will be recorded on the original report. A copy of the medical report from the hospital (request from parents) will be attached to the report, if available.
- A child tripped while running and chipped a tooth: An accident report will be filled in by staff or supervisor, and the follow up report will be recorded on the original report. A copy of the medical report from the hospital (request from parents) will be attached to the report, if available.
- A child ingested a non-toxic substance (e.g., playdough): The staff will take immediate action by asking child to spit out remaining substance, and have the child rinse of their mouth with water. Parents will be informed upon pick-up.

Procedures to Respond to a Serious Occurrence

Steps to Follow for All Serious Occurrences

Steps for Staff, Students and Volunteers to Follow:	Steps for the Licensee/Supervisor/Designate to Follow:
<p>1. Immediately:</p> <ul style="list-style-type: none"> • Ask for assistance from other staff, students, or volunteers. • Provide immediate medical assistance, if applicable, according to Standard First Aid and CPR training, where applicable. 	<p>1. Immediately:</p> <ul style="list-style-type: none"> • Provide assistance to children, staff, students, volunteers and families. • Provide immediate medical assistance, if applicable, according to Standard First Aid and CPR training.

Steps for Staff, Students and Volunteers to Follow:	Steps for the Licensee/Supervisor/Designate to Follow:
<ul style="list-style-type: none"> • Call emergency services and follow direction from emergency services personnel, where applicable, • Ensure that other children are removed from the scene and do not have access to the area, where applicable. • Address any risks to the health or safety of the child and/or other children present to prevent the risk of further harm. • Notify the supervisor/designate. <p>2. Ongoing and after the incident:</p> <ul style="list-style-type: none"> • Follow any direction provided by third-party authorities (e.g. police, CAS, public health, etc.) • Ensure that children are supervised at all times. <p>3. Within 48 hours:</p> <ul style="list-style-type: none"> • Document the incident in: <ul style="list-style-type: none"> a. the daily written record; b. the child’s record of symptoms of illness, if applicable; and/or c. in an accident report, if applicable. • Where an accident report is created, provide a signed copy to a parent of the child. 	<ul style="list-style-type: none"> • Call emergency services and follow direction from emergency services personnel, where applicable. <p>2. Within 24 hours of becoming aware of the incident:</p> <ul style="list-style-type: none"> • Collect all pertinent information to report the incident to the Ministry of Education as a serious occurrence, including: <ul style="list-style-type: none"> • A description of the incident; • The date, time, place where it occurred, actions taken and outcome; • The current status of the incident and child/parties involved; and • All other parties notified (e.g., emergency services, CAS, parents). <p>3. Report the serious occurrence in CCLS, or notify the Ministry of Education program advisor by telephone or email where CCLS is not available. Note: Where CCLS is not available, a serious occurrence report will be submitted in CCLS as soon as it becomes available.</p> <p>4. Post a summary of the serious occurrence and of any action taken by the child care centre in a place that is visible and accessible to parents.</p> <p>5. Ongoing and after the incident:</p> <ul style="list-style-type: none"> • Follow any direction provided by third-party authorities (e.g. police, CAS, public health, etc.) • Maintain confidentiality at all times. • Update the serious occurrence report in CCLS, as required. • Conduct an internal review of the serious occurrence with staff, students and volunteers to establish next steps and reduce probability of repeat occurrences. • Provide children, parents, staff, students and/or volunteers with supports, if needed.

Steps for Staff, Students and Volunteers to Follow:	Steps for the Licensee/Supervisor/Designate to Follow:
	<ul style="list-style-type: none"> Review with staff, students and volunteers the child care centre's program statement policies and procedures that set out prohibited practices and expectations of promoting the health, safety, nutrition and well-being of all children.

Steps to Follow According to Specific Serious Occurrence Categories

Serious Occurrence Category	Steps for Staff, Students and Volunteers to Follow:	Steps for the Licensee/Supervisor/Designate to Follow:
<p>Death of a Child</p>	<p>Death occurs while a child is receiving child care:</p> <p>See 'Steps to Follow for All Serious Occurrences' for staff, students and volunteers.</p>	<p>See 'Steps to Follow for All Serious Occurrences' for the Licensee/Supervisor/Designate, and</p> <ul style="list-style-type: none"> <p>a) Death occurs while a child is receiving child care:</p> <p>1. Immediately, upon becoming aware of the incident:</p> <ul style="list-style-type: none"> Contact a parent of the child, or where a parent cannot be reached, contact the child's emergency contact. <p>b) Death occurs while a child is not receiving child care:</p> <p>Within 24 hours of becoming aware of the incident:</p> <ul style="list-style-type: none"> Contact local Children's Aid Society (CAS) or police services to find out if there is an investigation. If an investigation is ongoing, conduct an internal investigation after CAS or police services have completed their investigation, if applicable.

Serious Occurrence Category	Steps for Staff, Students and Volunteers to Follow:	Steps for the Licensee/Supervisor/Designate to Follow:
Allegation of Abuse and/or Neglect	<p>‘Steps to Follow for All Serious Occurrences’ for staff, students and volunteers, and</p> <p>Where there is a concern about the abuse or neglect of a child by any person:</p> <p>1. Immediately:</p> <ul style="list-style-type: none"> • Report concerns to the local Children’s Aid Society (CAS) as per the duty to report obligations under the <i>Child and Family Services Act</i> (CFSA). • Document the conversation with CAS and follow their recommendations. • Notify the supervisor/designate of the incident and the report made to CAS, where appropriate. • Refrain from discussing the allegation with others. • Maintain confidentiality at all times. 	<p>See ‘Steps to Follow for All Serious Occurrences’ for the Licensee/Supervisor/Designate, and</p> <p>Where there is a concern about the abuse or neglect of a child by a staff, student or volunteer, or where a person has otherwise reported alleged abuse/neglect concerns to the supervisor/designate:</p> <p>1. Immediately:</p> <ul style="list-style-type: none"> • Notify the person who reported concerns about their duty to report obligations under the <i>Child and Family Services Act</i> (CFSA). • Report the concerns to the local Children’s Aid Society (CAS) as per the duty to report obligations under the CFSA, unless it is confirmed that a report has already been made to CAS. • Document the concerns. • Contact and notify a parent of the child, where appropriate. • Based on the nature of the allegation and/or the direction of CAS and/or internal policies, determine next steps such as disciplinary measures and additional actions, such as an internal investigation to protect children in care. • Determine whether the individual alleged to have abused/neglected a child is registered with a professional regulatory body (e.g. College of Early Childhood

Serious Occurrence Category	Steps for Staff, Students and Volunteers to Follow:	Steps for the Licensee/Supervisor/Designate to Follow:
		<p>Educators, Ontario College of Teachers, etc.). If so:</p> <ul style="list-style-type: none"> • Report the allegation of abuse to the appropriate regulatory body; • Report to the College of Early Childhood Educators when the employment of a registered early childhood educator (RECE) is suspended or terminated or if the RECE resigns. <ul style="list-style-type: none"> • Refrain from discussing the allegation with others. • Maintain confidentiality at all times. <p>2. Once all external investigations are complete (e.g. by police and/or CAS), if applicable:</p> <ul style="list-style-type: none"> • Update the serious occurrence report in CCLS, as required. • Update all other authorities to whom the allegation was reported (e.g. College of Early Childhood Educators, Ontario College of Teachers, CAS, etc.).
<p>Life-threatening Injury or Illness</p> <p>a. Injury</p> <p>b. Illness</p>	<p>See 'Steps to Follow for All Serious Occurrences' for staff, students and volunteers.</p>	<p>See 'Steps to Follow for All Serious Occurrences' for the Licensee/Supervisor/Designate.</p>
<p>Missing or Unsupervised Child(ren)</p> <p>a. Child was found</p> <p>b. Child is still missing</p>	<p>'Steps to Follow for All Serious Occurrences' for staff, students and volunteers, and</p> <p>1. Immediately, upon becoming aware that a child or children are missing:</p>	<p>See 'Steps to Follow for All Serious Occurrences' for the Licensee/Supervisor/Designate, and</p> <p>1. Immediately, upon becoming aware that a child is missing:</p> <ul style="list-style-type: none"> • Assist with searching for the missing child(ren).

Serious Occurrence Category	Steps for Staff, Students and Volunteers to Follow:	Steps for the Licensee/Supervisor/Designate to Follow:
	<ul style="list-style-type: none"> • Alert the supervisor/designate, and all staff, students and volunteers; • Search the child care premises, including outdoor areas (e.g. hallways, washrooms, playground, outdoor classrooms, etc.); • Ensure that remaining children are supervised at all times. <p>a) Where the child or children are <u>not found</u> after being deemed missing.</p> <ul style="list-style-type: none"> • Continue to search the premises. • Update the supervisor/designate. <p>b) Where the child or children <u>are found</u> after being deemed missing.</p> <ul style="list-style-type: none"> • Update the supervisor/designate. <p>2. After the child or children have been found, after being deemed missing:</p> <ul style="list-style-type: none"> • Document the incident in the daily written record. 	<p>a) Where the child or children are <u>not found</u> after being deemed missing:</p> <ul style="list-style-type: none"> • Call emergency services and follow direction from emergency services personnel. • Contact the child(ren)'s parent(s), or where a parent cannot be reached, contact the child's emergency contact. <p>b) Where the child or children <u>are found</u> after being deemed missing:</p> <ul style="list-style-type: none"> • Update the child(ren)'s parent(s), or where a parent cannot be reached the child(ren)'s emergency contact(s).
<p>Unplanned Disruption of Normal Operations</p> <ul style="list-style-type: none"> a. Fire b. Flood c. Gas Leak d. Detection of Carbon Monoxide e. Outbreak f. Lockdown g. Other Emergency 	<p>'Steps to Follow for All Serious Occurrences' for staff, students and volunteers, and</p> <p>a) Where the incident is suspected to be an <u>outbreak</u>:</p> <p>1. Immediately:</p> <ul style="list-style-type: none"> • Notify the supervisor/designate on site of concerns. • Separate children who are showing symptoms of illness from other children. 	<p>See 'Steps to Follow for All Serious Occurrences' for the Licensee/Supervisor/Designate, and</p> <p>a) Where the incident is suspected to be an <u>outbreak</u>:</p> <p>1. Immediately:</p> <ul style="list-style-type: none"> • Contact the local public health department. <p>b) Where the incident is deemed an outbreak by public health:</p> <p>1. Immediately:</p>

Serious Occurrence Category	Steps for Staff, Students and Volunteers to Follow:	Steps for the Licensee/Supervisor/Designate to Follow:
Relocation or Temporary Closure	<ul style="list-style-type: none"> • Follow the child care centre's sanitary practices policy and procedures. <p>2. Within 24 hours:</p> <ul style="list-style-type: none"> • Record symptoms of ill health in the affected child(ren)'s records, • Document the incident in the daily written record. <p>a) Where the incident is not an outbreak (<u>all other disruptions of normal operations</u>):</p> <p>1. Immediately:</p> <ul style="list-style-type: none"> • Follow the child care centre's fire safety and evacuation plan and/or the emergency management policies and procedures, as applicable. <p>2. Within 48 hours:</p> <ul style="list-style-type: none"> • Document the incident in the daily written record. 	<ul style="list-style-type: none"> • Follow instructions from the local public health department. • Contact the parent(s) of the affected child(ren) and ensure the affected child(ren) are picked up by their parent(s) and/or taken to hospital. • Obtain an outbreak posting from the local Medical Officer of Health and post in an area easily accessible for parents. <p>Note: Outbreaks must be reported as a serious occurrence only if deemed an outbreak by public health.</p> <p>2. Within 24 hours:</p> <ul style="list-style-type: none"> • Notify all parents of children enrolled at the child care centre of the outbreak. <p>a) Where the incident is <u>not deemed an outbreak</u>, follow sanitary practices policy.</p> <p>b) Where the incident is not an outbreak (<u>all other disruptions of normal operations</u>):</p> <p>1. Immediately:</p> <ul style="list-style-type: none"> • Follow the child care centre's fire safety and evacuation plan and/or the emergency management policies and procedures, as applicable. <p>Note: a hold and secure (an external threat in the area) is not a reportable serious occurrence.</p>

Additional Procedures

Steps to conduct an internal investigation about an allegation of abuse:

- The supervisor will conduct an investigation including a meeting with the family and staff involved (in separate meetings).
- The supervisor will notify the board of directors of the report, as well as the minutes from the meetings conducted. The Board of Directors will decide what action to take.
- Depending on the severity of the allegation, there will be a notice of suspension or termination for the staff involved.

Supervision and Ratios during a serious occurrence:

- All staff will make the children's safety and well being their priority during a serious occurrence. If it involves evacuating the premise, all staff will escort children to the designated emergency building (St. Vladimir Institute, south of Knox Presbyterian Church) in the same way monthly fire drills are executed. If it involves an occurrence with one or a few children, the supervisor and ECE staff will assist with the immediate situation. The other ECE and non-ECE staff will assist the other children not directly affected by the occurrence.

Supervisor support:

- The Principle and supervisor will provide support and assistance in responding to a serious occurrence by:
 - taking immediate action if present for the occurrence (i.e. provide first aid)
 - Collect all relevant information, so as to provide information to First Responders if necessary,
 - Report to all necessary parties, such as the program advisor, Toronto Public Health, CCLS, etc.
 - Debrief staff, volunteers, students of the occurrence and be available to answer any questions or concerns that may rise.

Appendix C – Reportable Serious Occurrences (*Child Care Licensing Manual, July 2018*)

Category 1 - Death of a Child

Definition: The death of a child who received child care at a home child care premises or child care centre. For greater clarity, a death of a child must be reported as a serious occurrence where there may be a relationship between the child's death and the child's care in the licensed program.

The following provides some examples of what would and would not be considered a serious occurrence under this category.

Examples of Reportable Serious Occurrences:

- A child was unresponsive and not breathing while receiving child care. The child was later pronounced dead by emergency medical staff.
- A child developed a severe illness while at the child care centre or home child care premises and later passed away in hospital.
- A child developed a high fever at the child care centre or home child care premises and was sent home. The child later passed away.
- A child incurred fatal injuries from an accident while on a field trip from the child care centre.

Examples of Incidents that are **not** Serious Occurrences

- A child died following a known illness/disease/medical condition (e.g., cancer).
- A child died due to an automobile collision while in the care of the parents.

Category 2 - Abuse/Neglect or Allegation of Abuse/Neglect

Definition: Abuse, neglect or an allegation of abuse or neglect of a child while receiving child care at a home child care premises or child care centre. This includes an allegation against any person who is on-site at the child care centre or home child care premises and not limited to employees and child care providers.

The following provides some examples of what would and would not be considered a serious occurrence under this category.

Examples of Reportable Serious Occurrences:

- A staff member observed another staff forcefully grabbing a child.

- A licensee received an email from a concerned parent alleging that a staff member was upset that a preschooler had a urine accident and the staff member refused to permit the child to change his/her soiled clothes.
- A staff member is observed using harsh/degrading language to a child.
- A parent noticed a bruise on his/her child's face; the child told parent that the home child care provider had hit him/her.
- A staff observed a parent slap a school age child while on the playground.

Example of Incident that is **not** a Serious Occurrence

- A child disclosed to a staff member an incident that occurred while the child was not receiving care at the child care centre. In this case, a report would be required to the local children's aid society as per the Duty to Report under the *Child, Youth and Family Services Act*.

Category 3 - Life-threatening Injury or Illness

Definition: A life-threatening injury to or a life-threatening illness of a child who receives child care at a home child care premises or child care centre.

For greater clarity, where the licensee or supervisor has been notified that a life-threatening injury or illness of a child has occurred, it must be reported whether it occurred while the child was receiving care at the time, or where there are any indications that the life-threatening injury or illness was sustained/developed while the child attended the home child care premises or child care centre.

CCLS has two sub-categories: injury, and; illness.

Life-threatening injury or illness is defined as an incident that is capable of causing death. Examples of life threatening injury or illness include but are not limited to:

Injuries:

- Injuries to the head, back or neck resulting in unconsciousness or physical paralysis
- Severe eye injury (impalement)
 - Injuries to the chest resulting in laboured breathing (collapsed lung), cardiac arrest, internal bleeding or vomiting blood
 - Anaphylactic reactions
 - Near drowning

- Substantial blood loss
- Drug overdose
- First time seizure, multiple seizures or seizures lasting more than 5 minutes
- Fracture with bone deformity and/or bone exposure

Illness:

- E. Coli
- Flesh Eating Disease

Examples of Incidents that are **not** Serious Occurrences

- A child with a pre-existing seizure disorder had a seizure at the child care centre. The licensee was aware of the condition, had a plan in place to respond and followed the plan to appropriately respond to the incident. The child did not require emergency medical attention.
- A child fell on the outdoor playground/structure and sustained a cut that required a few stitches.
- A child tripped while running and chipped a tooth.
- A child ingested a non-toxic substance (e.g., playdough).

Category 4 - Missing or Temporarily Unsupervised Child(ren)

Definition: An incident where a child who is receiving child care at a home child care premises or child care centre goes missing or is temporarily unsupervised.

CCLS has two sub categories: child found; and child still missing

The following provides some examples of what would and would not be considered a serious occurrence under this category.

Examples of Reportable Serious Occurrences:

Missing – Child found:

- A child was left alone outdoors and was later located.

- A child was not met by child care staff when getting off a school bus to attend a child care centre and was located before time of reporting.
- During transition time, a child was left in a room unattended as the staff and children went outside. Child was found by another staff member.
- A child left the child care centre or home child care premises and walked home. The child was greeted by the parents/guardian at home.

Missing – Child still missing:

- 1 A child left the home child care premises through the front door. The home child care provider did not notice and the child's whereabouts are unknown.

Examples of Incidents that are **not** Serious Occurrences

- A parent picked up their child early from school and did not inform the child care centre staff. The staff called the parent and was able to confirm that the child was with the parent.
- An expected child did not get off the bus afterschool. The staff member called the parent and found out that the parent had picked the child up from school.
- The school mistakenly placed a child on the school bus rather than waiting for the child care staff to pick up the child from the classroom afterschool.
- A child went missing while in the care of his/her parent.

Category 5 - Unplanned Disruption of Service

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

Unplanned disruption of service may involve program closure, relocation (not including a planned temporary relocation), immediate evacuation, prohibition to enter the premises and/or restrictions placed (i.e. lockdown, outbreak).

CCLS has these sub categories: fire, flood, gas leak, detection of carbon monoxide, outbreak, lockdown, other emergency relocation or temporary closure.

The following provides some examples of what would and would not be considered a serious occurrence under this category.

Examples of Reportable Serious Occurrences:

- A fire caused an emergency relocation or closure of the premises.

- A fire occurred at the centre on the weekend when no children were on the premises. The licensee decided to close the centre until repairs are completed or until air quality is tested.
 - There was a gas leak at the centre (occurred before/during/after operational hours).
 - Carbon monoxide was detected at the home child care premises; staff and children had to evacuate.
 - The local medical officer of health declared an outbreak which has caused closure of a room or the entire child care centre and child care cannot be provided for some or all children.
 - There was a lockdown at the centre.
 - Other unplanned disruption occurred (e.g., evacuation, etc.). Example of Incidents that are not Serious Occurrences
- A program does not open or must close due to extreme weather conditions (i.e. snow storm).
 - A planned temporary relocation for the licensed site (i.e. labour disruption and centre decided to relocate to continue operation of centre).
 - A boil water advisory was in effect.
 - A fire alarm was activated, the centre evacuated and fire services determined that there was no danger (i.e., someone pulled the fire alarm).
 - The local medical officer of health declared an outbreak and has put restrictions on the program (e.g. discontinuing all sensory play).

Glossary

Children's Aid Society (CAS): A local agency with the exclusive mandate, under the [Child and Family Services Act](#), to investigate allegations of child abuse or neglect and to deliver child protection services.

Emergency: An urgent or pressing situation in which immediate action is required to ensure the safety of children and adults in the child care centre.

Interact: To be or become involved in communication, social activity or work with somebody else or one another (Source: Encarta Dictionary). Examples of interactions with children include conversing, playing, directing, intervening, supervising or assisting in fulfilling their needs (e.g. food/drink consumption, toilet use).

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

Lockdown: A threat inside the building that will restrict movement within the child care centre.

Parent: A person having lawful custody of a child or a person who has demonstrated a settled intention to treat a child as a child of his or her family (all references to parent include legal guardians, but will only be referred to as "parent" in this policy).

Serious Occurrence: An incident that must be reported to the ministry of education within 24 hours.

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

Regulatory Requirements: Ontario Regulation 137/15

Serious occurrences

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1. Every licensee shall ensure that,
 1. there are written policies and procedures with respect to serious occurrences in each child care centre operated by the licensee and each premises where it oversees the provision of home child care, that address, at a minimum, how to identify, respond to and report a serious occurrence;

2. a report is provided to a program adviser of any serious occurrence in any child care centre operated by the licensee or any premises where it oversees the provision of home child care within 24 hours of the licensee or supervisor becoming aware of the occurrence;
 3. a summary of the report provided under clause (b) and of any action taken as a result is posted for at least 10 business days in a conspicuous place at the child care centre or home child care premises; and
 4. the report and the summary of the report are each kept in accordance with section 82.
2. Every licensee of a child care centre or home child care agency shall,
 1. conduct an annual analysis of all serious occurrences that occurred in the previous year at each child care centre operated by the licensee and at each premises where the licensee oversees the provision of home child care; and
 2. keep records of the actions taken in response to the analysis.

Criminal Reference Check Policies and Procedures

Purpose

These provisions set out the requirements for policies and procedures regarding vulnerable sector checks and offence declarations, and support licensees in establishing a framework for collecting, using and protecting the information. These policies and procedures provide clear processes for the licensee and their staff, volunteers and students to achieve compliance as well as transparency regarding how screening measures are applied.

Policy

Licensees must obtain a vulnerable sector check from each employee, volunteer, student, or other person providing service before they begin interacting with children at the child care centre.

For **employees**, the vulnerable sector check must be prepared no earlier than six months before the day it is obtained by the licensee.

For **volunteers and students**, the licensee may obtain a copy of a vulnerable sector check instead of the original document except if the check is over six months old. The student must also provide an offence declaration for the period since that day. In no circumstances can the vulnerable sector check be older than five years.

For **other persons** who provide child care or other services, the licensee must obtain an offence declaration from the person; or an attestation from the person's employers confirming that:

- The employer or person has obtained and reviewed a vulnerable sector check from that person performed in the last five years.
- The vulnerable sector check did not list any convictions for any offences under the Criminal Code (Canada) and listed in the Child Care and Early Years Act, 2014 (subsection 9.1 of the CCEYA)

No person under the age of 18 is required to obtain a vulnerable sector check.

If a person turns 18 years old while in a position where he or she interacts with children receiving child care, the licensee must obtain a statement that discloses any previous finding of guilt under the Youth Criminal Justice Act (Canada) within one month, if the person received an adult sentence.

If a person turns 19 years old while in a position where he or she interacts with children receiving child care (including a home child care premises), the licensee shall require the person to apply to obtain a vulnerable sector check within one month.

An employee, volunteer, or student can only begin interacting with children without a vulnerable sector check if:

- They apply to obtain a vulnerable sector check as soon as possible; and
- The length of time to obtain a vulnerable sector check justifies it; and
- Additional measures are in place to protect children who interact with the person until the vulnerable sector check is obtained.

A new vulnerable sector check is required every 5 years. In the years a vulnerable sector check is not required, individuals must sign an offence declaration.

The Process for Obtaining a Vulnerable Sector Check or Attestation

The principal or supervisor will provide prospective employee or volunteer with a VSC/CRC form. This is to be filled out and sent to Police Headquarters as soon as possible. The receipt of the money order will serve as proof of purchase, and kept on file.

Once the VSC/CRC is obtained, a copy of it will be kept on file for each staff and volunteer.

For Attestation: A form will be provided to the other persons, and it will be filled out prior or on the first visit to the centre. This will be kept in a file.

The Process for Submitting an Offence Declaration

An offence declaration is a written declaration signed by an individual that lists all of the individual's convictions for offences under the Criminal Code (Canada), if any, during that period of time.

The licensee can obtain an offence declaration from an individual any time throughout the year as long as it is no later than 15 days after the anniversary date of the previous offence declaration or vulnerable sector check. For example, a licensee may wish to collect offence declarations on the same date every year from each employee, volunteer, student and any other person.

At Kodomoen, the offence declaration form will be provided for each staff, volunteer, or student. It will be collected on the same date every year from each employee, unless this does not fall within the 15 days of the anniversary of their VRS. In this case, it will be collected within the 15 days of the anniversary of the VRS.

For volunteers and students, an offence declaration form will be given, and collected within 15 days of the anniversary date of the previous offence declaration or vulnerable sector check.

How the Confidentiality of Information in a Vulnerable Sector Check, Offence Declaration or Attestation Will Be Protected

Each employee, volunteer and student will have separate files in a locking filing cabinet. The principal, supervisor, and program advisor will have access to viewing these files. The file may be accessed by the person whom the file belongs to, upon request.

Note: The program advisor will have access to the file, once the employee or volunteer signs a Freedom of Information Form.

How the Information from a Vulnerable Sector Check, Offence Declaration or Attestation Will Be Considered and Used

Primarily, the VSC/CRC, Offence Declaration, and/or Attestation is used by the licensee to ensure that each employee, volunteer, and student in the centre is a safe person to have around children, and that they have not been involved in criminal activity or behaviours (especially in regards to vulnerable persons, such as children).

These documents will be presented to the Program Advisor at each license renewal inspection.

Additional Measures That Will Be Put in Place When an Individual is Unable to Obtain a Vulnerable Sector Check Before They Interact With The Children

At Kodomoen, we strive to provide a caring and safe environment for our children. During this probation period where an employee, volunteer, or student is waiting for their VSC to be processed, we will ensure that this individual will:

- Be given time to review the Policies and Procedures of Kodomoen
- Not be alone with any child
- Always have a staff present with them while in contact with children
- Not have any physical contact with children, such as a hug, or carrying, or sitting on the lap

Note: For all volunteers and students, even after their VSCs have been obtained, they are not permitted to be alone with a child, or have responsibilities of diaper change or taking a child to the washroom alone.

Glossary

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

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

Other Persons: An adult present in the child care centre, not staff or volunteer, such as a resource teacher.

Criminal Reference Check: A criminal record check is a police background check on an individual that will show any criminal convictions a person has received. This is the most commonplace type of background check.

Vulnerable Sector Check: A vulnerable sector check is a police background check that shows the same information as a criminal record check and a police information check, and additionally may show more non-criminal information, including a history or profile of police contact

unrelated to any criminal act. A Vulnerable Sector Check is intended for individuals seeking employment or volunteer opportunities with vulnerable persons.

Vulnerable Persons: A vulnerable person is defined as a person who, because of their age, a disability, or other circumstances, whether temporary or permanent, are (a) in a position of dependence on others or (b) are otherwise at a greater risk than the general population of being harmed by person(s) in a position of authority or trust to them.

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

- Child Care and Early Years Act, 2014 (CCEYA)
- Vulnerable Sector Check (VSC)
- Criminal Reference Check (CRC)
- Kodomoen Childcare Centre (Kodomoen)